

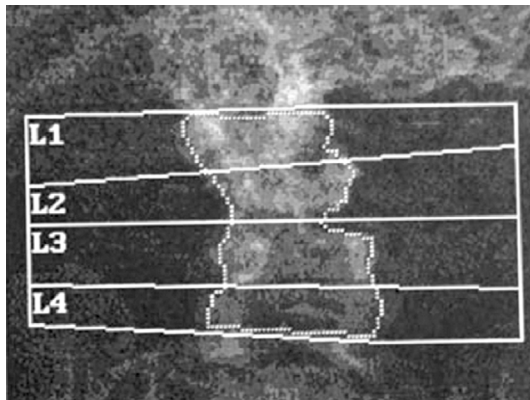
Low Bone Mass in Ehlers-Danlos Syndrome

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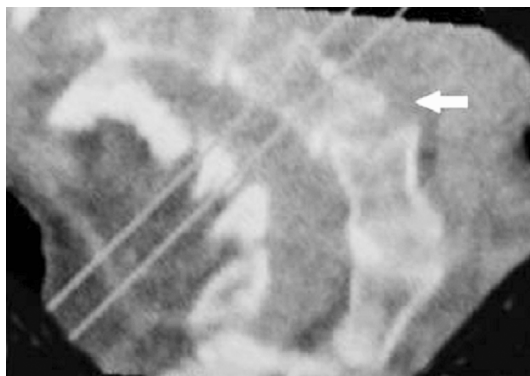
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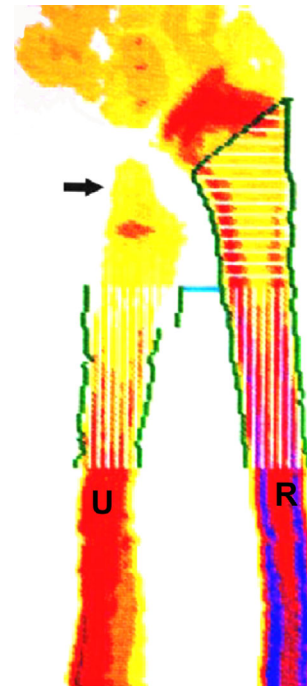
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Picture 1.



Picture 3.



Picture 2.

A 14-year-old girl with type-III Ehlers-Danlos syndrome (EDS) underwent a dual energy X-ray absorptiometry (DXA) evaluation of the bone mineral density (BMD) in the scoliotic lumbar spine (L-spine), which measured 0.464 g/cm^2 (T-score: -5.3, Z-score: -4.23) (Picture 1). The BMD was found to be 0.230 g/cm^2 (T-score: -4.5) in the deformed distal forearm and 0.181 g/cm^2 (T-score: -4.1) in the ultra-

distal forearm using single energy X-ray absorptiometry (SXA) (Picture 2). The patient was treated with teriparatide and her BMD in the distal radius thereafter consistently increased without showing any increase in the BMD in the L-spine. The total BMD was found to be 458 mg/cm^3 (T-score: 1.2, Z-score: 1.4) at the radius-4% distal site, and the trabecular BMD was found to be 220.5 mg/cm^3 (T-score: 0.5, Z-score: 0.6) at the same site using peripheral quantitative CT (pQCT). The volumetric BMD was found to be 71.2 mg/cm^3 (T-score: -3.74, Z-score: -4.51) in the lordotic L-spine on QCT (Picture 3). We herein report the occurrence of marked osteoporosis in the peripheral skeleton of EDS patients as an additional, yet heretofore unrecognized, manifestation of

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EDS (1, 2).

The authors state that they have no Conflict of Interest (COI).

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