

“A 75 year-old Ethiopian woman with weight loss, lymphadenopathy, and dural thickening on brain MRI”

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HPI:

A 75 y/o Ethiopian female presents with several months of severe headache, blurred vision and failure to thrive. She was seen a few months prior with temporal headache and elevated inflammatory markers and was treated with prednisone 40 mg daily with marked improvement, but then lost to follow-up. Rheumatology was consulted to help determine if the presentation was consistent with giant cell arteritis or CNS vasculitis.

Physical Exam:

Vitals: T 37.9, HR 89, RR 16, BP 152/72, O2s sat 95% on RA

Gen: appears frail, thin (108 lbs, BMI 14)

Eyes: no conjunctival injection

Skin: well circumscribed, violaceous & hyperpigmented plaques on back, arms, legs

CV: 3/6 holosystolic murmur

Pulm: CTAB

Lymph: + inguinal & cervical LAD

Abd: NT/ND, no masses

Neuro: 4+/5 strength UE & LE, reflexes normal

MSK: ↓ ROM R wrist; no active synovitis, no nodules

Labs:

WBC-22, Hct 29.5, Plts 521, MCV 85

Cr 0.75; Alb 2.7; LFTs WNL

LDH 150

HIV; HCV negative; HBV Surf Ab+, Core Ab+, viral load neg

ESR 144

CRP 8.1 mg/dL (0-1 normal)

ANA negative

C3/C4 wnl

ANCA negative

RF neg, CCP neg

Serum IgG4 levels 261 (7-89)

SPEP-faint IgG kappa band, polyclonal hypergammopathy

Kappa/Lambda ratio-WNL

Imaging of brain & chest/abdomen/pelvis was obtained; a diagnostic procedure was performed.

Conclusions:

Make the diagnosis yourself from the images on the poster!