Diffuse Idiopathic Skeletal Hyperostosis (Forestier Disease)

A 53 year old male with Type 1 diabetes mellitus presented with neck pain, dysphagia and cracking sound on neck movement.

X-ray cervical spine showed ossification of the anterior longitudinal ligament producing a tortuous paravertebral mass anterior to and distinct from the vertebral bodies. Grossly, the appearance is that of candle wax dripping down the spine. Barium swallow showed extrinsic impression at level of C-7, T-1. CT neck revealed calcification of anterior longitudinal ligament. Exuberant osteophytes around acetabulum were seen on X-ray pelvis. HLA B-27, ANA and RA Factor were negative. Serum calcium, phosphorous, alkaline phosphatase, PTH were normal. X-ray forearm did not reveal any calcification of interosseous membrane.

Diffuse idiopathic skeletal hyperostosis (DISH) describes a phenomenon characterized by a tendency toward ossification of ligaments. It most characteristically affects the spine. While the cervical and thoracic anterior longitudinal ligament is ossified, the areas of ossification often meet without fusion. Motion actually is possible, in contrast to lumbar vertebral bridging, which is associated with loss of lumbar motion. DISH is uncommon in patients younger than 50 years and is extremely rare in patients younger than 40 years. DISH is usually an asymptomatic phenomenon. The condition is discovered inadvertently. Rarely, dysphagia may result, either from neuropathy or from physical impingement by bony overgrowth. Causes are unknown. DISH is simply a tendency toward calcification of entheses. Thoracic vertebrae are involved in 100% of affected individuals, lumbar vertebrae in 68-90% of these persons, and cervical vertebrae in 65-78% of affected individuals. Differential diagnosis includes Osteoarthritis, Ankylosing spondilitis and Fluorosis. Treatment includes NSAIDs, physical therapy; surgery for large bony spurs causing dysphagia or cord compression.

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