
Images in Clinical Practice

Caffey's Disease

A 4-month-old female infant presented with generalized jaw swelling, pyrexia and irritability of 3 weeks duration. Examination revealed bilateral tender jaw swellings and rachitic rosary. The chest radiograph (Fig. 1) revealed classical features of Infantile Cortical Hyperostoses or Caffey's disease. Hyperostoses are seen in all the ribs, both clavicles and in the right humeral diaphyses. Both scapulae appeared normal (Fig. 1). The entire mandible had an irregular cortical surface with an overlying soft tissue swelling (Fig. 2). The remaining skeleton was normal.

Caffey in 1945, described a benign, self limiting, cortical hyperostoses of unknown etiology, which typically manifests in early infancy with hyper-irritability, soft tissue swellings and bone thickenings. It has both familial and sporadic forms. Clinically it may be mistaken for parotitis, abscess,

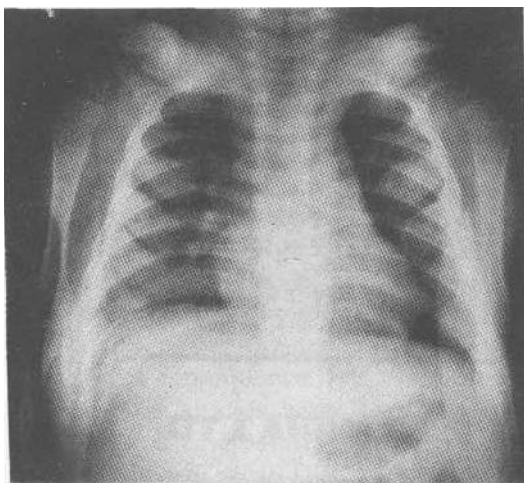


Fig. 1. Chest radiograph showing hyperostoses of both clavicles, left humerus and all the ribs.

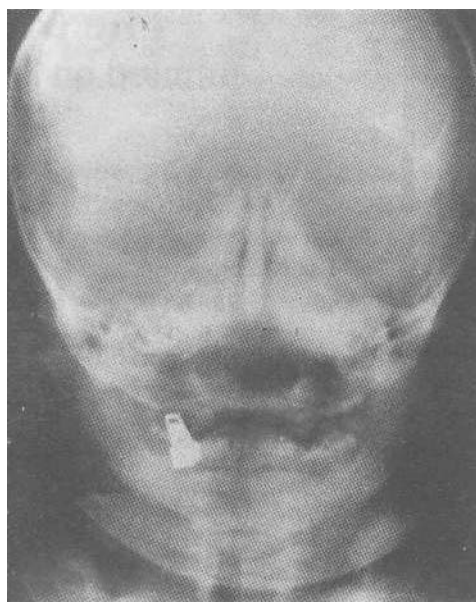


Fig. 2. PA view of mandible showing irregular cortical margins (of the mandible) with overlying soft tissue swelling.

osteomyelitis or bone tumor. Characteristic radiographic appearances clinch the diagnosis. The diagnostic radiographic features are an external cortical thickening of diaphyses of long bones, mandible, clavicles, scapulae, ribs and iliac bones. Short tubular bones are frequently involved. Recently a therapeutic role of naproxen has been described for the management of this disease.

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