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### Hereditary multiple exostoses misdiagnosed as rheumatoid arthritis

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**M**aking a diagnosis of rheumatoid arthritis is often tricky. With no single test that confirms or eliminates the disease, the diagnosis of RA is based on a physical exam, patient history, laboratory tests and often imaging. However, symptoms of RA, such as pain, swelling and fatigue, are not exclusive to the disease. And correct diagnosis is important in choosing an appropriate treatment plan. A number of diseases, such as lupus, fibromyalgia or Sjögren's syndrome, may easily be confused with RA, or coexist in a patient. Arthritis symptoms might develop following certain infections, such as Lyme disease, tuberculosis, gastrointestinal infection or sexually-transmitted diseases. Patients with certain cancers, such

as large granular lymphocyte (LGL) leukemia, have an increased incidence of RA; an acute leukemia in children may even be misdiagnosed as idiopathic juvenile arthritis. In this case report a 25 years male patient presented with arthralgia, fatigue, swelling of swelling of all MCPs, PIPs both wrists and knees, tender shoulders, Limited range of motion of right elbow, limitation of ROM of knees, severe cervical muscle spasm, was misdiagnosed as rheumatoid arthritis with 2ry Sjogren's syndrome with no response to treatment; imaging revealed multiple exostoses at distal end of Rt radius, ulna and distal femoral and tibial end.

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