Pediatr Radiol (2010) 40 (Suppl 1):S39
DOI 10.1007/s00247-010-1869-2

CLINICAL IMAGE

Caffey disease

Shawn E. Parnell · Marguerite T. Parisi

Received: 3 August 2010 / Revised: 28 September 2010 / Accepted: 30 September 2010 / Published online: 22 October 2010

A 3-week-old afebrile infant developed fussiness with feeds, a shoulder mass and decreased left upper extremity motion. Left shoulder radiograph (Fig. 1) demonstrated diffuse scapular periosteal reaction, which was confirmed on CT along with bilateral scapular and lower mandibular cortical thickening (Fig. 2). The constellation of clinical, laboratory (elevated C-reactive protein), and imaging findings suggested Caffey disease. Indomethicin was administered with clinical improvement after 2 weeks and complete resolution of CT abnormalities by 10 weeks.

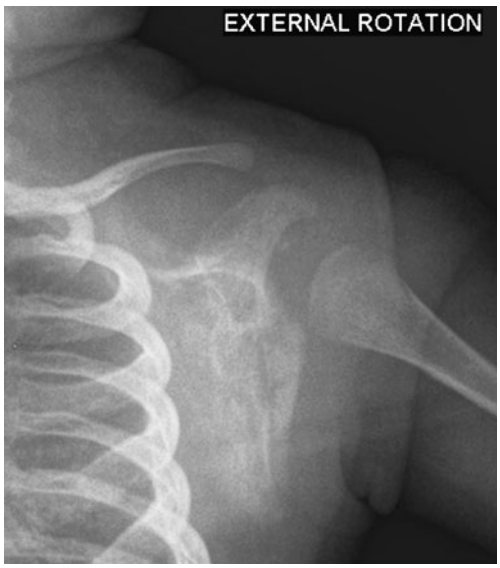

Fig. 1 AP shoulder radiograph

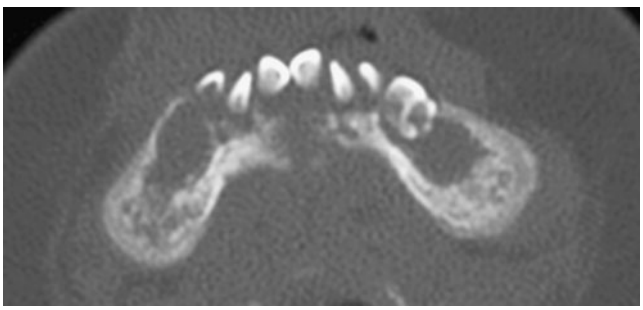

Fig. 2 Axial CT mandible (CTDI 6.01 mGy, DLP 67.96 mGy-cm)

Infantile cortical hyperostosis (Caffey disease) is a rare, self-limited disorder of early infancy characterized by hyperirritability, acute inflammation with swelling of soft tissues, and massive subperiosteal new bone formation [1]. Involvement is often asymmetrical, affecting diaphyses of long bones, mandible, clavicle, ribs and scapula. Refusal to eat and pseudoparalysis can occur secondary to pain. Both sporadic and familial cases, some with mutations of type I collagen, have been reported [2].

S. E. Parnell (✉) · M. T. Parisi
Department of Radiology, Seattle Children's Hospital,
4800 Sand Point Way NE, R-5417,
Seattle, WA 98105, USA
e-mail: shawn.parnell@seattlechildrens.org

S. E. Parnell · M. T. Parisi
Department of Radiology, University of Washington,
Seattle, WA, USA

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