A 19-year-old man referred to the emergency department with generalized extremity pain. He had past medical history of sickle cell anemia. On physical examination, body temperature was normal and short right fourth-metacarpal bone was observed, but there was no sign of genetic disorders like turner syndrome, McCune-Albright, and hypothyroidism. Laboratory tests including thyroid function, calcium, phosphorus, and alkaline phosphatase were normal. On radiologic study, right fourth-metacarpal bone was short (Fig. 1). Peripheral blood smear showed sickle cell bodies (Fig. 2). Short metacarpal bone has been reported in psudohypoparathyroidism, turner syndrome, rheumatoid arthritis, and ankylosing spondylitis, but this deformity was observed in sickle cell anemia. Repeated painful vaso-occlusive crises are common in sickle cell anemia [1]. These crises lead to infarcts, necrosis and degenerative changes in marrow-containing bone and most commonly involve long bones, but it can affect any bone [2]. His symptoms resolved after 3 days treatment with hydration and analgesic.

*Corresponding author at: drparham@muq.ac.ir
© 2014 Zahedan University of Medical Sciences. All rights reserved.

References