HADD

HADD – Hydroxyapatite Deposition Disorder or Disease.

Focal deposition of calcium phosphate crystals, predominately hydroxyapatite, in the periartricular soft tissue, especially tendons. Often referred to as ‘calcific tendonitis’ however the disease involves numerous other sites and thus the term HADD may be referred to as calcific periarthritis, calcific tendonitis, intraarticular hydroxyapatite deposition disease.

Etiology of this condition remains unknown. Theories include trauma, excessive pressure and compression, local hypoxia & decreased vascularity.

There are three phases of the disease:

1. **Silent Phase**

   Initial phase in which calcium is completely contained in the tendon/ tissue and appears sharply defined and circumscribed. Patient’s generally have minimal/no symptoms in this phase.

2. **Mechanical Phase**

   Characterized by enlargement of the deposit. Liquefaction of the deposit occurs leading to increased pressure and impingement, bursitis or inflammatory like symptoms. The radiographic appearance of the deposit may be less well defined.

3. **Adhesive Phase**

   Late stage of general debility, pain and limited motion. Variable sized calcium deposits and local tissue destruction.

A well defined, oval calcification is seen in the nucleus of the T9 disc.
Primary idiopathic HADD is most common. Secondary causes of HADD include chronic renal failure, collagen vascular diseases and dystrophic calcifications secondary to trauma.

Well defined, oval calcification near the attachment of the tendon.

Clinical Characteristics:

- Commonly affects middle-age persons, men slightly greater than women
- Chronic or recurrent symptoms of pain and disability of varying severity or with acute severe pain and tenderness
- Asymptomatic deposits are common, particularly in the shoulder
- Can be found near any joint and can be multiple
  - 50% with calcifications about the shoulder will have them bilateral
  - Shoulder is by far the most common
- Supraspinatus most common location in the shoulder
- Has been found around nearly all joints and in numerous tendon insertions.

Radiographic Characteristics:

- Homogenous, amorphous densities without trabeculations.
- Variable in size
  - Usually oviod
  - May also be triangular or linear
- Margins usually smooth though may be ill-defined
  - Ill-defined margins more often associated with symptoms
- Tendinous deposits usually occur close to insertion site
Well defined oval calcification, most likely in the deep trochanteric bursa.

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REFERENCES


2. Yochum and Rowe, Essentials of Skeletal Radiology, 3rd ED, LWW.

3. Hayes CW, Conway WF; Calcium Hydroxyapatite Deposition Disease. Radiographics 1990; 10-6: 1031-1048

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