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Clinical Case Report

Florida Reactive Periostitis: Case Report

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Abstract

Florida reactive periostitis is a benign clinical picture but with a clinical and radiological appearance, which, together with its low frequency, can lead to confusion with more serious conditions such as infections or malignant bone tumors. We present a 27-year-old male patient with no history of comorbidities, who began a year ago with alteration in the left hand, in the middle phalanx of the fifth finger, with no history of trauma. Imaging studies show a lifting of the periosteum with refinement of the cortical artery, without taking adjacent soft tissues. Excision and biopsy of the lesion were performed, confirming the diagnosis of florid reactive periostitis. The patient presented a favorable evolution with a decrease in volume increase, disappearance of pain three months after surgery

Keywords: Florida Reactive Periostitis; Bone Tumors; Radiological

Introduction

Florida reactive periostitis is a benign clinical picture but with a clinical and radiological appearance, which, together with its low frequency, can lead to confusion with more serious conditions such as infections or malignant bone tumors [1-4]. One of the earliest descriptions of the lesion dates back to the 1930s, when Mallory reported 6 cases, of which 4 had tumor lesions similar, if not identical to reactive periostitis, 30 years later, Hutter., *et al*. proposed the name "parosteal fasciitis" because histologically it resembled nodular soft tissue fasciitis, and the term "paraosteal" anatomically located the lesión [4], later in 1981 Spjut and Dorfman described it as Florida Reactive Periostitis [3].

Clinical case

A 27-year-old male with no history of comorbidities, who began a year ago with alteration in the left hand, specifically in the middle phalanx of the fifth finger, with no history of trauma, presented progressive volume increase and pain, without conditioning ranges of motion of the proximal-distal interphalangeal interphalangeal joint, denies fever or other infectious symptoms.

X-rays were performed in anteroposterior and lateral views (Figure 1) where elevation of the periost with cortical tuning in the middle phalanx of the fifth finger of the left hand was visualized, in addition to a CT scan was performed (Figure 2) visualizing in the distal and external portion of the middle phalanx of the fifth finger, elevation of the periostic with refinement of the cortical, No intake of adjacent soft tissues.

Excisesis was performed and a biopsy of the lesion was taken (Figure 3) in which a sample consisting of a small fragment of thickened periostic with chronic perivascular inflammatory infiltrate and thickened fibrous tissue with chronic inflammation was reported, concluding as florid reactive periostitis.

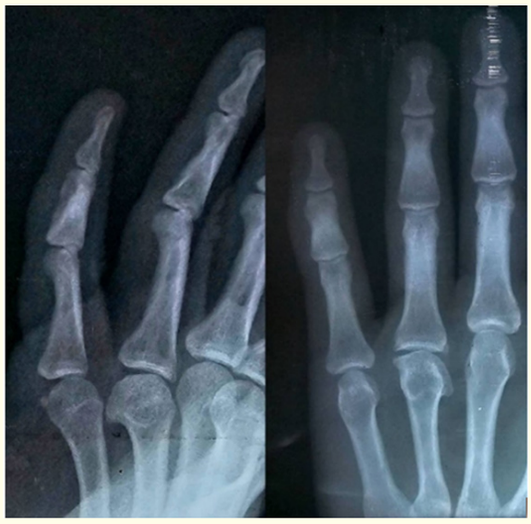

Figure 1

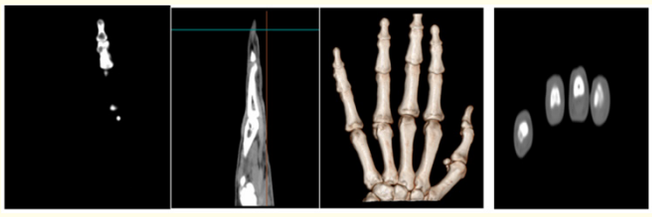

Figure 2

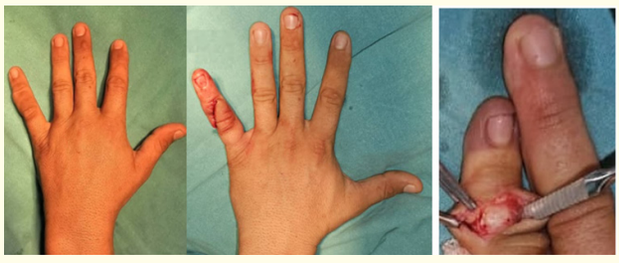

Figure 3

The patient presented a favorable evolution with a decrease in the increase in volume, disappearance of pain three months after surgery.

Discussion

Florida reactive periostitis is a benign clinical picture but with a clinical and radiological appearance, which, together with its low frequency, can lead to confusion with more serious conditions such as infections or malignant bone tumors [1-4].

This lesion has been referred to in the literature by a variety of names, including periosteal fasciitis, fasciitis ossificans, pseudotumoral lesions of fibrous origin, pseudomalignant soft tissue bone tumors, and nodular fasciitis [2,3,5,6]. Histological evaluation requires distinguishing this lesion from infections or neoplastic processes [2].

Florida reactive periostitis is most common in the 2nd and 3rd decades of life, although the age group reported in the literature is 5 to 70 years. According to Fechner., *et al*, the incidence ratio between men and women is 1:5. The lesion is commonly found in the phalanges of the hands and feet, and uncommon in the metacarpals, with the proximal phalanx being the most affected [3,4].

Differential diagnoses include osteosarcoma, parostal osteosarcoma, periostal osteosarcoma, periostal chondroma, periostal chondrosarcoma, osteomyelitis, and tendon sheath giant cell tumor [5].

Its treatment consists of local excision of the tumour, but it can be more aggressive from the point of view of the functional deficit generated by the tumour [1,2]. Histopathologic features can be alarming and lead to treatment with extensive and unnecessary surgery in addition to adjuvant therapy [5-7].

Conclusions

Florid reactive periostitis is rare, being a benign process but requiring a differential diagnosis with malignant alterations that require more aggressive treatment, so we suggest placing more emphasis on the study of the lesion, thus avoiding radical surgeries.

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