

## OSTEOMALACIA

<b>Clinical Diagnosis</b>	<ul style="list-style-type: none"><li>- Aches and pains in the lumbar (lower back) region and thighs, spreading later to the arms and ribs. The pain is symmetrical, non-radiating and is accompanied by sensitivity in the involved bones</li><li>- Proximal muscles are weak, and there is difficulty in climbing up stairs and getting up from a squatting position</li><li>- Physical signs include deformities like triradiate pelvis and lordosis</li><li>- "waddling" gait</li><li>- May present as pathological fracture</li></ul>
<b>Investigation</b>	<ul style="list-style-type: none"><li>- Serum Calcium</li><li>- Serum Phosphate</li><li>- Alkaline Phosphatase</li><li>- Serum urea creatinine</li><li>- 24 Hr urinary calcium</li><li>- X rays of the deformed part</li><li>- 1,25 – dihydroxy- Vit D level</li><li>- Parathormone level</li><li>- DXA</li><li>- Bone Biopsy with double tetracycline labelling</li><li>- Technitium Bone scan</li></ul>
<b>Treatment</b>	<ul style="list-style-type: none"><li>- Administration of 10,000 IU weekly of vitamin D for four to six weeks</li><li>- Osteomalacia due to malabsorption may require treatment by injection</li><li>- Corrective surgery</li><li>- Bracing</li><li>- Tanning beds and other UV-B radiation devices</li></ul>