

Holy C.O.W.!

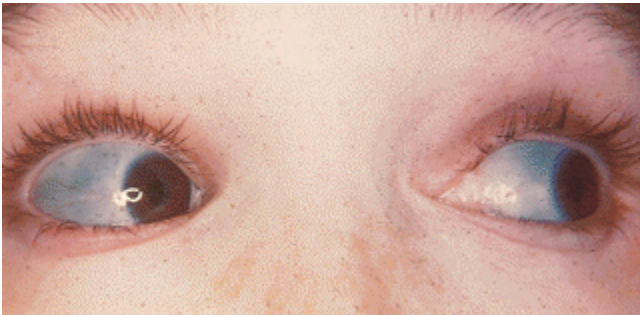
It's...

Clinical Question of the Week #21
November 17th, 2008 through November
24th, 2008

Please e-mail your answers to Kuo, Tim, Wendy, and Kevin (klian@mednet.ucla.edu; tprovias@mednet.ucla.edu; wsimon@mednet.ucla.edu; kbreger@mednet.ucla.edu) by 0800 on Monday, November 24th, 2008. The resident or intern with the most correct answers at the end of each month will receive a prize!

Case: A 28-year-old man presents for follow up evaluation at Simms-Mann Clinic for chronic intermittent aches and pains. He is employed on the cleaning staff at RR UCLA Medical Center, and describes being in good recent health. He attributes his chronic intermittent low back and bony/joint aches and pains to his occupation, and feels better after resting at home. His workplace is noisy and he is also concerned of some mild hearing loss bilaterally. His past medical history is notable for right arm and left ankle fractures in childhood, as well as mild scoliosis with no corrective intervention required. He does not smoke or drink. Examination reveals a well-developed male of 5' height and 165lb weight; other examination is unremarkable. He states that he has a brother of similar height who is healthy. Recent dual-energy x-ray absorptiometry scanning reveals L-spine and hip BMD T-scores of -0.8 and -0.6, respectively. A photo of the patient is shown.

**This case taken from a real patient seen at Simms-Mann.



The patient on lateral eye gaze.

Questions:

1. What is the diagnosis?
2. Describe the pathophysiology of the condition.
3. Name the three clinical categories of the condition. Which does this patient fall into?
4. What surveillance is needed over time? What medical therapy is indicated, if any?