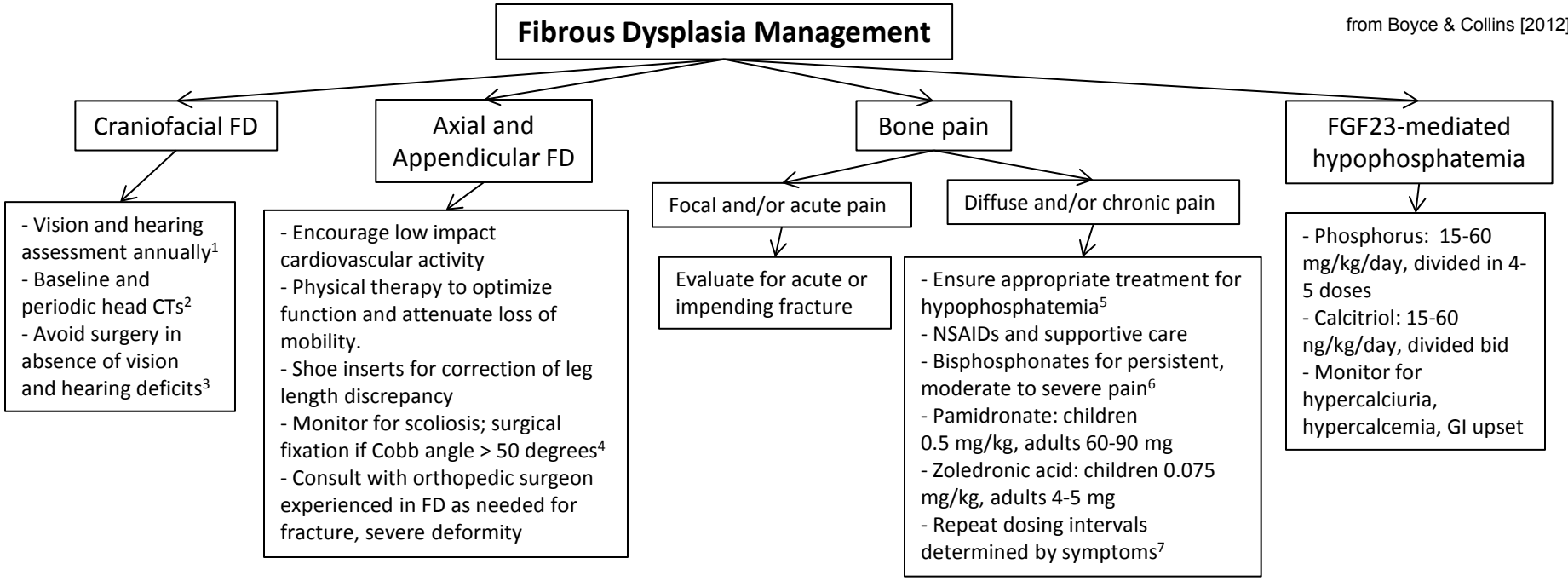
from Boyce & Collins [2012]



[1]Patients should be evaluated yearly by a neuro-ophthalmologist; less frequently once stability is demonstrated. Patients with evidence of optic neuropathy referred to an experienced craniofacial surgical team. [2]Repeat head CT approximately every 5 years, or sooner if vision or hearing deficits develop. [3]Optic nerve encasement is common and usually asymptomatic. Prophylactic optic nerve decompression in the absence of optic neuropathy is contraindicated . [4]Scoliosis may be progressive and potentially fatal in severe cases. All patients with scoliosis should be followed regularly by an orthopedic surgeon. [5]Inadequately treated hypophosphatemia may significantly worsen bone pain, and must be addressed before considering bisphosphonates. [6]Bisphosphonates have not been shown to affect disease progression, and use should be limited to treatment of FD-related bone pain. [7]Doses should be repeated as needed when pain returns rather than on a set dosing schedule.

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Legend

CT = computed tomography; FD = fibrous dysplasia; PP = precocious puberty