Osteogenesis imperfecta is one of the most commonly recognized inheritable disorders of the connective tissue leading to bone fragility. Usually it is associated with a genetic mutation inducing a reduction in collagen quality and entity production. The authors reviewed the clinical aspects of these disorders, focusing on oral and orthopaedic concerns, especially related to the histological features of the fracture callus, with respect to new trends in pharmacological and surgical treatments of bone fractures. Surgical treatment varies, according to the age of the patient. In children, surgical orthopaedic procedures include multiple osteotomies and the use of telescopic rods. The earliest known case of osteogenesis imperfecta (OI) is in a partially mummified infant's skeleton from ancient Egypt now housed in the British Museum in London. In 1835, Lobstein coined the term osteogenesis imperfecta and was one of the first to correctly understand the etiology of the condition. Other names for OI are Lobstein disease, brittle-bone disease, blue-sclera syndrome, and fragile-bone disease. OI is one of the most common skeletal dysplasias. Descriptions of osteogenesis imperfecta have been recorded since antiquity. Skeletons have been found from ancient Egypt that exhibit characteristics compatible with the disease. Ivar the Boneless, who masterminded the ninth century Scandinavian invasion of England, may have been affected.1,2 Stories exist that he had cartilage where his bones should have been and that he was carried into battle on a shield. Osteogenesis imperfecta: an orthopaedic description and surgical review. J Bone Joint Surg Br. 1971; 53:7289.