

CLINICAL CHECKLIST MULTIPLE OSTEochondROMAS (MO) (EXOSTOSES)

ONE FORM FOR EACH PATIENT REQUIRED.

Checklist online available.

PATIENT

Name:

Date of birth:

Sex: M / F

Ethnic origin:

CLINICAL INFORMATION

- Height: at age:
- Age of onset of MO:
- Number of osteochondromas at (age) years (please circle):
 - 1
 - 2 to 5
 - 5 to 10
 - 10 to 20
 - >20

- Site of osteochondroma (please tick):

Site		Site		Site	
distal femur		distal tibia		foot	
proximal femur		proximal tibia		knee	
distal humerus		distal fibula		scapula	
proximal humerus		proximal fibula		clavicle	
pelvis		spine		other:.....	

- Did the patient develop a chondrosarcoma?

no	at age:
yes	location:
- Family history:
 - no family history
 - family history (please include pedigree)
- skeletal deformities:
 - no
 - yes (please specify):

Deformity		Functional impairment	
forearm		decreased range of forearm rotation	
forearm with radial head dislocation		decreased range of elbow flexion	
shortening of forearm		decreased range of knee flexion	
genu vaga		other:	
other:.....			

- complications (vessel entrapment, tendon entrapment, ...):
 - no
 - yes (please specify):

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- dental abnormalities:
- additional comments / observations:

Please return clinical checklist to Prof. dr. sc. Wim Wuyts, Dept. of Medical Genetics, University of Antwerp, Prins Boudewijnlaan 43/6, 2650 Edegem, Belgium, Fax: 32-3-2759723, Email: wim.wuyts@uza.be