

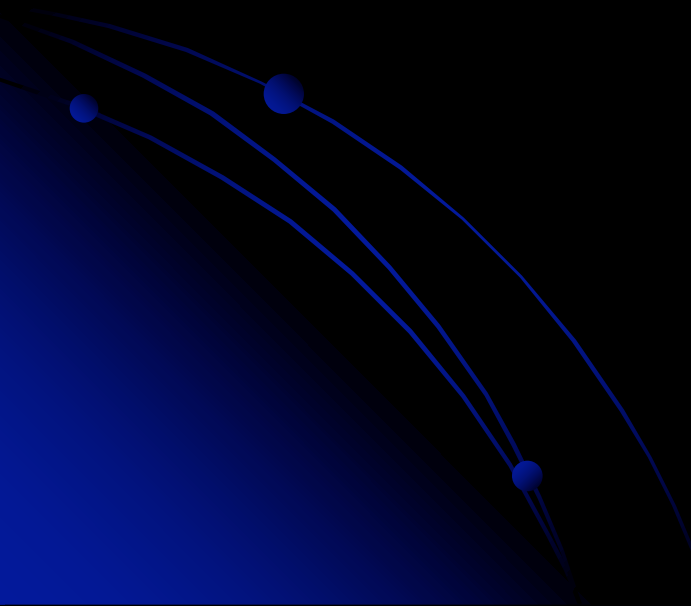


Νόσος Paget των οστών

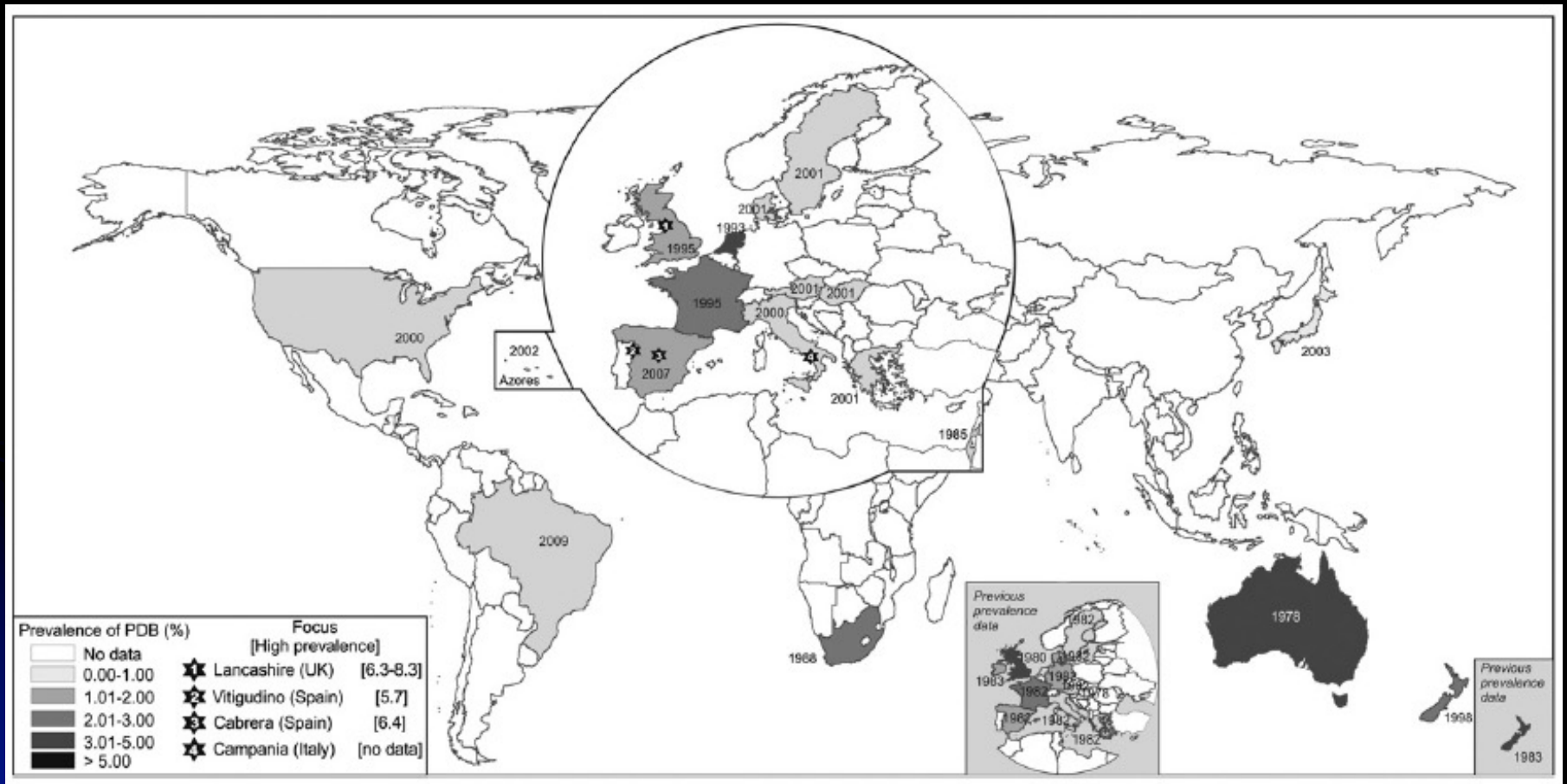
Στέργιος Πολύζος
Ενδοκρινολόγος
Επίκουρος Καθηγητής Φαρμακολογίας
Α΄ Εργαστήριο Φαρμακολογίας
Τμήμα Ιατρικής Α.Π.Θ.

