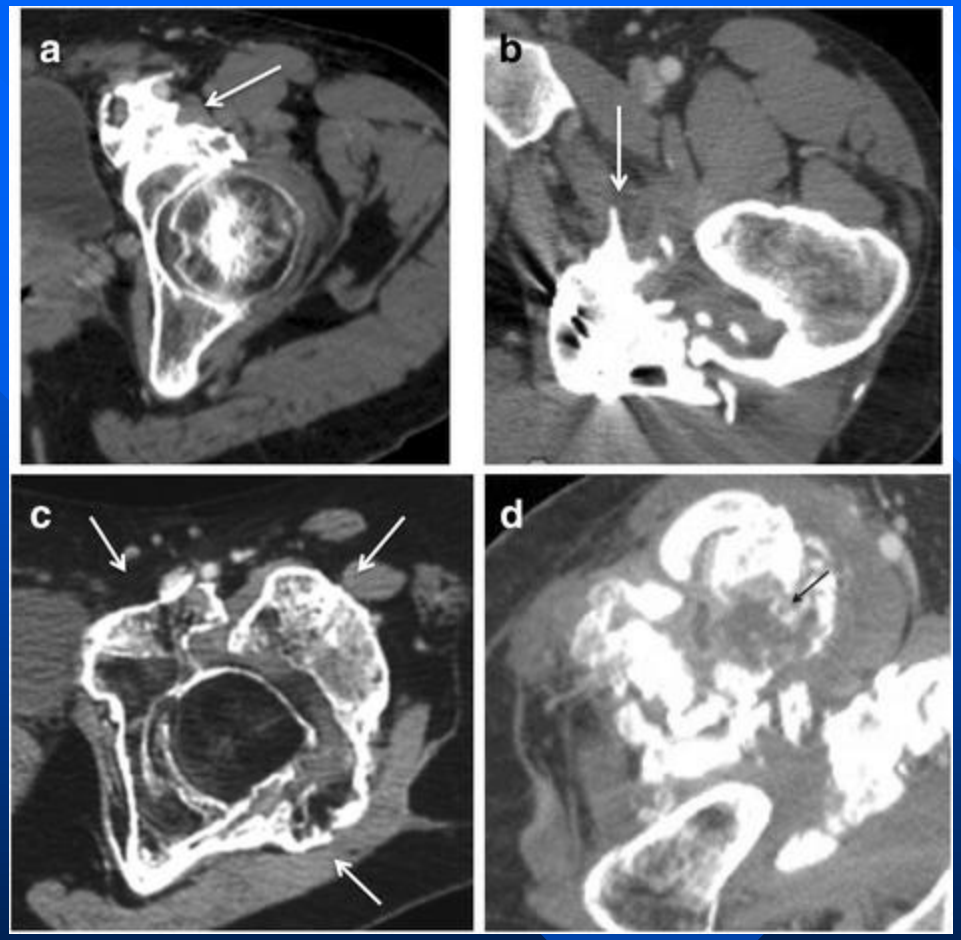
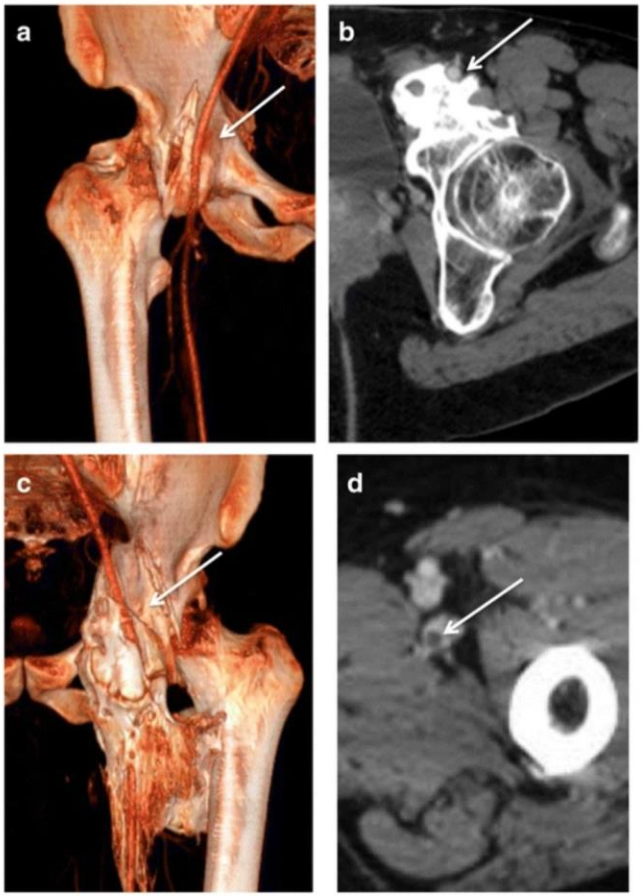
Neurogenic Myositis Ossificans

