Twelve years old girl

- swelling, heat sensation, redness and pain in her right index finger from 1 week ago.

X-ray at first visit (the 7th day after onset) was normal

MRI T2-STIR on the 7th day after onset

- high signal in soft tissue and bone marrow

Laboratory data and initial treatment

- WBC; 5900, CRP; 0.02, ESR(60min); 7
- RF<5, MMP-3; 18.7, CA-RF; 2.5, ACPA<0.05, ANA(homo, speckled); x320
- Intravenous administration of antibiotics was started in the diagnosis of osteomyelitis.

X-ray on the 13th day after onset

- osteolytic lesion near the proximal bone end plate of the middle phalanx

Three weeks after onset, fracture in the middle phalanx occurred.

A splint was applied.

Bone fusion was obtained 11 weeks after onset. The epiphyseal plate closed.

Next winter

- Her left (opposite side) index, long, ring finger swelling.
- After two weeks of limaprost alfadex, then tocopherol was administered, microgeodic disease did not recur.

Discussion

- Microgeodic disease was first reported by Maroteaux P in 1970.
- There are 24 reports in PubMed about microgeodic disease.
- The lesion appears to result from vascular insufficiency causing bone infarction
- In this case ANA was positive, one case of microgeodic disease complicated with Systemic Lupus Erythematosus was recently reported (Intern Med. 2017 Dec 15;56(24):3385-3387).