Σύγκρουση Συμφερόντων

- Καμία

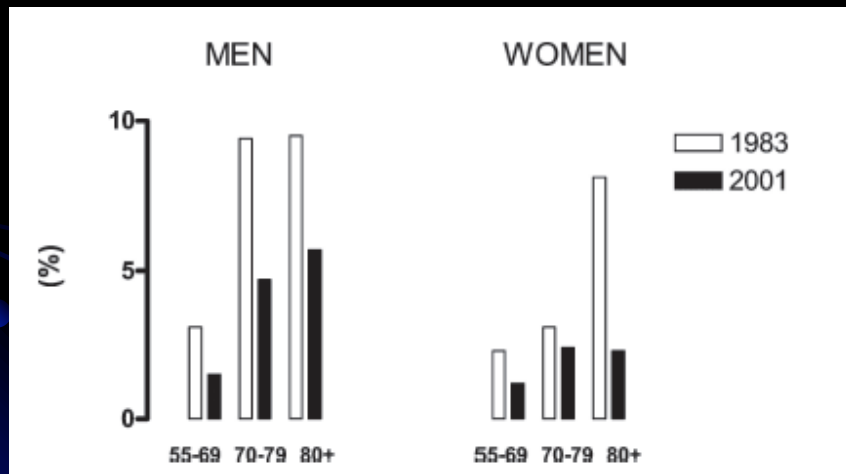


Επιπολασμός

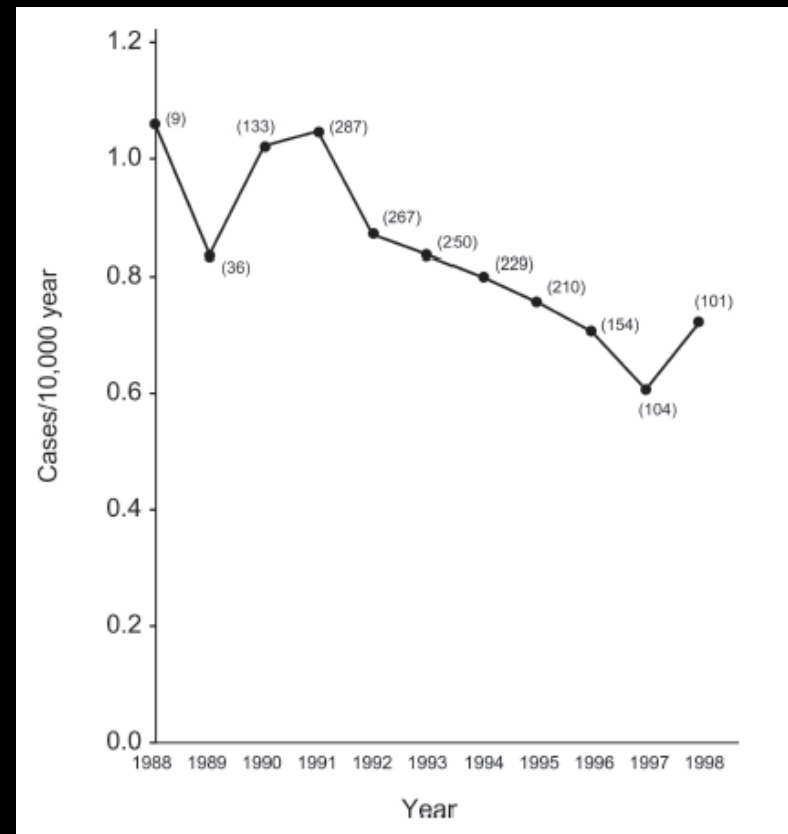


Ελάττωση επιπολασμού και επίπτωσης

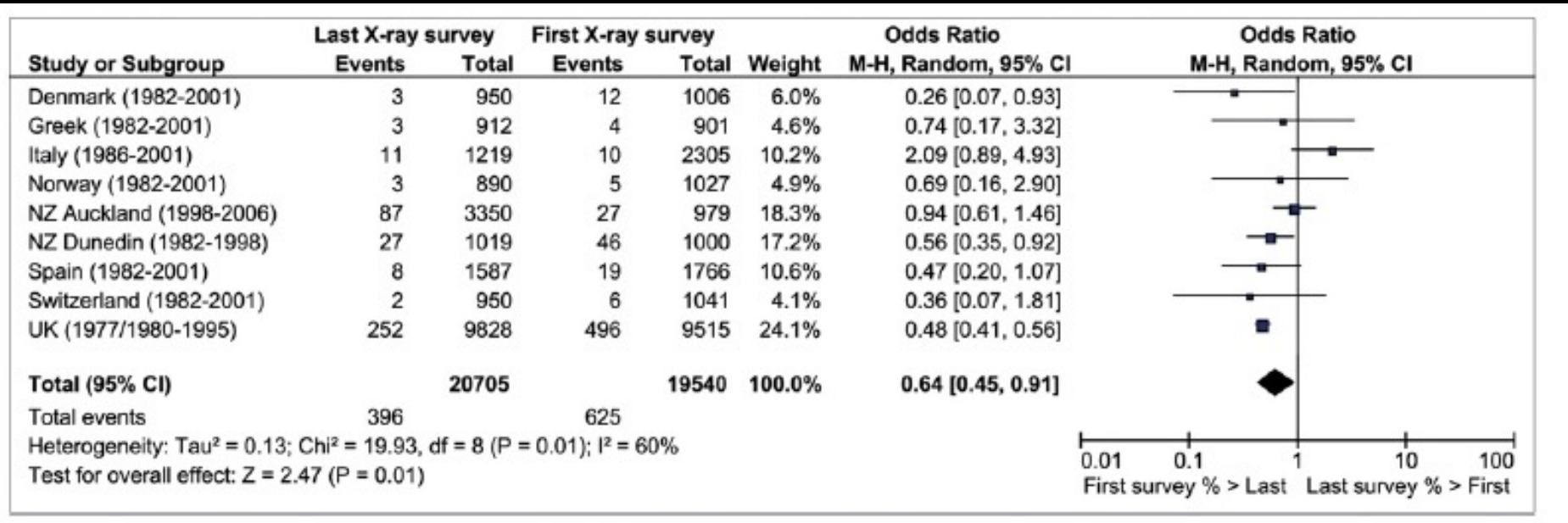
Dunedin, Νέα Ζηλανδία



Ην. Βασίλειο



Ελάττωση επιπολασμού



Παθογένεια

ENVIRONMENTAL TRIGGERS

Viral infections (Paramyxovirus)
Pollution (pesticides, dioxins)
Ca and/or vitamin D deficiency
Metal exposure

PREDISPOSING GENES

Rare Variants (mutations)

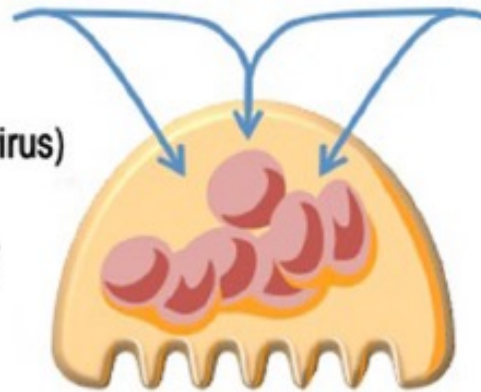
SQSTM1
ZNF687
(**TNFRSF11A**, **FKBP5**)
others...

Common Variants

OPTN
CSF1
TNFRSF11A
RIN3
others...

LOCAL FACTORS

Biomechanical Stress
(increased blood flow)
others...



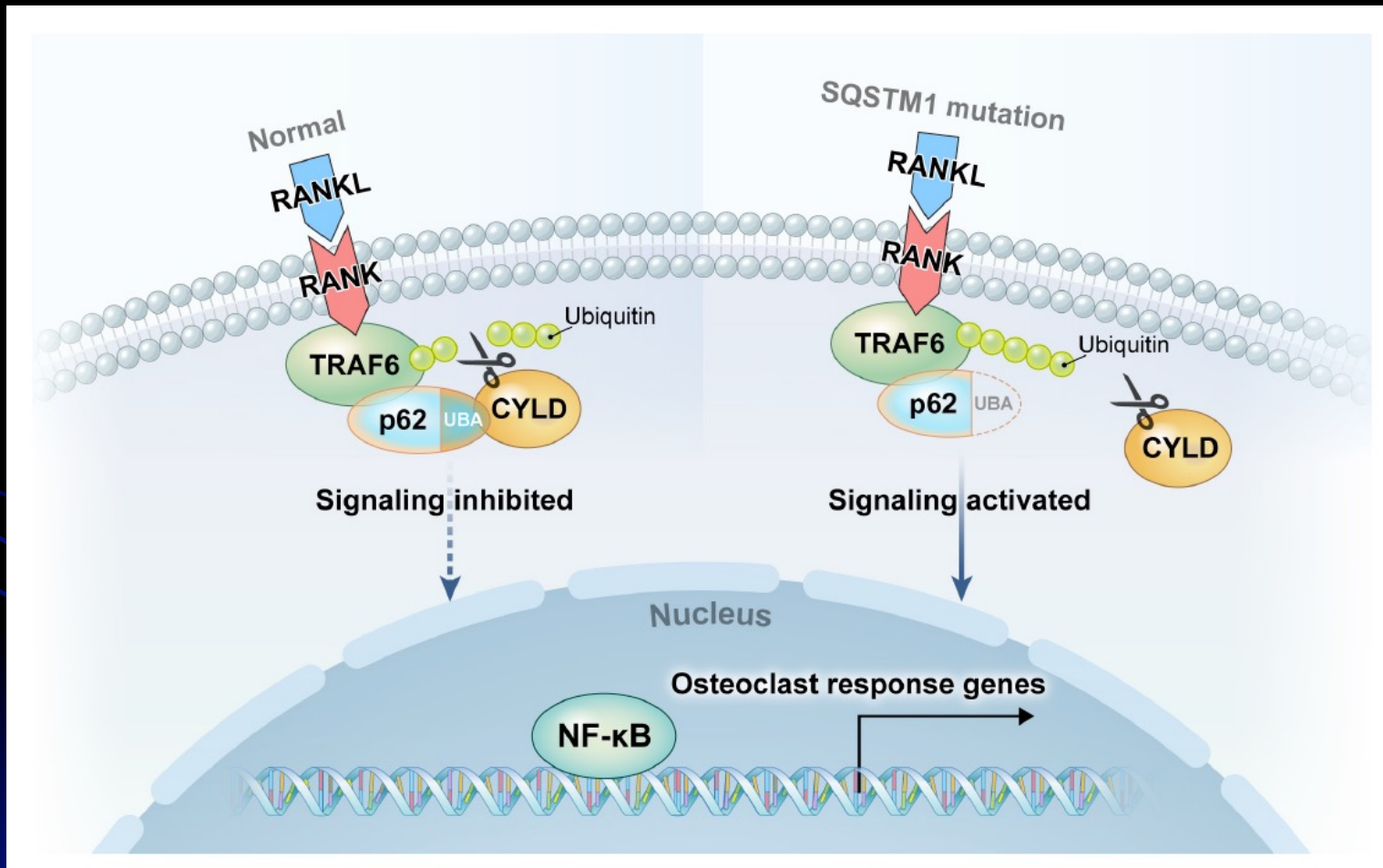
**PAGETIC
OSTEOCLAST**

PDB LESIONS

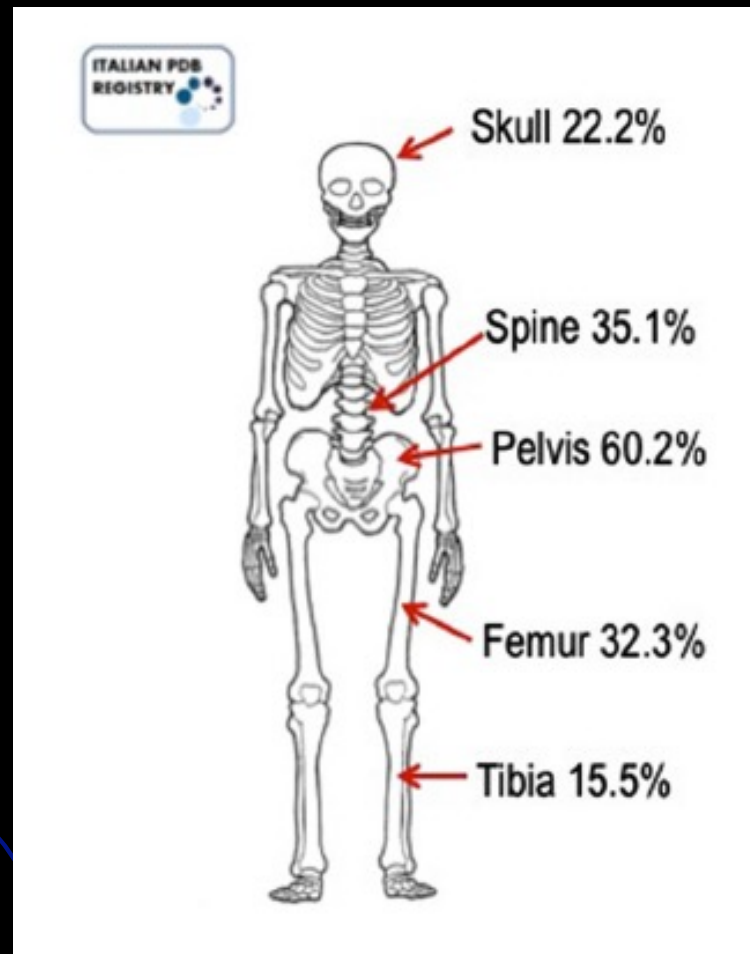


(EPIGENETICS)

