

Osteopoikilosis

- Sclerosing bony dysplasia characterized by multiple benign **enostoses**.
- Rare inherited benign condition incidentally found on skeletal x-rays.
- Its importance is predominantly in correct diagnosis so that it is not mistaken for pathology.
- Epidemiology
 - The bone islands of osteopoikilosis develop during childhood and do not regress and therefore are seen in all age groups.
 - No gender predilection
 - Osteopoikilosis is inherited as an autosomal dominant disorder

Osteopoikilosis

- Found concurrently with Osteopathia striata, and Melorheostosis
- Thought by some that they represent a spectrum of the same condition termed **mixed sclerosing bone dysplasia**

Imaging

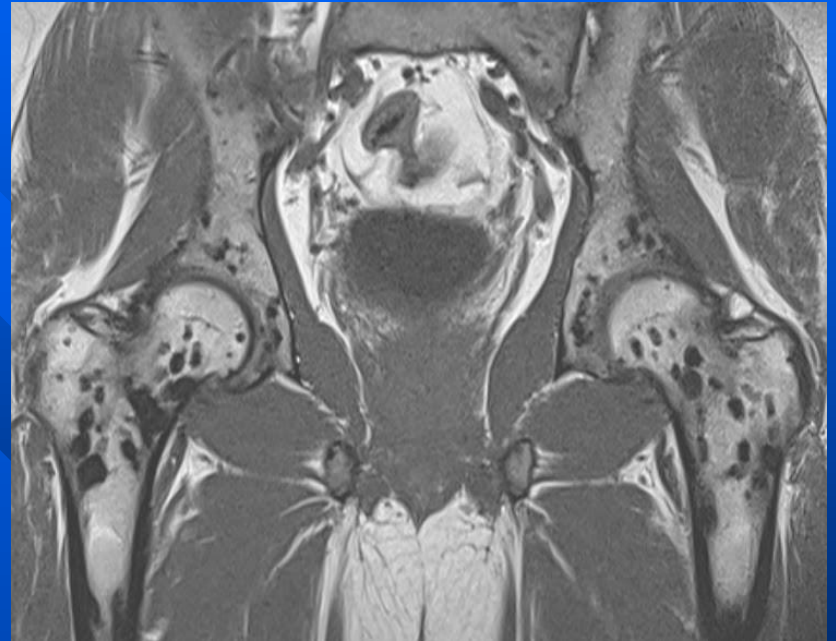
■ MRI

- Appearances on MRI are the same as individual bone islands. Each lesion is small and dark on both T1- and T2-weighted images, as it is composed of mature dense bone.

■ Xray

- Bone islands are typically clustered around joints and align themselves parallel to surrounding trabeculae.
- Predominantly longitudinal in the areas of well-defined linear trabeculae, while more-or-less spherical where the trabeculations are not as well organized linearly.
- Most lesions are found in the appendicular skeleton and pelvis. The axial skeleton is largely spared. It is rare for the skull vault to be involved.
- The lesions vary in size, usually 5-10 mm, but ranging from only 1-2 mm up to 1-2 cm.

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