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[PICTURES IN CLINICAL MEDICINE]

Bone Deformities of Osteomalacia with Vitamin D Deficiency

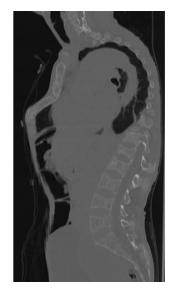
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Key words: vitamin D deficiency, osteomalacia, triradiate pelvis, codfish vertebrae, coxa profunda

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Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 46-year-old apparently malnourished woman who had been homebound for 8 years presented with ambulation difficulty. She had a good appetite, but did not consume enough calories, and had hardly eaten fish for several years

due to unintentional neglect by her caregiver. Marked chest deformity was observed [Picture 1: 3D-reconstructed com-

Department of Nephrology, Fujita Health University Bantane Hospital, Japan Received: September 20, 2018; Accepted: January 9, 2019; Advance Publication by J-STAGE: March 28, 2019 Correspondence to Dr. Michitaka Maekawa, m_mae_81@yahoo.co.jp puted tomography (CT)]. A blood analysis revealed low serum calcium and phosphate levels; low 25(OH)D (<4 ng/ mL); and high intact parathyroid hormone and serum alkaline phosphate (ALP) levels. Her kidney function was normal, and there was no acid-base imbalance. Her FGF23 level was not measured. Imaging of the lumbar spine revealed that the vertebrae had a biconcave appearance, known as codfish vertebrae (Picture 2: sagittal reconstructed CT). Pelvic imaging revealed a triradiate pelvis, with a deformed femoral head sitting deep in the acetabular cup, known as coxa profunda (Picture 3: plain pelvic radiograph), and pseudofracture of the ischium (Picture 4: 3D-reconstructed CT, arrow). A diagnosis of osteomalacia due to vitamin D deficiency was made.

In osteomalacia, marked softening of the bone leads to

these characteristic changes. Pathological bone fractures with these findings are important diagnostic clues (1, 2).

The author states that he has no Conflict of Interest (COI).

References

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