

## DIAGNOSTIC AND THERAPEUTIC APPROACH TO A CHILD WITH CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS (CRMO)

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CRMO is a disease of unknown etiology with clinically features similiar to those of septic osteomyelitis. It is characterised by multifocal bone pain, often accompanied by fever.

We present two patients who meet the criteria for CRMO. The first patient is a 4-year old girl who was admitted to our hospital after bone biopsy, which showed chronic reactive inflammatory changes in distal tibia. First symptoms appeared with impaired walking, pain in right tibia and methatarsal bones, followed by swelling and recurrent fever. Bone scintigraphy revealed multifocal increased radionuclide uptake. Radiographs showed lytic lesions. In the therapy NSAIDs and azithromycin (because of its anti-inflammatory effect) were introduced. After two months the patient was painless, and radiographs showed improvement.

The second patient is a 3-year old girl who initially was suspected to have neuromuscular disorder. In the last several months she refused to walk, her arms and legs were swollen, and had periodic fever. Bone scintigraphy and radiographs showed multifocal osteolytic lesions. In the therapy first we introduced NSAIDs and than glucocorticoids, because the process was so widely spread. After one month of this therapy the child started walking, and radiographs showed improvement of osteolytic lesions, but not complete regression.

Conclusion: CRMO is not an infective disease, so antibiotic therapy is unnecessary. The cause is still unknown. Good response to NSAID and steroid therapy suggests that autoimmune process might play the major role in the pathogenesis of CRMO.