Ενεργοποίηση οστεοκλαστών σε sequestosome 1 gene (SQSTM1) mutations



Συχνότερες οστικές εντοπίσεις



Διάγνωση

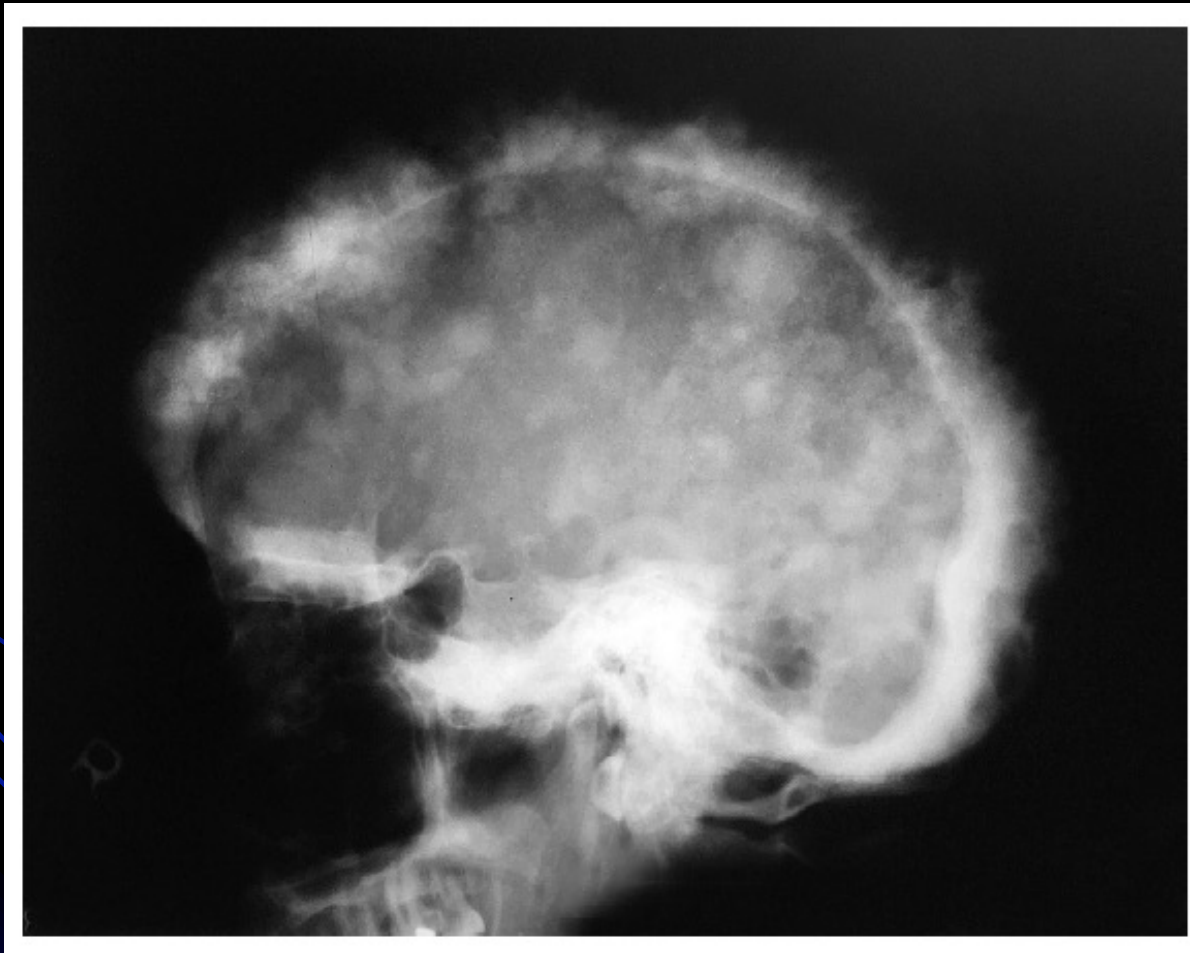
Osteoporosis circumscripta



Χρόνια «ιγμορίτιδα» & μετωπιαία
κεφαλαλγία, TALP=434 IU/L
“Cotton Wool”

