

CLINICAL CASE VIGNETTES

Forestier's disease with complete spinal involvement

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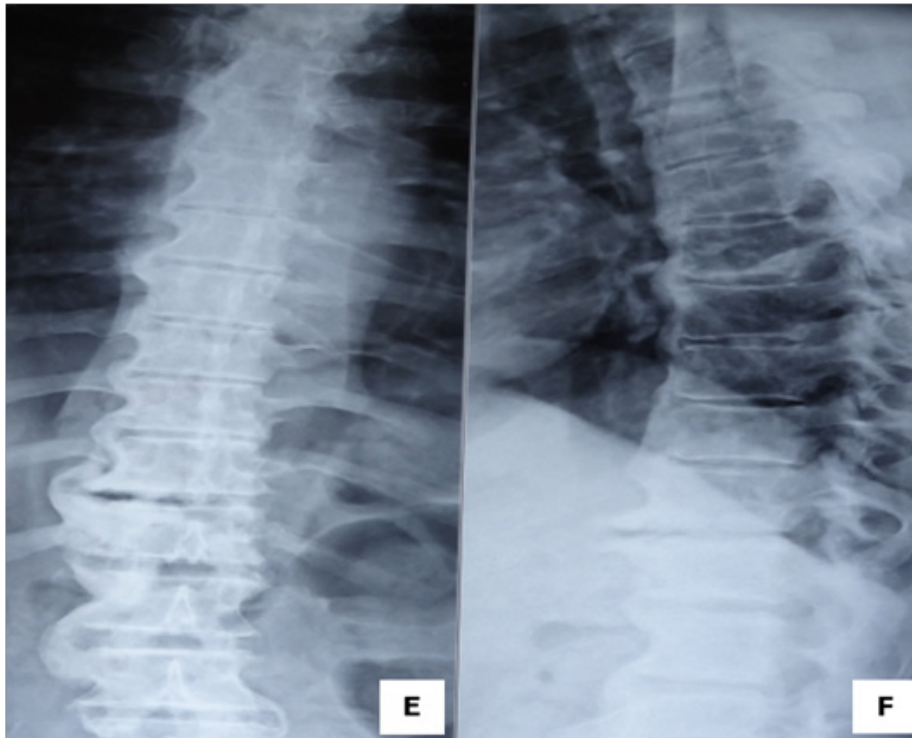
A 70-year-old diabetic and hypertensive male patient visited our clinic with complaints of non-inflammatory back pain since two years. He was heavy built with a BMI of 29 kg/m². Physical examination revealed limitation of flexion, extension, and lateral flexion of lumbar spine. X-ray of spine revealed flowing calcification of anterior longitudinal ligaments from cervical to lumbar spine with claw osteophytes giving rise to characteristic 'Melting Wax' appearance (Panel A: fig A- cervical anteroposterior (AP), fig B- cervical lateral, fig C- lumbar AP, fig D- lumbar lateral) (Panel B: fig E- thoracolumbar AP, fig F- thoracolumbar lateral). Sacroiliac joints were normal (Panel A: fig C- white arrow). The diagnosis was diffuse idiopathic skeletal hyperostosis (DISH or Forestier's disease) and symptomatic treatment was initiated.

Panel A and B: Typical radiological features of DISH

Panel A



Panel B



Authors' contributions

All authors contributed equally to the diagnosis and management of the case, review of literature, and collection of relevant data. Dr Ankur had written the manuscript.

Competing interests

The authors declare that they have no competing interests.

How to Cite: Varshney AN, Anand R, Kumar N, Singh NK. Forestier's disease with complete spinal involvement. IJRCI.2013;(1)1:V2.

Received: 7 April 2013, Accepted: 15 April 2013, Published: 16 April 2013

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