

Limb weakness and pain in a patient with primary Sjögren syndrome

C. Bachmeyer^{1*}, B. Férida², T. Maisonobe³, S. Abbara¹, A. Lecadet¹, S. Georgin-Lavialle¹

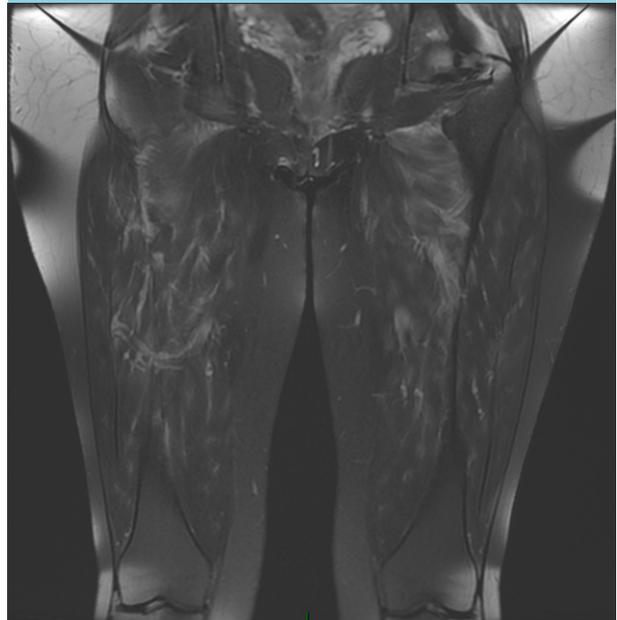
Department of ¹Internal Medicine and ²Radiology, Tenon Hospital (AP-HP), Paris, France, ³Department of Neuropathology, Pitié-Salpêtrière Hospital (AP-HP), Paris, France,

*corresponding author: tel.: +33 156016077, fax: +33 156017146, email: claud.bachmeyer@aphp.fr

CASE REPORT

A 44-year-old woman presented with pain in her arms and legs and walking difficulties lasting for one month, partially relieved by ketoprofen. She had a medical history of primary Sjögren syndrome (PSS) (5/6 criteria of the American-European Consensus Group were fulfilled: ocular and oral symptoms, ocular signs, lymphocytic sialoadenitis with a focus score ≥ 1 on minor labial accessory gland, and positive anti-SSA antibodies) and autoimmune thyroiditis, and was treated with hydroxychloroquine and levothyroxine. On physical examination, she appeared healthy, her temperature was 37.8°C. She could move her arms but was unable to walk because of thigh pain and weakness. The remainder of the physical examination was normal. Her young son had had a febrile rash six weeks before. The blood cell count, serum creatinine, creatinine phosphokinase, lactate dehydrogenase, thyroid-stimulating hormone, and urinalysis were unremarkable, the alanine aminotransferase level was 110 U/l (N < 32), aspartate aminotransferase 57 U/l (N < 32), C-reactive protein 79 mg/l (N < 5), serum electrophoresis showed an increased level of alpha-2 globulin and polyclonal hypergammaglobulinaemia. Antinuclear and anti-ECT antibodies titres were unchanged; a search for myositis-specific and anti-neutrophil cytoplasmic antibodies was negative. No cryoglobulinaemia was found, complement proteins C3 and C4 levels were increased. High levels of Parvovirus B19 (PvB19) immunoglobulin G (IgG) and immunoglobulin M (IgM) were found in her serum and the PCR was positive at 21,816 IU/ml. Electromyogram, thoraco-abdomino-pelvic scan and 18-fluorodeoxyglucose PET/computed tomography detected no abnormalities. MRI of the thighs showed diffuse muscular oedema without amyotrophy of the anterior and posterior muscles of the thighs (*figure 1*).

Figure 1. Coronal STIR sequence MRI showing oedema of the anterior and posterior muscles of the thighs



WHAT IS YOUR DIAGNOSIS?

See page 415 for the answer to this photo quiz.