Clinical vignette

Polymyalgia rheumatica or lymphoma recurrence?

Positron emission tomography/computed tomography is a specific imaging technique that helps differential diagnosis

In November 2011 a 72-year-old retired surgeon was diagnosed with Hodgkin’s lymphoma. Fluorodeoxyglucose-potassium emission tomography/computed tomography (FDG-PET/CT) showed cervical lymph node uptake (Fig. 1A, arrow), which quickly disappeared after two cycles of adryamicin, bleomycin, vinblastine sulphate, and dacarbazine (ABVD) (Fig. 1B). In October 2012 the patient complained of pain in the girdles of 75 days duration, worsening at night, and accompanied by fatigue and morning stiffness lasting 3 h. He had lost 1 kg in 1 month, but denied fever, headache or vision impairment. Clinical examination revealed active elevation of the arms below 90°, slight pain on passive motion of the shoulders, stiffness of the hips and slight swelling and tenderness of two MCP joints. ESR was 120 mm/h, CRP was 50.6 mg/dl and IgM RF and anti-cyclic citrullinated peptides were absent. The appearance of systemic symptoms raised the suspicion of a lymphoma relapse, in view also of the short course of chemotherapy. A third FDG-PET/CT scan showed involvement of the shoulders (Fig. 1C, arrowheads), trochanteric bursae (open arrowheads) and ischiatic bursae, without large-vessel vasculitis. This pattern is typical of PMR [1]. After the diagnosis of PMR, treatment with 0.2 mg/kg prednisone was started with prompt and complete resolution of symptoms.

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Dario Camellino1, Silvia Morbelli2, Francesco Paparo3, Michela Massollo2, Gianmario Sambuceti2 and Marco A. Cimmino1

1Clinica Reumatologica, Dipartimento di Medicina Interna, Medicina Nucleare, Dipartimento di Scienze della Salute, Università di Genova and 2Radiologia, E.O. Ospedali Galliera, Genoa, Italy.

Correspondence to: Marco A. Cimmino, Clinica Reumatologica, Dipartimento di Medicina Interna, Viale Benedetto XV, 6, 16132 Genoa, Italy.
E-mail: cimmino@unige.it

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