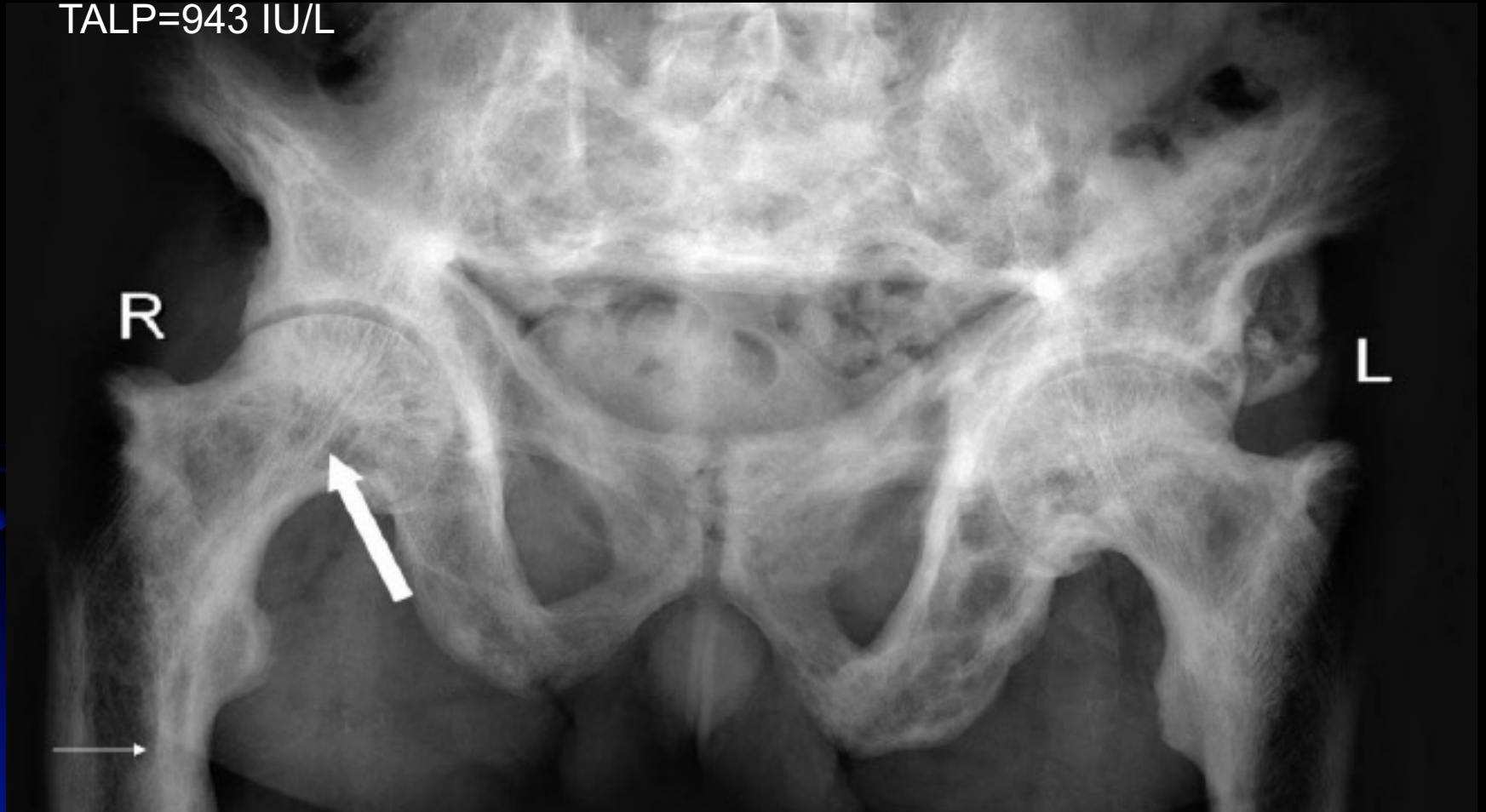


Διάγνωση

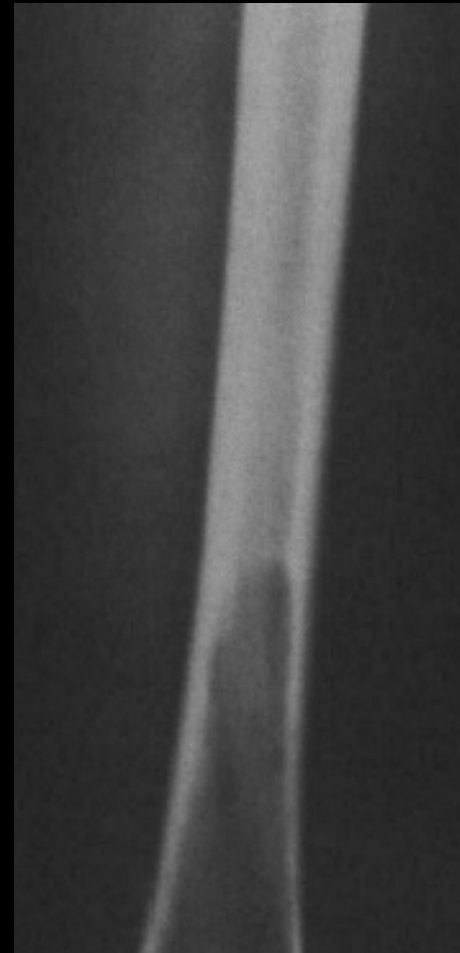


Διάγνωση

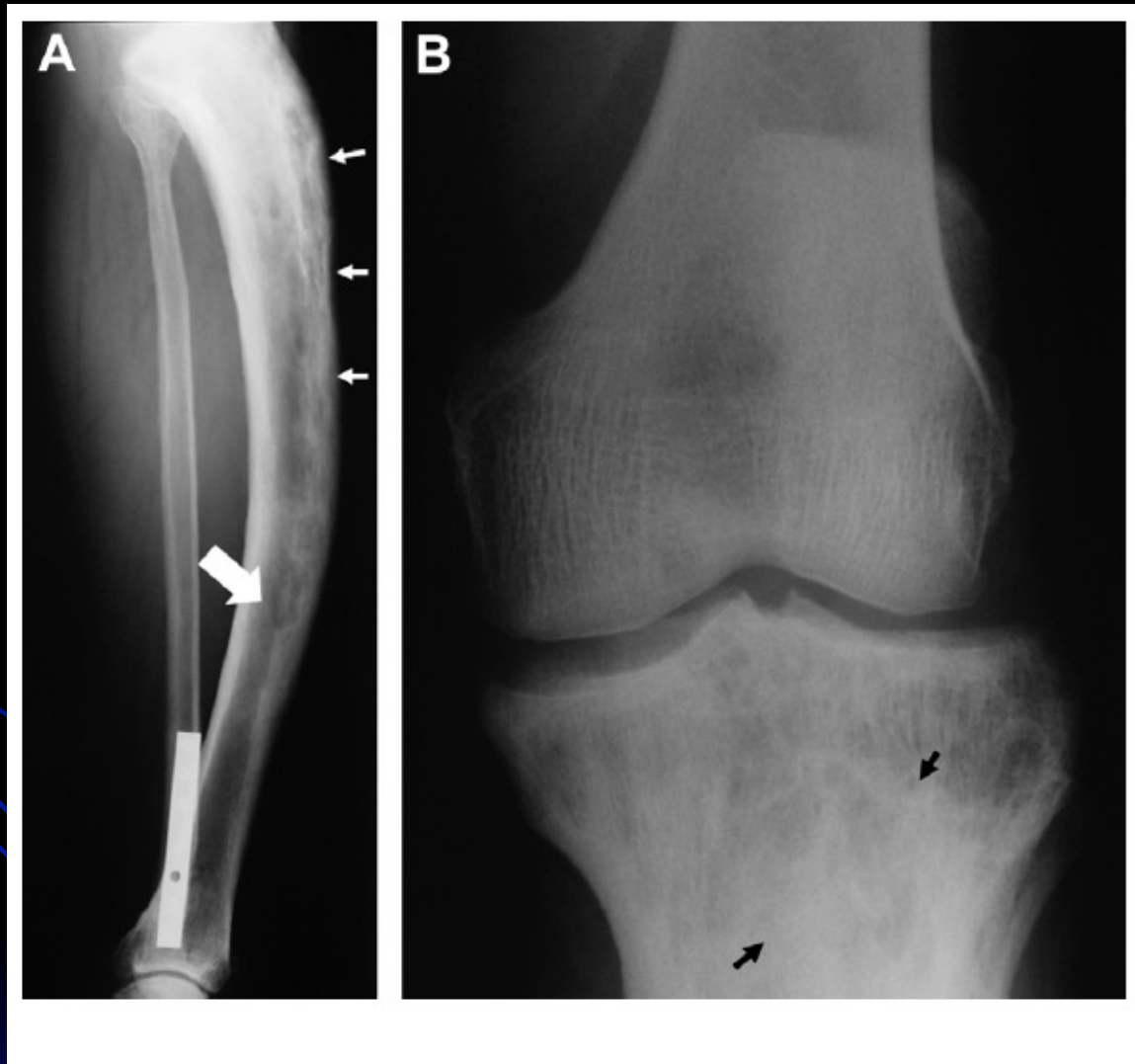
Προοδευτικό άλγος λεκάνης, ισχίου ΔΕ, γόνατος ΑΡ, ώμων άμφω και οσφύος
TALP=943 IU/L



Διάγνωση



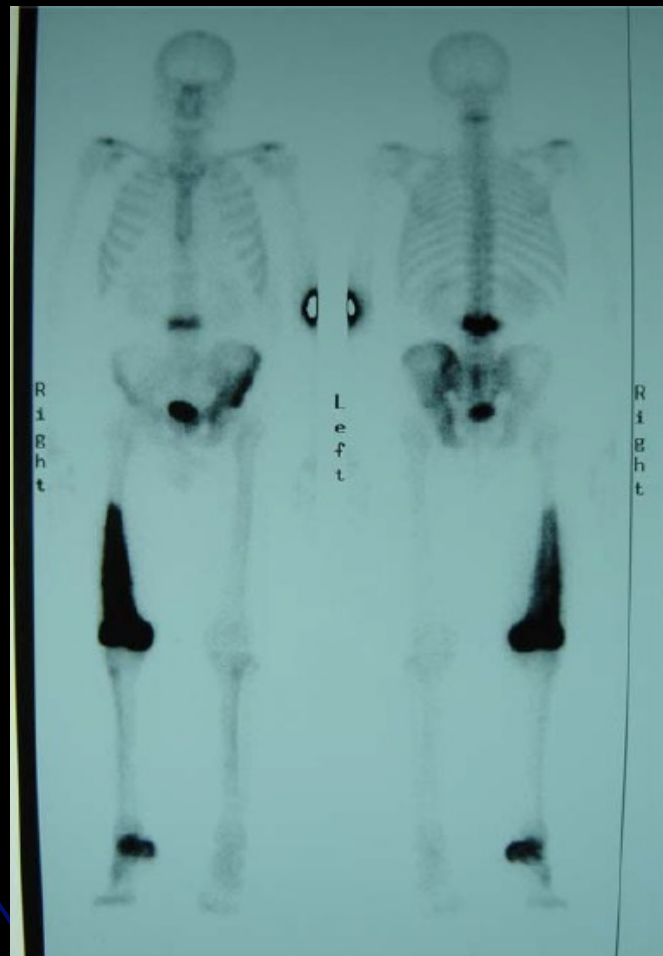
Διάγνωση

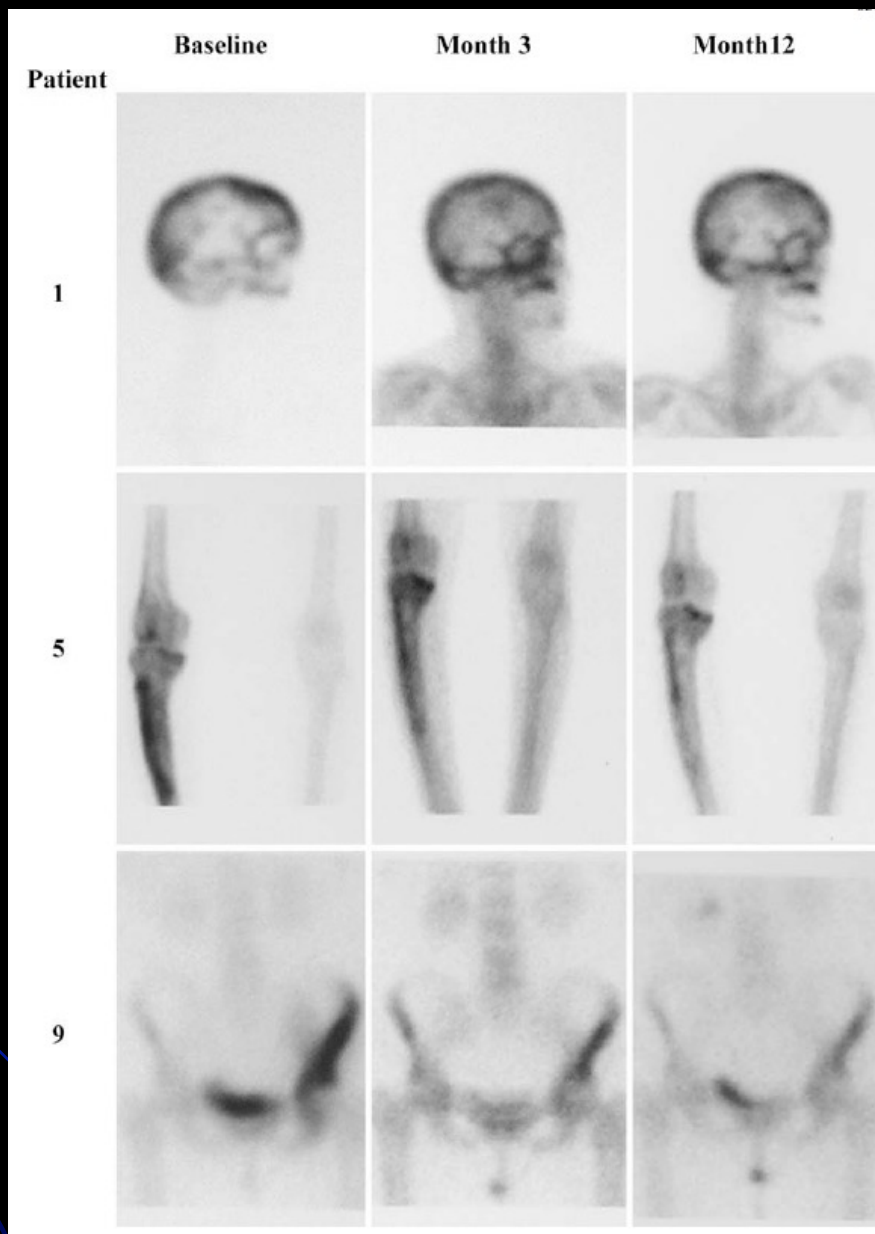


Οστεοσάρκωμα επί νόσου Paget



Έκταση νόσου





Follow-up

- TSAP (+ γ GT)
- P1NP
 - BSAP (20% cross-reactivity με ηπατική ALP)
 - CTx (α CTx vs. β CTx)
- Σπινθηρογράφημα
 - Όταν φυσιολογικοί BT markers

