



ManipalHospitals
LIFE'S ON

THE PROFESSOR WHO WOULDN'T STAND

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INTRODUCTION

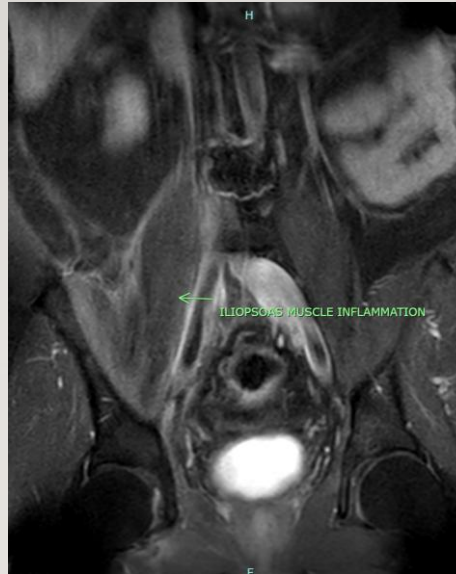
- ❑ Focal myositis is a rare and benign immune-mediated localised muscle inflammation
- ❑ Most commonly presents as a benign pseudotumor restricted to skeletal muscle
- ❑ Usually presents with pain, erythema, and fever without muscle weakness

Clinical Presentation

- 51 yr old college professor
- Acute onset inability to stand for 1 day
- Isolated right quadriceps weakness (2/5) with tenderness in anterior hip region and sensory loss in right femoral distribution

Investigations

- NCV – Right femoral axonal neuropathy
- Muscle MRI: Right iliopsoas edema with contrast enhancement extending into the floor of right femoral triangle
- Elevated CPK (1233 U/L) and CRP (86 mg/dl)



MRI at onset



Follow up MRI

Management

- Treated conservatively with oral analgesics, antibiotics and physiotherapy
- Decided against steroid use since patient started improving spontaneously

Follow up

- At 6 weeks follow up:
 - Tenderness at hip point resolved, quadriceps power improving (4-/5)
 - Persistence of sensory loss as before
 - Inflammatory markers reduced (CPK 58, CRP 5)
 - Muscle MRI: reduction in infective myositis of right iliopsoas muscle and sheath along with reduction of inflammatory edema along the iliopsoas.

Discussion

- Focal myositis may be secondary to viral infection, muscle denervation, neoplasms or autoimmune diseases
- May also be associated with an ischaemic condition secondary to atheromatous emboli, diabetic angiopathy and vascular malformation
- MRI with fat suppression images diagnostic modality of choice
- Usually self-limiting condition
- Responds well to steroid or NSAIDs

Unique Points of Our Case

- Acute presentation
- No palpable mass
- Definite quadriceps weakness with typical radiological features and raised inflammatory markers

References

1. Devic P, Gallay L, Streichenberger N, Petiot P. Focal myositis: A review. Neuromuscul Disord. 2016 Nov;26(11):725-733.
2. Auerbach A, Fanburg-Smith JC, Wang G, Rushing EJ. Focal myositis: a clinicopathologic study of 115 cases of an intramuscular mass-like reactive process. Am J Surg Pathol. 2009 Jul;33(7):1016-24.