

Case 10

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Clinical Abstract:

This 63 year old male presented with a one month history of pain and swelling in his ankles, left knee, and hand. These symptoms responded somewhat to aspirin, but the patient reported increasing proximal muscle weakness. He was started on Naprosyn, 250 mg b.i.d., with minimal relief of symptoms.

His past medical history was significant for C.O.P.D. with a history of silicone exposure, hypertension, and a lumbar compression fracture five months previously.

Pertinent findings on physical examination: decreased strength in both shoulders with pain on movement, tenderness to palpation over the humeral head; wrist examination showed boggy synovium with decreased range of motion on flexion and extension; fingers showed full range of motion without apparent joint or synovial enlargement; knees, ankles and feet were within normal limits; strength was decreased in the proximal more than the distal muscle groups throughout.

Lab studies: WBC 8,500 (50 S, 16 B, 13 L, 8 E, 1 B), ESR 26, CPK 1850, LDH 535, SGOT 87, aldolase 30, uric acid 6.5. Left knee tap was sterile with 260 WBC, 100% lymphocytes, 4,000RBCs, no crystals. Joint x-rays were felt to be consistent with early rheumatoid arthritis or other systemic synovitis. EMG showed increased insertional activity with polyphasic spikes and fibrillations, felt consistent with polymyositis.

CLINICAL IMPRESSION: Idiopathic polymyositis.

Muscle biopsy of the left biceps was performed.