ΕΠΙΠΛΟΚΕΣ

System	Complications	
	Common	Rare (< 1%)
Osteoarticular	Bone pain Bone deformity Osteoarthritis at adjacent joints Fractures	Spinal stenosis
Neurological	Hearing loss Tinnitus	Cranial nerve deficits Basilar impression Hydrocephalus Paraplegia, paraparesis Vascular steal syndrome
Metabolic	Hyperparathyroidism ^a	Hyperuricemia Hypercalcemia Nephrolithiasis
Cardiovascular		High output heart failure Generalized atherosclerosis Endocardial calcifications Aortic stenosis
Neoplastic		Sarcomas Giant cell tumor

Νοσηρότητα

TABLE 3. PREVALENCE OF MORBIDITIES IN PAGET'S DISEASE PATIENTS AND CONTROLS⁽⁶⁾

	<i>Paget's disease group (n = 2465)</i>		<i>Control group (n = 7395)</i>		<i>Crude relative risk</i>	
	<i>No. of cases</i>	<i>Rate (%)</i>	<i>No. of cases</i>	<i>Rate (%)</i>	<i>Ratio</i>	<i>95% CL</i>
Back pain	601	10.2	887	4.9	2.1	1.9–2.3
OA–osteoarthritis	352	5.6	619	3.4	1.7	1.5–1.9
Dizziness/giddiness	322	5.0	678	3.7	1.3	1.2–1.5
Fracture	194	2.8	437	2.3	1.2	1.0–1.5
Femur/hip fracture	71	1.0	137	0.7	1.4	1.1–1.9
Hearing loss	170	2.4	296	1.5	1.6	1.3–1.9
Hip arthroplasty	104	1.5	93	0.5	3.1	2.4–4.1
Knee arthroplasty	25	0.3	43	0.2	1.6	1.0–2.6
Tinnitus	47	0.6	85	0.4	1.5	1.1–2.2
Cranial nerve disorder	17	0.2	39	0.2	1.2	0.7–2.1
Malignant neoplasm of bone	1	0.1	0	0	∞	5.0–∞

Ελάττωση σοβαρής νόσου

Sociodemographic data and comorbidities at first visit for PDB		Historical cohort (N = 173)	Contemporary cohort (N = 195)	Unadjusted p-value ^a	Adjusted p-value ^b
Sex, n (%)	Women	67/173 (38.7 %)	91/195 (46.7 %)	0.1400	1.0000
	Men	106/173 (61.3 %)	104/195 (53.3 %)		
Age at PDB diagnosis, mean ± standard deviation		58.5 ± 10.1	68.7 ± 10.7	<0.0001	<0.0001
Positive family history of PDB, n (%)		47/140 (33.6 %)	23/167 (13.8 %)	<0.0001	0.0024
Ever smoker, n (%)		8/18 (44.4 %)	47/99 (47.5 %)	1.0000	1.0000
Marital status, n (%)	Single	0/3 (0.0 %)	4/26 (15.4 %)	0.5161	1.0000
	Divorced	0/3 (0.0 %)	2/26 (7.7 %)		
	Married	3/3 (100 %)	14/26 (53.8 %)		
	Widowed	0/3 (0.0 %)	6/26 (23.1 %)		
Ethnicity, n (%)	Arabic	0/7 (0.0 %)	1/85 (1.2 %)	1.000	1.0000
	African	0/7 (0.0 %)	1/85 (1.2 %)		
	Caucasian	7/7 (100 %)	83/85 (97.6 %)		
Primary osteoarthritis, n (%)		13/34 (38.2 %)	40/118 (33.9 %)	0.6852	1.0000
Hypertension, n (%)		11/34 (32.4 %)	67/118 (56.8 %)	0.0187	1.0000
Atherosclerotic coronary disease, n (%)		7/34 (20.6 %)	21/118 (17.8 %)	0.8021	1.0000
Rheumatoid arthritis, n (%)		1/34 (2.9 %)	5/118 (4.2 %)	1.0000	1.0000
Chronic obstructive pulmonary disease, n (%)		1/34 (2.9 %)	3/118 (2.5 %)	1.0000	.
Osteoporosis, n (%)		4/34 (11.8 %)	19/118 (16.1 %)	0.6018	1.0000

^a Based on Chi-square exact test or Wilcoxon Mann Whitney test.

^b Based on Bonferroni correction method.

Ελάττωση σοβαρής νόσου

Clinical characteristics at first visit for PDB	Historical cohort (N = 173)	Contemporary cohort (N = 195)	Unadjusted p-value ^a	Adjusted p-value ^b
Incidental diagnosis, n (%)	16/24 (66.7 %)	97/113 (85.8 %)	0.0369	1.0000
Bone pain related to PDB, n (%)	20/38 (52.6 %)	64/123 (52.0 %)	1.0000	
Number of bones affected, median (interquartile range)	2 (1; 5)	1 (1; 3)	<0.0001	<0.0001
Rénier's index ^c , mean ± SD (%)	12.5 ± 9.5	8.2 ± 7.6	<0.0001	<0.0001
Monostotic, n (%)	53/173 (30.6 %)	118/195 (60.5 %)	<0.0001	<0.0001
Skull, n (%)	33/106 (31.1 %)	43/150 (28.7 %)	0.6793	1.0000
Lower limb, n (%)	59/106 (55.7 %)	60/150 (40.0 %)	0.0157	0.9281
Upper limb, n (%)	35/105 (33.3 %)	24/150 (16.0 %)	0.0015	0.0897
Pelvis, n (%)	68/105 (64.8 %)	83/150 (55.3 %)	0.1547	1.0000
Spine, n (%)	39/105 (37.1 %)	34/149 (22.8 %)	0.0165	0.9762
Other, n (%)	9/105 (8.6 %)	11/150 (7.3 %)	0.8140	1.0000
Complications of PDB				
Bone deformity, n (%)	26/48 (54.0 %)	15/115 (13.0 %)	< 0.0001	<0.0001
Fracture of pagetic bone, n (%)	11/30 (36.7 %)	7/105 (6.7 %)	0.0001	0.0078
Orthopedic surgery related to PDB complications, n (%)	6/21 (28.6 %)	8/91 (8.8 %)	0.0237	1.0000
Secondary osteoarthritis, n (%)	16/31 (51.6 %)	46/107 (43.0 %)	0.4188	1.0000
Gait instability, n (%)	3/8 (37.5 %)	10/24 (41.7 %)	1.0000	1.0000
Hearing disorder, n (%)	11/18 (61.1 %)	27/52 (51.9 %)	0.5885	1.0000
Spinal stenosis, n (%)	5/9 (55.6 %)	12/24 (50.0 %)	1.0000	1.0000
Urinary lithiasis, n (%)	1/1 (100.0 %)	4/10 (40.0 %)	0.4545	1.0000
Osteosarcoma, n (%)	0/7 (0.0 %)	0/78 (0.0 %)	–	–

Θεραπεία-Πότε;

Table 1 Indications for therapy in asymptomatic Paget's disease of bone

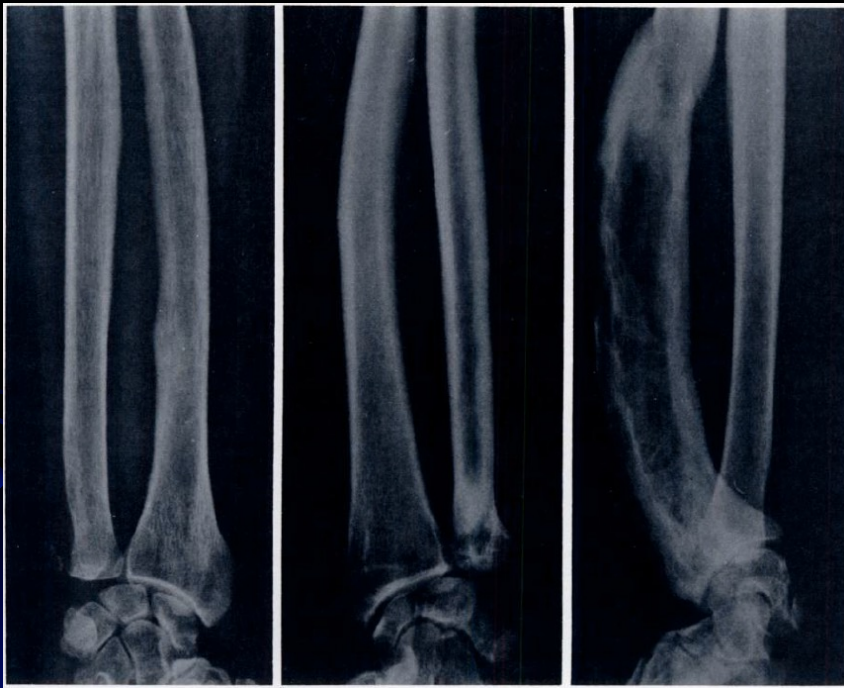
Age at diagnosis: lower than 50
Location of the bone lesion [2-4, 7, 8, 10, 26]
Limbs (close to joints) (risk of osteoarthritis)
Lytic lesions (risk of fracture)
Hip
Cervical and thoracic spine (risk of neurologic complications: spinal stenosis or pagetic steal syndrome)
Skull (particularly the base: risk of hearing loss and/or other neurologic complications)
Jaws (facial deformity, buccal malocclusion)
Elevated values of TAP [25, 28] (more than twice the upper limit of normal)
Planned orthopaedic intervention

TAP = total alkaline phosphatase activity

“We recommend treatment with a bisphosphonate for most patients with active Paget’s disease who are at risk of future complications.”

