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DIAGNOSTIC VALUE OF MRI IN INFLAMMATORY MYOSITIS

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A 65-year-old woman presented with a 5-week history of generalized weakness and myalgia. She had a history of seropositive myasthenia gravis post thymectomy for invasive thymoma and was in pharmacologic remission on prednisone and methotrexate. Although limited by significant pain, examination showed diffuse proximal and distal weakness. Serum creatine kinase (CK) was 572 IU/L. Myositis antibody panel was negative. MRI of her left extremities showed patchy muscle edema and inflammation (figures 1 and 2). Given the history of myasthenia gravis and thymoma, diagnosis of granulomatous myositis was made.[1] Increased doses of prednisone and methotrexate resulted in resolution of pain and weakness and normalization of CK levels (51 IU/L).

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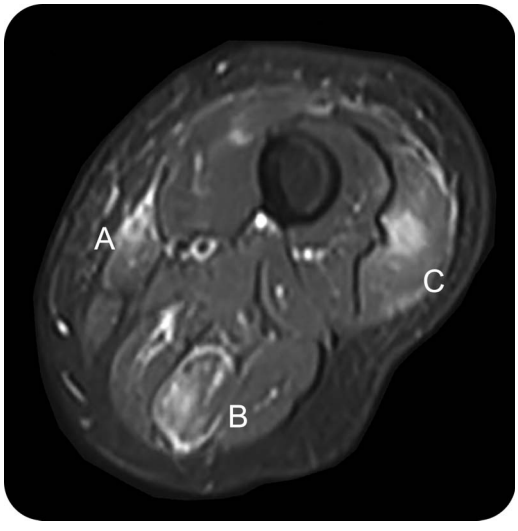
Figure 1 Axial short T1 inversion recovery image of left thigh showing multifocal hyperintensities involving the gracilis (A), semitendinosus (B), and vastus lateralis (C) muscles.



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1. Prieto S, Grau JM. Granulomatous myositis. In: Shoenfeld Y, Cervera R, Gershwin ME, editors. Diagnostic Criteria in Autoimmune Diseases. Totowa, NJ: Humana Press; 2008:175–177.

Figure 2 Focal hyperintense signal in the gastrocnemius muscle on sagittal short T1 inversion recovery image of the left calf.