

SHORT REPORT

SAPHO syndrome can cause sausage
finger lesionsHaixu Jiang,¹ Liu Lv,² Zhimin Lin,³ Chen Li ^{4,5}

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A 35-year-old woman presented with anterior chest wall pain and palmoplantar pustulosis (PPP). The results of a whole-body bone scan showed that the patient had areas of increased radioactive uptake in bilateral sternoclavicular joints, and showed typical ‘bull’s head’ symptoms (**figure 1A**). Therefore, she was diagnosed as synovitis, acne, pustulosis, hyperostosis, osteitis (SAPHO) syndrome. After 6 months of adalimumab (40 mg every 2 weeks) treatment, the patient’s symptoms were significantly relieved, and then the drug was discontinued. However, 1 year later, the patient recurred with bone pain and rash

(online supplemental figure 1) as well as sausage finger symptoms (**figure 1B and D**). Therefore, the patient’s symptoms indicated that she might suffer from SAPHO combined with psoriatic arthritis (PsA), and sausage finger was an important clinical manifestation. Interleukin-17 treatment (150 mg once a week for the first 5 weeks, then once every 4 weeks) significantly relieved the patient’s bone pain and skin lesions (online supplemental figure 2), and the toes returned to normal (**figure 1C**). SAPHO syndrome is characterised by PPP and anterior chest wall pain, with a ‘bull’s head’ sign on bone scan; skin lesions present with a psoriasiform rash, suggesting an overlap between SAPHO syndrome and PsA.¹ This case is the first report of SAPHO syndrome and PsA with sausage fingers. There is an overlap between SAPHO syndrome and PsA, and adalimumab treatment may take longer duration to avoid sudden drug withdrawal leading to recurrence of the disease and the onset of sausage finger.

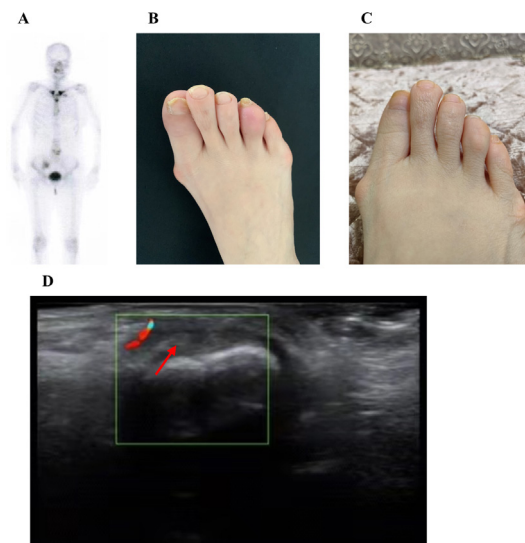


Figure 1 Bone scintigraphy and sausage finger images of the patient with SAPHO syndrome. (A) Technetium 99m-methyl diphosphonate whole body bone scintigraphy showed that abnormal accumulation of radioactivity in bilateral sternoclavicular joints, left sacroiliac joints, bilateral greater trochanters and bilateral ischia. (B) Before interleukin (IL)-17 treatment, the patient’s toes showed sausage finger symptoms. (C) After IL-17 treatment, the symptoms of sausage fingers on the feet of patients were significantly improved. (D) Ultrasound of the foot joints. Red arrow represents localised synovial thickening of the joint.

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Competing interests None declared.

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