

CASE 9

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Clinical Summary:

The patient was a 67 year old woman with the chief complaint of weakness. She had a 15 year history of polyarthritis and chronic obstructive pulmonary disease. She was given the diagnosis of rheumatoid arthritis 10 years ago and has been treated periodically with prednisone since that time. She was started on penicillamine two years later and initially had a good response, but recently this had been less effective. Methotrexate treatment was begun nine months ago. One year ago she began complaining of leg weakness, with difficulty climbing stairs or rising from a chair. At this time she also complained of low back pain and lower extremity paresthesias. Nerve conduction velocity and EMG studies indicated either nerve root or intraspinal disease. Radiologic studies of her lumbosacral spine showed degenerative joint disease but no significant stenosis. She was treated conservatively, with resolution of the back pain and paresthesias, but was left with a residual, slowly progressive weakness, which by now left her bedridden much of the time. The differential diagnosis under consideration for her weakness was radiculopathy vs. steroid myopathy vs. penicillamine myositis. A biopsy of the right quadriceps muscle was performed.

Material submitted: One toluidine blue stained plastic section of muscle
One kodachrome of frozen H&E section
One kodachrome of frozen NADH section

Points for discussion: Diagnosis.