Bone density measurement in osteogenesis imperfecta may well be important

Sir

We thank Drs Deodhar and Woolf for their interest in our paper.1 We agree that bone densitometry may contribute to the diagnosis of osteogenesis imperfecta, a low finding being supportive of the diagnosis in some cases. However, in practice this is not often the case in most patients with clinical features or family history the diagnosis is not difficult without densitometry.

The practical difficulty is often the expecta-
tion that patients with osteogenesis imper-
fecta should have a low density as part of the disorder. Some do but in others the bone fragility must be largely attributable to the collagen disorder. Our paper should not be taken to suggest that patients with osteo-
genesis imperfecta with a bone density within the reference range do not have bone fragility. We were merely anxious to demonstrate that, since many patients had normal values on densitometry, such findings cannot be used to ‘exclude’ a diagnosis of osteogenesis imperfecta. Since the assessment of bone density by ordinary radiology is much less precise than any form of densitometry,2,3 still less is it possible to exclude osteogenesis imperfecta with plain films.

We disagree with Drs Deodhar and Woolf on the appropriateness of our methods. The great majority of known fractures in osteogenesis imperfecta are fractures of the long bones. Single photon absorptiometry may therefore be particularly appropriate in this disorder.

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*Postgrad Med J* 1995 71: 124
doi: 10.1136/pgmj.71.832.124

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