- (NMO) is a rare disabling pathology characterized by peri-articular heterotopic ossifications following severe peripheral or central nervous system injuries
- It generally affects large joints, often the hip, and can also affect knees, elbows and shoulders.
- Its early diagnosis is difficult as the signs (such as local inflammation, peri-articular edema, joint stiffness and induration) may be nonspecific and may mimic infection or veno-occlusive disease.
- Symptoms usually occur two to three months after injury. They are usually very disabling and represent a hallmark during rehabilitation.
- The pathophysiology remains unclear

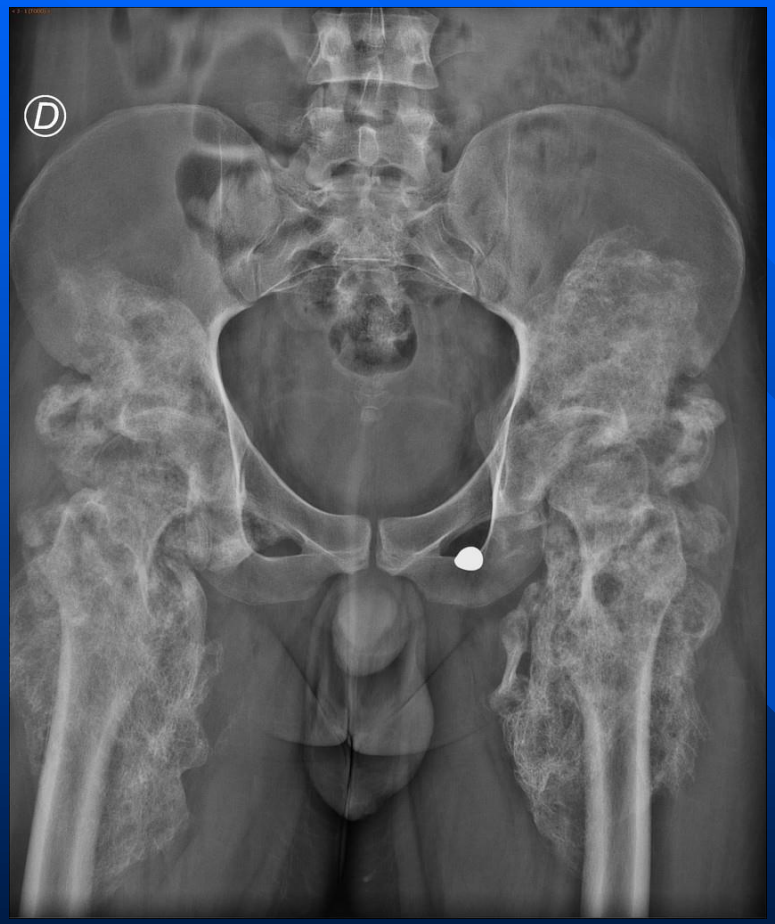
Neurogenic Myositis Ossificans

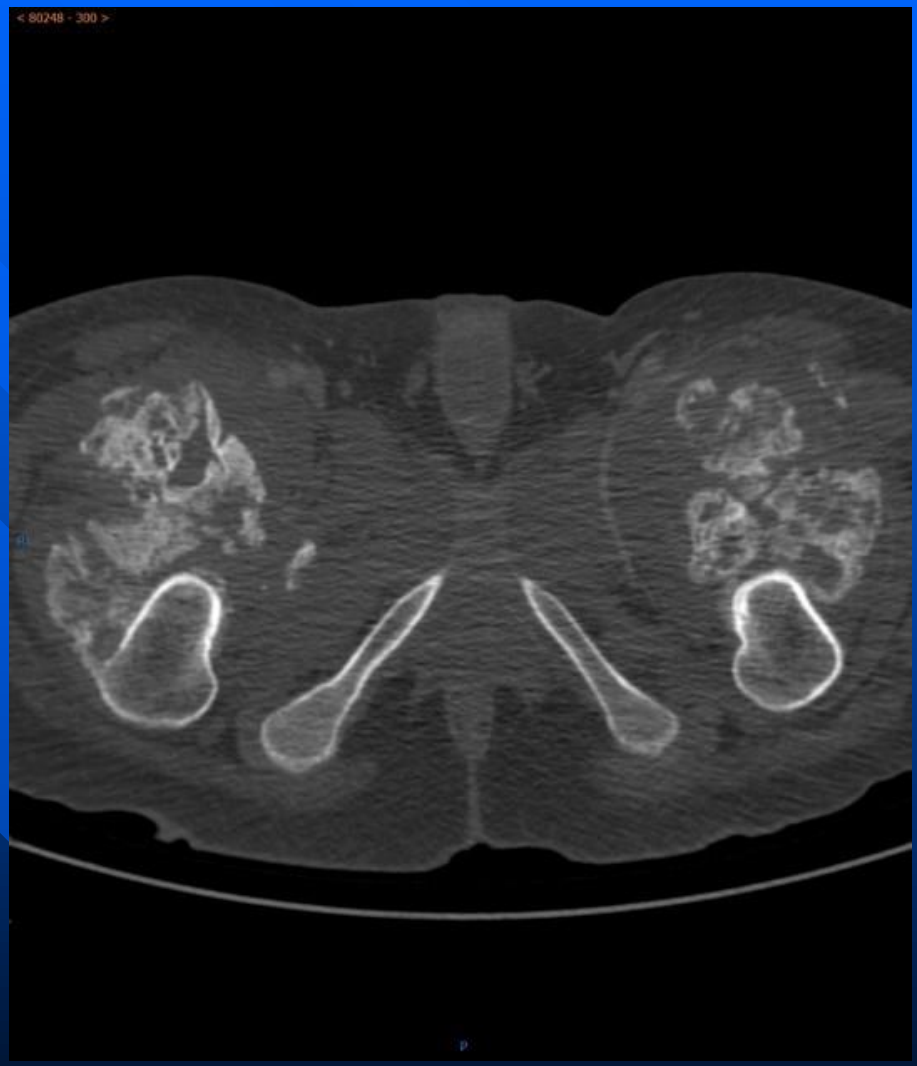
- NMO represents a turning point during rehabilitation as it may cause severe ankylosis and nerves or vessels compression.
- At an early stage, heterotopic bone formation can be prevented by non-steroid anti-inflammatory agents.
- At a late stage, the only effective treatment available is the surgical removal of heterotopic bone formations, with risks of per-procedure fractures, hemorrhages and osteochondral lesions.
- Therefore an exhaustive pre-surgical planning with enhanced CT must be performed.


a
b
c
d



Enhanced-CT in volume rendering reconstruction (**a** and **c**) and axial images (**b** and **d**) illustrating the different types of relationships between osteomas and femoral arteries. **a** displacement of *right* femoral artery with a moderate compression (*arrow*). **b** The osteoma forms a groove surrounding the artery partially, less than 180°(*arrow*). **c** The osteoma forms a complete tunnel around the artery (30 year-old male patient) (*arrow*). **d** Endoluminal defect inside the femoral vein indicating thrombosis (*arrow*)


D


< 80248 - 300 >