

Occupational Acroosteolysis

Report of 31 Cases

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In 31 cases of acroosteolysis of the hands of workmen associated with vinyl chloride (CH_2CHCl) polymerization processes, the osteolysis was specific to the distal phalanges of hands and was frequently associated with Raynaud's symptoms. Affected personnel ranged in age from 26 to 47. The disorder is believed to have resulted from a combination of physical insult, chemical insult, and personal idiosyncrasy. The specific causes are unknown. The prevalence was found to be less than 3% among employees performing similar work. No cases were found in workmen using or processing the polymer or manufacturing commercial resins.

During mid-1964, several complaints came to our attention of soreness and tenderness of the fingertips of workmen in a manufacturing plant polymerizing vinyl chloride (CH_2CHCl). Comprehensive examinations of these individuals revealed nothing of significance except a "Raynaud-like phenomenon" of the hands, and in some cases, definite changes of the distal phalanges were apparent on roentgenograms of the hands. Since then we have observed additional cases of this unusual syndrome. It is the purpose of this manuscript to summarize our observations.

Description of Syndrome

To date we have observed 31 cases of hand disorders among 3,000 personnel involved in vinyl chloride manufacturing and polymerization. All have been men, between the ages of 26 and 47. We have not observed any ethnic or racial tendency for the syndrome. The great majority have been characterized by two common factors: symptoms likened to those ascribed to Raynaud's phenomenon and acroosteolysis of the distal phalanges. A few have had no symptoms but have the roentgenographic evidence of acroosteolysis. Several of the patients have external skin lesions on the dorsal surfaces of the hands and forearms, with a rope-like appearance resembling changes sometimes seen in sclero-

derma. Some have clubbing of the fingers. Only a few of the cases have sought medical attention because of symptomatic complaints; the majority have been found through x-ray examinations of the hands.

A summary of the physical findings of the observed cases is shown in Table 1, and a detailed description of the two predominantly common symptoms follows:

Raynaud's Phenomenon.—This symptom complex has occurred in varying degrees, with one or both hands involved. Generally, its effect is observed as marked discomfort on exposure to cold. None of the cases have exhibited vascular changes of the feet. A unilateral sympathectomy performed on one of the most seriously affected cases relieved most of the symptoms on that side. The acroosteolysis was not altered by the sympathectomy.

Roentgenological Changes.—The most unique characteristic of this syndrome is the unusual roentgenological findings. These are described as acroosteolysis and are illustrated in Fig 1. It may be present in all of the fingers and readily observable, or only in one finger and barely discernible, as illustrated in Fig 2. X-ray films of the feet, as well as those of the long bones and of the skull have been made in some of these cases, with no osteolysis found other than in the distal phalanges of the hands.

Acroosteolysis is a rare clinical entity, with only 72 cases of the familial type reported up to 1965, according to Cheney in his excellent review.¹ The diagnosis of acroosteolysis requires expert roentgenological technique and knowledge. It has been our observations that early cases of acroosteolysis will be missed by the roentgenologist not familiar with this condition. All of the cases on which we are reporting have been confirmed by at least two experienced roentgenologists working independently.

We established the following roentgenographic criteria for our diagnoses. These are the result of our having viewed several thousand x-ray films of the hand in our search for the cause of the syndrome.

1. General: Roentgenographically, acroosteolysis, as found in workers who are exposed to vinyl

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