Infantile Cortical Hyperostosis (ICH) is a self-limiting benign bone disease affecting young infants under six months of age. It is characterized by acute inflammation of the periosteum along with swelling of the overlying soft tissue in a child who presents with irritability and fever. There are a wide range of diseases disease such as osteomyelitis, scurvy, bone tumors, hypervitaminosis A and child abuse which mimick ICH ,causing a delay in reaching the correct diagnosis. The emphasis here is to remind clinicians of the very existence of the disease in this era.

KEYWORDS:
bones, and most commonly includes mandible followed by scapula, Infantile cortical sclerosis, the Caffey's disease occurs usually in flat bone, and usually resolves within months with conservative treatment, without leaving any residual deformity. For symptom relief, Naproxen or Indomethacin can be used, with steroids reserved for non-responders. The baby recovered symptomatically well, with general conservative treatment. However it is said that the bone lesions may recur after a variable period of time in same or different bone, with an unpredictable severity of disease.[11]

Conclusion
Caffey’s disease is a rare infantile disease with a self-limiting but relapsing course; recovery occurs well with an empirical treatment without a need for any intervention. Clinicians need to be aware of the clinical and radiological features of the disease in reaching a proper diagnosis and also avoid unnecessary investigation. Thus, to confirm the diagnosis, a well-performed clinical examination with basic biochemical tests & radiological evaluation suffice.

Authors contribution
NS, KS, AA participated in acquisition of data, conception and design of manuscript. All authors participated for literature search and approved the final manuscript for the publication.

Conflict of interest
All authors declare that they don’t have any conflict of interest.

Acknowledgment
We acknowledged patient for consent to publish images.

Figure legends
Image I Coronal T2W MR image shows marked marrow oedema involving the body of the mandible with marked periosteal reaction and associated soft tissue swelling.

Image II Post contrast coronal T1W fatsat MR image depicts thickened cortex of the mandible shows marked enhancement

Image III Axial plain CT at the level of alveolar arch show diffuse lamellated periosteal reaction with thickened overlying cortex involving body of mandible

Reference
15. Harris VJ, Ramilo J. Caffey's disease; a case originating in the first metatarsal and review