Burned-out?

Χωρίς Θεραπεία



Θεραπεία

Table 2. Recommended Bisphosphonate Dosing Regimens

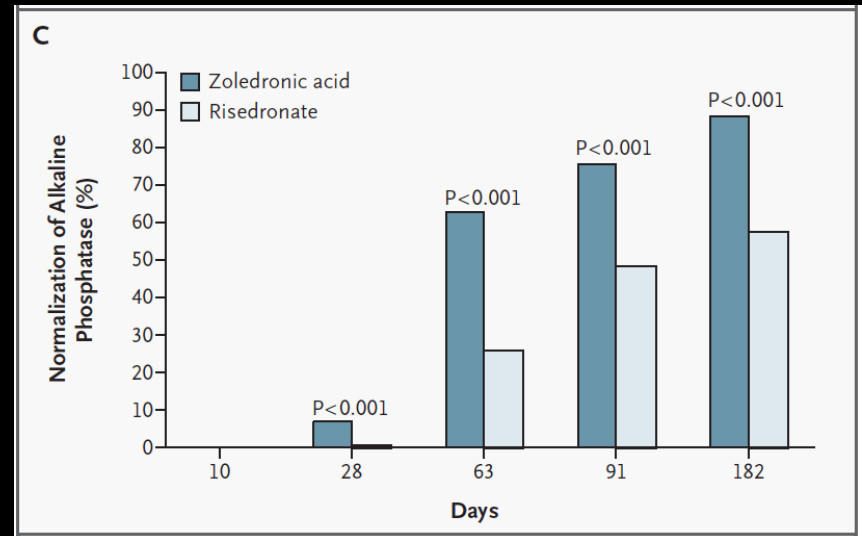
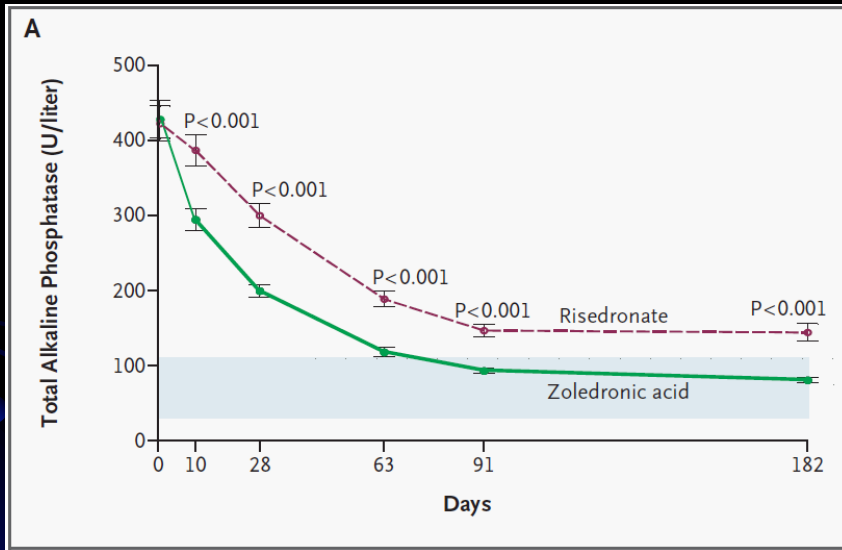
Drug	Dosage
Zoledronate ^a	5 mg given as a single infusion over 15 min. Retreatment is seldom required within 5 y
Alendronate	40 mg/d for 6 mo. Retreatment may be required between 2 and 6 y
Risedronate	30 mg/d for 2 mo. Retreatment may be required between 1 and 5 y

^a The authors recognize that the official generic name for this drug is "zoledronic acid." However, that is a misnomer. In fact, it is the sodium salt, not the acid, that is used in medical practice. Therefore, we have elected to use "zoledronate," which is consistent with the usual nomenclature for bisphosphonates.

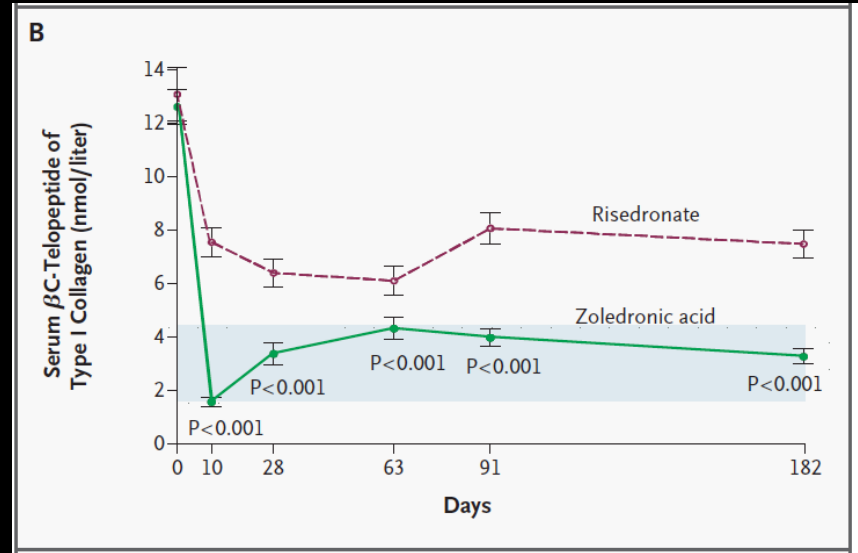
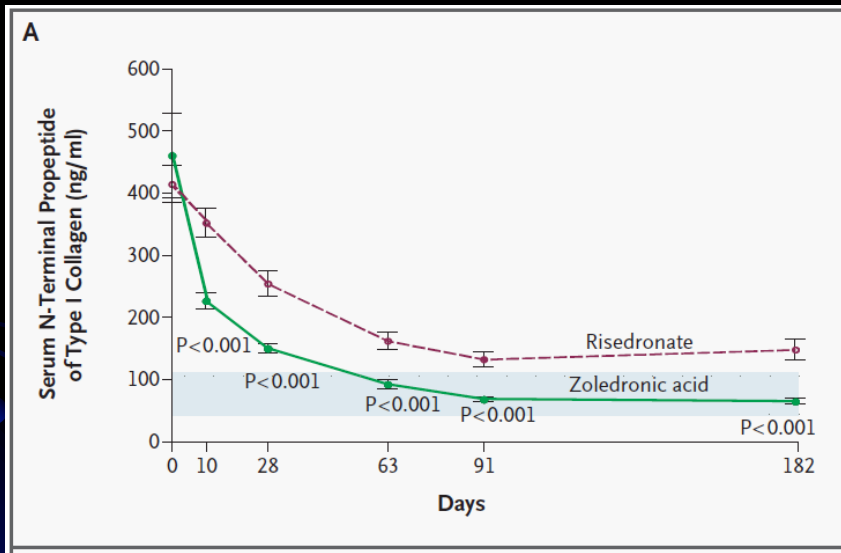
- Καλσιτονίνη ✖
- Ετιδρονάτη ✖
- Κλοδρονάτη ✖
- Τιλουδρονάτη ✖
- Ιμπανδρονάτη ?
- Παμιδρονάτη

