

46th Annual Diagnostic Slide Session 2005

Case 2005-9

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Clinical History:

The patient is a 50 year-old male, native of Guatemala who presented with localized left thigh tightness, swelling, and pain in September of 2004. He had associated weakness and numbness with limited range of motion in the left leg, and walked with the aid of a cane or walker.

His past medical history included carcinoma of the gastrointestinal tract diagnosed in December of 2003 and treated with chemotherapy (Taxotere), and acute renal failure with bilateral hydronephrosis. He had been in good health prior to October of 2003.

MRI of the left thigh revealed increased T2 signal involving the muscle of the adductor and anterior compartment, the pectineus, sartorius, visualized portion of the iliopsoas, and semitendinous muscles. There was enhancement in the adductor compartment and in the obturator externus. The underlying bones demonstrated normal signal characteristics, with no evidence of cortical destruction. The differential diagnosis included polymyositis, myonecrosis, or an atypical denervation process. The patient was referred for a muscle biopsy.

Material Submitted: 3 images of left vastus medialis muscle biopsy. 1 low power H&E, 1 intermediate power H&E and 1 high power H&E

Points for Discussion:

1. Differential Diagnosis
2. Your diagnosis