"ACUTE SARCOID MYOPATHY-A RARE CASE REPORT"

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AIMS: A rare case of acute sarcoid myopathy with diagnostic approach and response to therapy

MATERIALS and METHODOLOGY:62 year old female presented to department of neurology insidious onset myalgia fatigue and bilateral progressive proximal weakness since 12 day one episode seizure pain abdomen confusion shortness of breath multiple of episode of vomiting.

ON EXAMINATION; Patient was irritable confused power in both lower limb 3/5 at hip joint reflex bilateral normal planter flexion .

INVESTIGATION; Heamoglbulin liver and kidney function normal and CRP,ESR level high Calcium level 14.5 and serum ACE 154 CPK NAC normal, vitd3 low 6 iPTH 29. MRI brain and MRI whole spine normal

EMG demonstrated myopathy

SPEP and immunofixation normal and PET SCAN suggestive of mediastinal lymph node. A biopsy of intra-thoracic lymph node showed non-caseating granulomas. Muscles biopsy revealed non-caseating granuloma confirm acute sarcoid myopathy

RESULTS

The clinical feature our patient a 62 year old postmenopausal women with hypertension present with proximal weakness and seizure due hypercalcemia and sarcoid ,non-caseating-granuloma that can form in various organ including muscles.

On clinical,radiological,PET scan and biopsy evidence of sarcoid in muscle with other organ involvement

Patient treated with steroids marked improvement follow up at 3 month complete recovery in weakness

CONCULSION

- Sarcoid myopathy is a rare(0.5-2.3%0 disorder but treatable. Diagnosis requires comprehensive clinical examination, laboratory finding and radiological evaluations with histopathology findings. Management early steroid therapy and immunosuppressive good prognosis