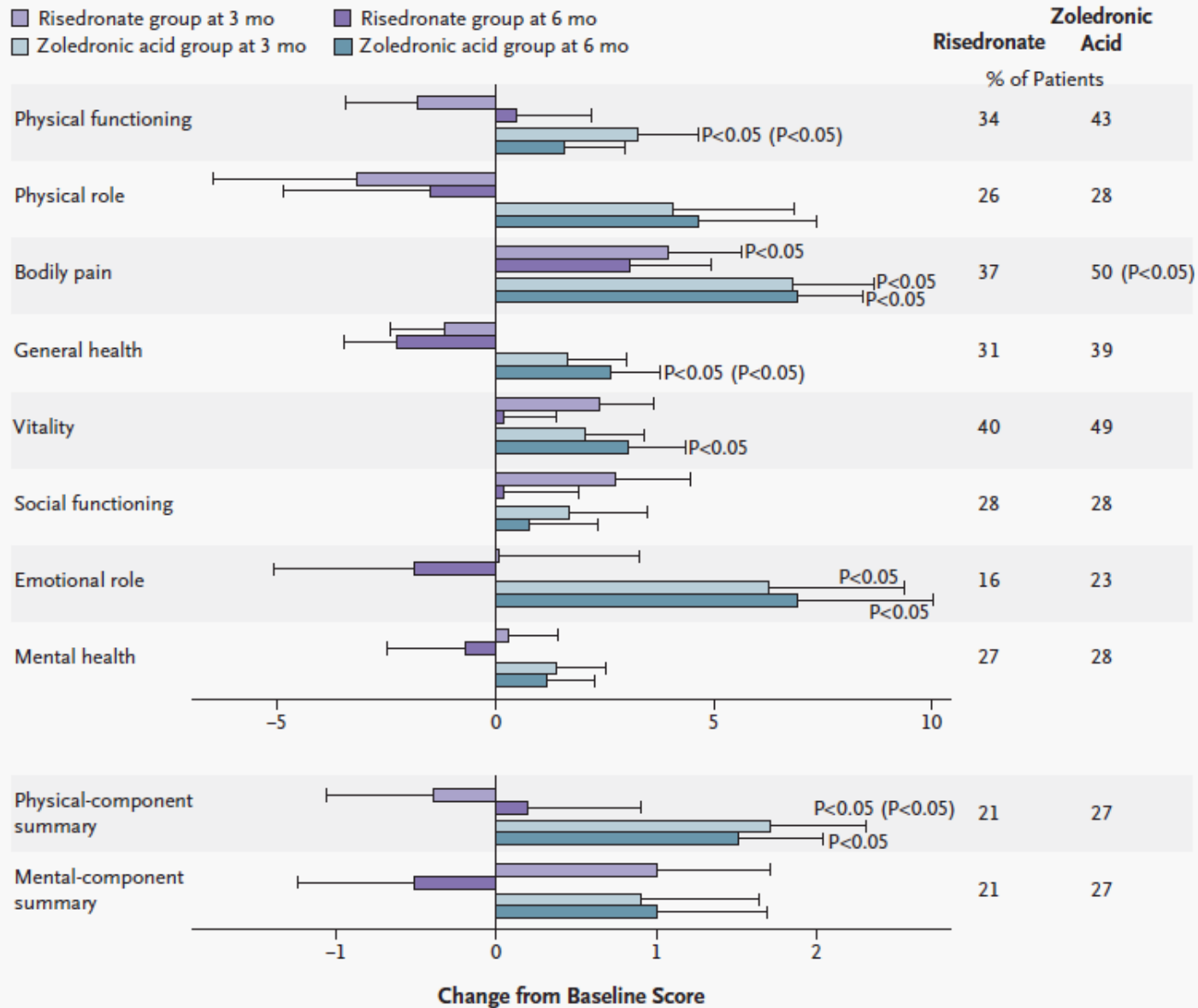
?

Ρισεδρονάτη vs. Ζολεδρονικό (RCT)

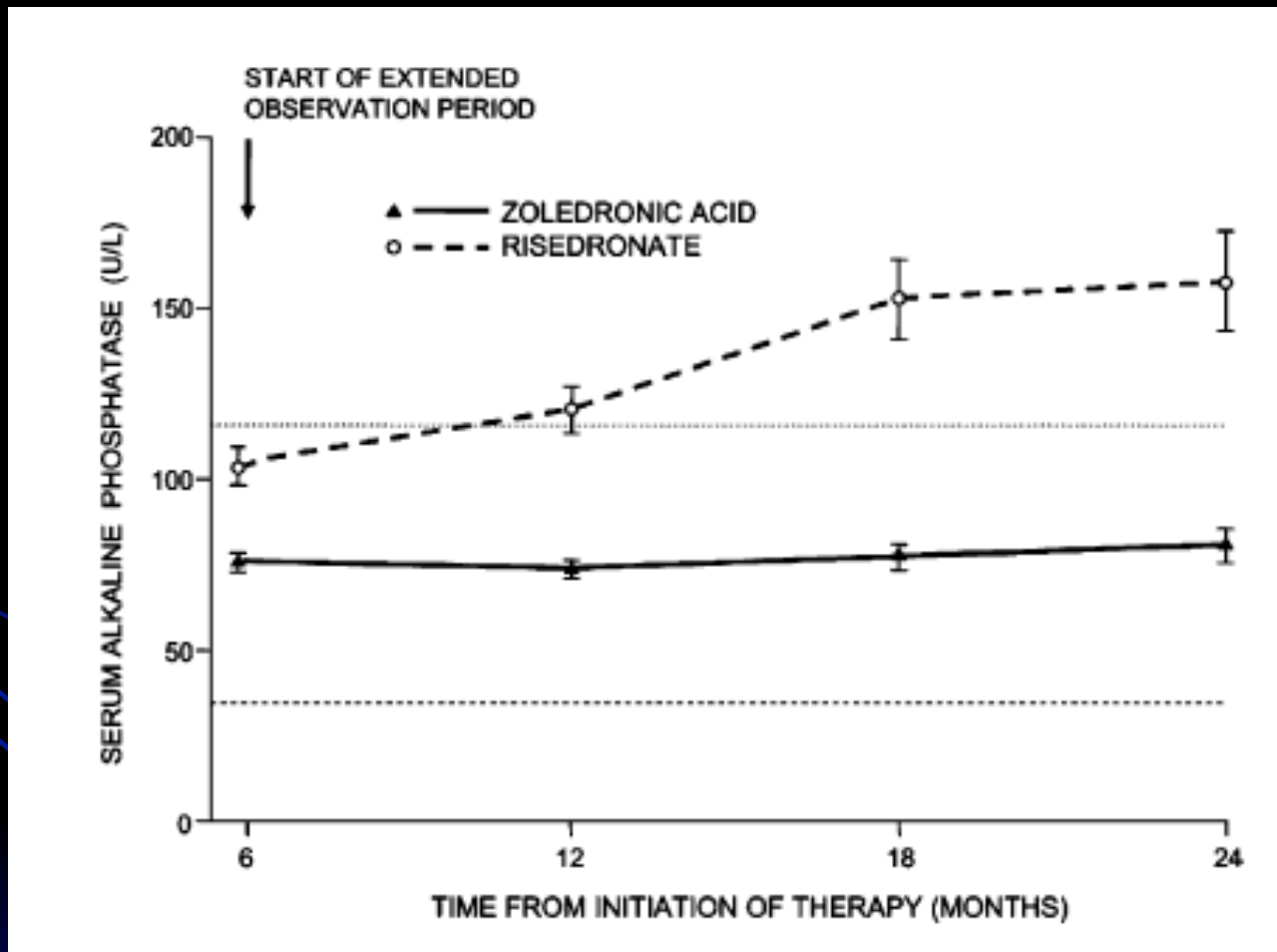


Ρισεδρονάτη vs. Ζολεδρονικό (RCT)



