History

- 8M with leg pain
Differential Diagnosis

- Multiple nonossifying fibromas
- Polyostotic Fibrous Dysplasia
- Aneurysmal bone cyst
- Eosinophilic Granuloma
- Mets – neuroblastoma/leukemia
- Adamantinoma
- Infection – multifocal osteomyelitis
Polyostotic Fibrous Dysplasia
Synchronous lesions in fibula seen in 5-10%.

Adamantinoma
Jaffe-Campanacci syndrome

- 1942, Jaffe and Lichtenstein described nonosteogenic fibroma (now known as nonossifying fibroma) of bone.

- 1958, Jaffe described a clinical entity in which multiple nonossifying fibromas occurred in association with café-au-lait spots and axillary freckling, but without accompanying neurofibroma.
Discussion

• diagnosis of this rare disease is usually made in the peripuberty years (ten to fifteen years of age), although the age of presentation may range from four years to more than eighteen years

• Males and females seem to be affected equally

• Most patients have no family history of familial disease or neurofibromatosis

• The patients often present with a pathologic fracture through a nonossifying fibroma in the lower extremity.
The clinical finding of smooth-bordered “coast of California” café-au-lait spots and axillary freckling in association with multiple nonossifying fibromas without accompanying skin, subcutaneous, or deeply placed neurofibromas is considered to be characteristic of the Jaffe-Campanacci syndrome.
Coast of California
Axillary Freckling “Crowe’s Sign”
References
