Reflex Sympathetic Dystrophy in Children

Çocuklarda Refleks Sempatetik Distrofi

Reflex Sympathetic Dystrophy

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To the editor:

I have read the rare case report of Ayvaz et al named 'Reflex sympathetic dystrophy in children' curiously. Authors presented two girls with reflex sympathetic dystrophy which is rarely seen in childhood. Reflex sympathetic dystrophy is associated with pain, hyperalgesia, allodynia, functional loss, trophic and autonomic changes. Diagnosis is made clinically after rigorous elimination of other possible causes and three phase bone scintigraphy is useful imaging modality for the confirmation of reflex sympathetic dystrophy [1]. Radiography may be useful for the detection of subperiosteal bone resoption that is present in 69% of cases and MRI is useful for the imaging of bone and periarticular edema. In three phase bone scintigraphy increased perfusion in blood flow, hyperemia in affected bones, joints and soft tissues in blood pool phase and activity accumulation in the peripheries of affected bones in delayed images are seen [2]. Oliveira et al used bone scintigraphy as a decisive test for reflex sympathetic dystrophy in an adolescent girl [3]. A metaanalysis mentioned that three phase bone scintigraphy has higher sensitivity and negative predictive value than MRI and plain film radiography. The high sensitivity indicates that a patient with a positive bone scan has a high probability of reflex sympathetic dystrophy based on other clinical criteria [4]. Three phase bone scintigraphy seems to be the most effective imaging modality for diagnosis of reflex sympathetic dystrophy although in the case report of Ayvaz et al, case 1 had reflex sympathetic dystrophy with a normal bone scan. We celebrate Ayvaz et al and offer our respect for their valuable and rare case report.

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DOI: 10.4328/JCAM.3617 Received:15.05.2015 Accepted: 15.05.2015 Printed: 01.02.2016
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