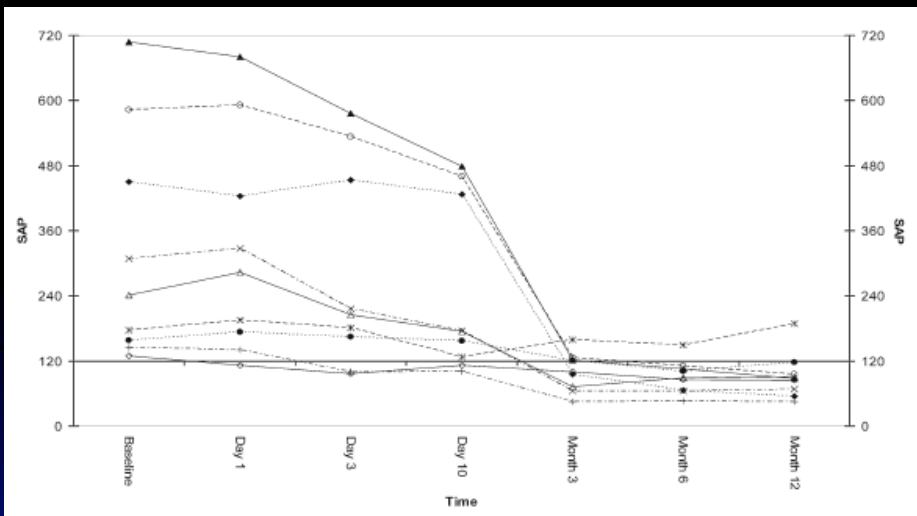


Ρισεδρονάτη vs. Ζολεδρονικό - Επέκταση

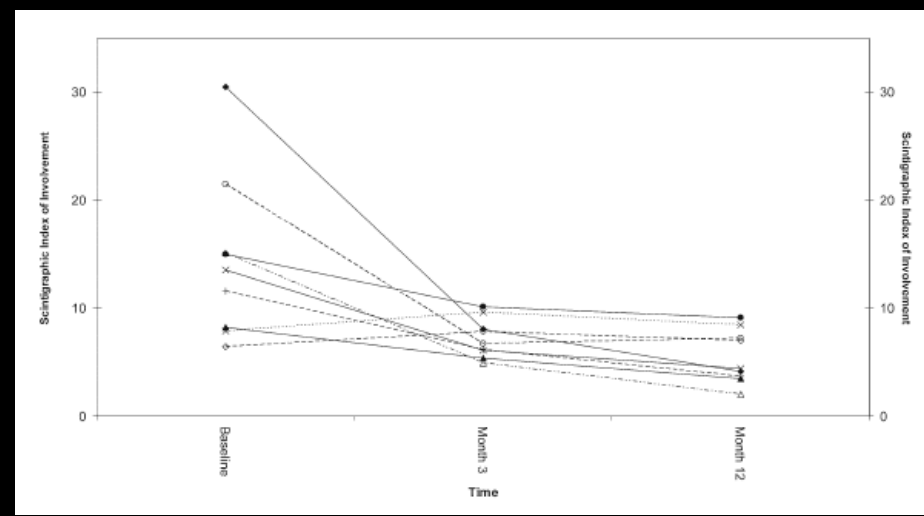


Ζολενδονικό σε νόσο Paget

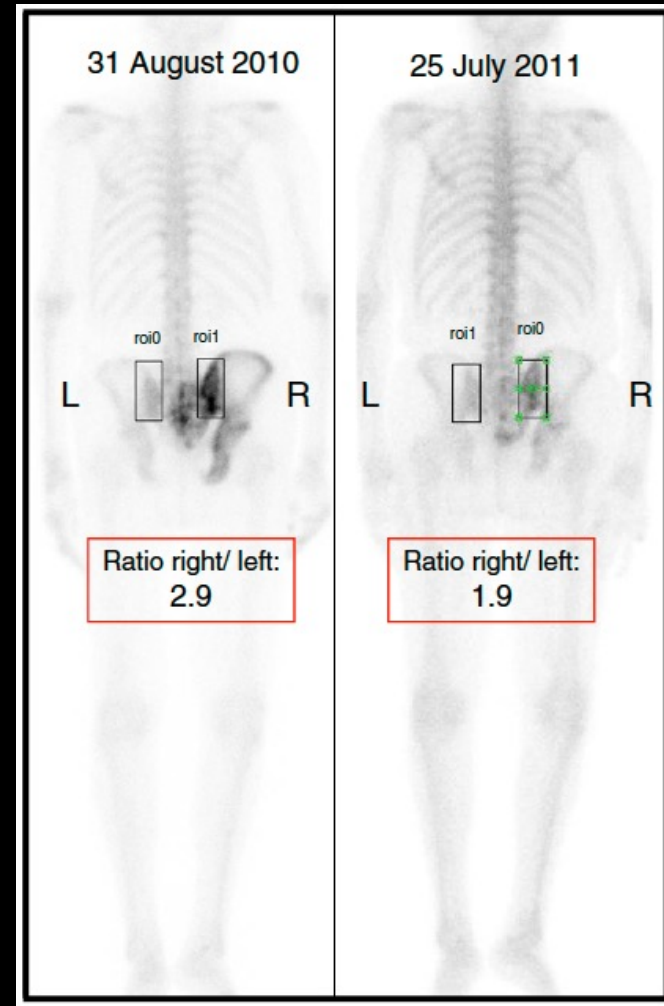
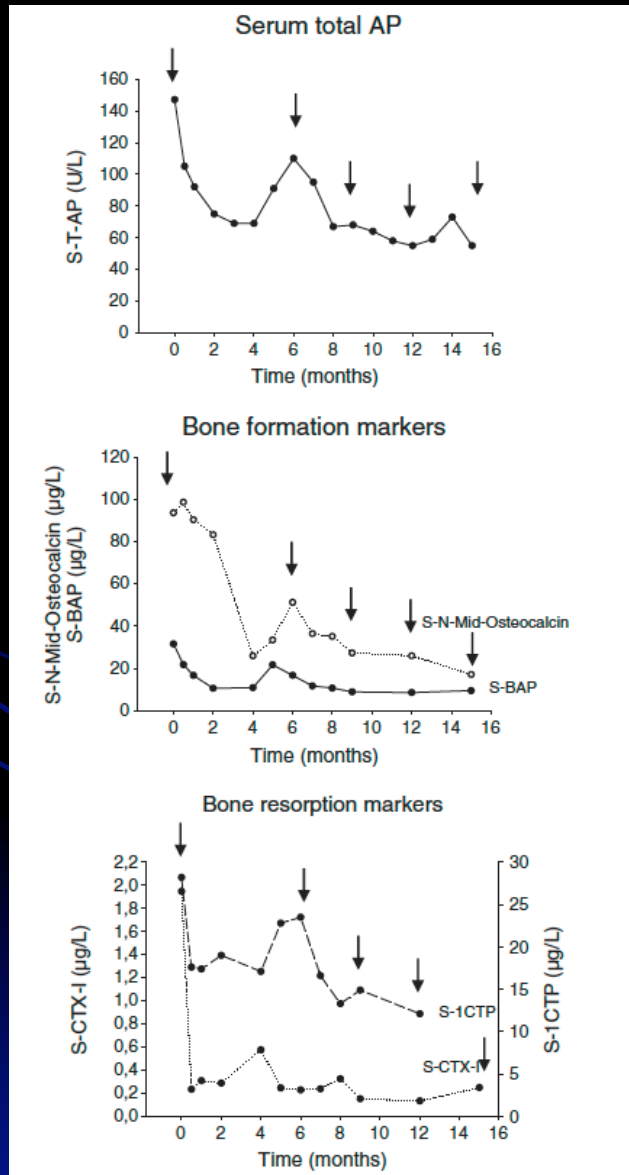
TSAP



Scintigraphic Index



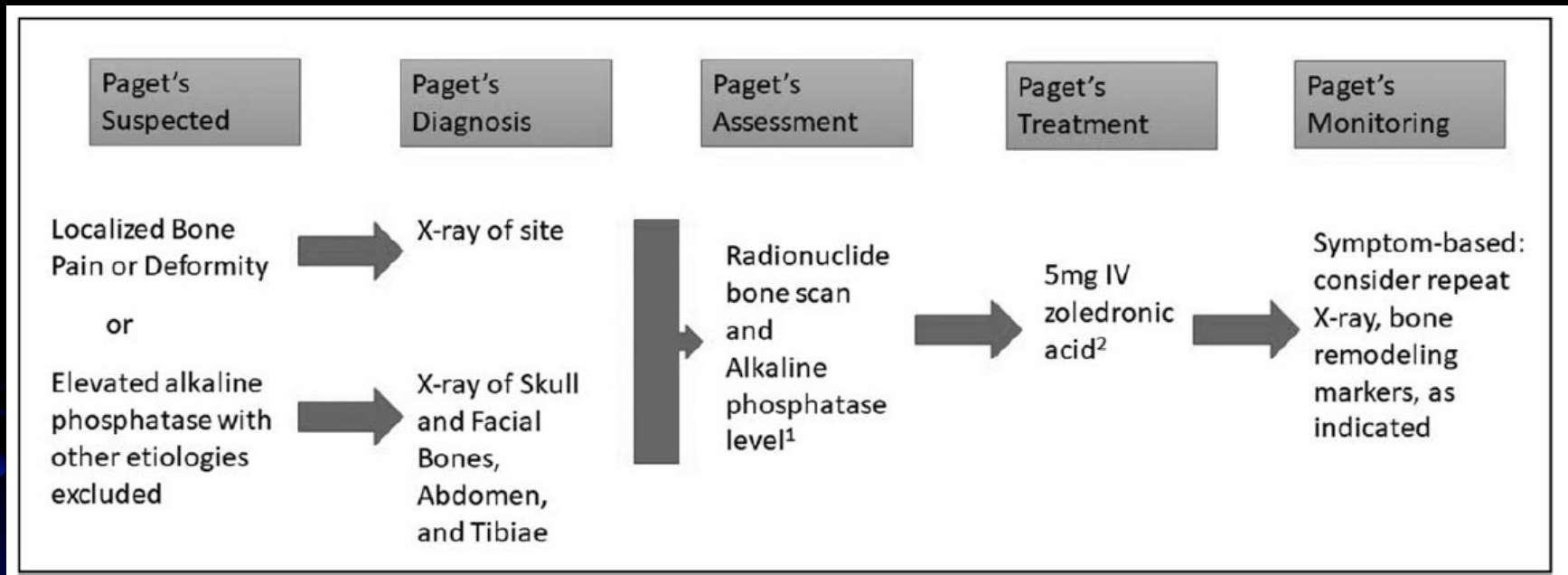
Denosumab (60 mg) σε v. Paget



Ασβέστιο, μαγνήσιο και βιταμίνη D

- Πολύ προσοχή προ της χορήγησης αντιοστεοκλαστικής αγωγής
 - Ειδικά σε υψηλό ρυθμό οστικής ανακατασκευής

Σύνοψη



Main clinical presentation of PDB

"Bone" pain

Bone deformity or pathological fracture

Symptomatic patient

Asymptomatic patient

Raised serum total alkaline phosphatase (ALP) with normal liver function test.

PDB detected on imaging conducted for investigation of another disorder.

PDB diagnosis

Targeted X-ray of site

Characteristic X-ray features of PDB



Plain X-ray of



- 1 Skull and facial bones
- 2 Abdomen
- 3 Tibiae

are recommended as initial screening in patients suspected to have PDB

Diagnosis and defining extent of PDB

Radionuclide bone scintigraphy (RBS)
RBS in addition to targeted X-ray, are recommended as a means of fully and accurately defining the extent of metabolically active PDB.



Other imaging

Magnetic resonance imaging (MRI) or computed tomography (CT):
-Not recommended for the diagnosis of PDB.
-Recommended to assess disease complications.

Assessment of metabolic activity

Serum total ALP is recommended as a first line biochemical test in combination with liver function tests in screening for the presence of metabolically active PDB:

If total ALP values are normal and clinical suspicion of metabolically active PDB is high, measurement of BALP, PINP or uNTX may be considered.

Ευχαριστώ!!!

