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ABSTRACT 32

MAGNESIUM TREATMENT OF MYOSITIS OSSIFICANS PROGRESSIVA: PRELIMINARY CASE REPORT. *M.S. Seelig*, A.R. Berger, A. Alba, R.P. Sundar, N.S. Samaan, M.H. Becker, Goldwater Memorial Hospital, New York University Medical Center, and M.D. Anderson Medical Center, Houston, Texas.

A young man with myositis ossificans progressiva (M.O.P.) was transferred from an acute hospital with immobilization of joints, with large stony-hard masses in the muscles of arms, forearms and thighs, radiologically demonstrable calcification of neck ligaments and soft tissues, and loss of intercostal respiratory movement. His skin was stiff and felt gritty on needle insertion. Test treatment was initiated with EDTA + $MgSO_4$. High Ca – excretion, and elevation to normal of serum Ca levels from initially hypocalcemic levels, led to intermittent courses, given for six months. Subsequently, oral Mg therapy was substituted, and continued for four years after calcitonin levels were found to increase threefold during supplementation with 300 mg Mg (as an amino acid chelate) given three times daily. Although there is little radiologic evidence of change, there has been gradual, but striking clinical improvement. The skin is now normal, not hard. Most of the stony masses in the extremities have become smaller and feel rubbery. Some have disappeared. He can now open his mouth wide enough for dental care, rather than the 2 cm noted on admission and on unsuccessful attempt at dental care. His intercostal movement and vital capacity have improved. There is more joint mobility, and the patient can now stand and take a few steps in the parallel bars.