Clinical Vignette

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The leopard woman: a subacute and rare presentation

A 43-year-old woman presented with a 9-month history of painful swelling of the left forearm, with no previous trauma. Personal and family histories were unremarkable. On examination, a tender nodule was identified on the radial aspect of the forearm, without other relevant findings.

US revealed muscle hypertrophy of the entire forearm, which was confirmed by MRI (T1–T2 hypersignal), suggesting myositis. Laboratory tests showed elevated acute phase reactants (ESR and CRP) and serum angiotensin-converting enzyme; serum muscle enzymes were normal. Muscle biopsy identified granulomatous myositis with epithelioid sarcoid granulomata.

Chest CT scan revealed a micronodular pulmonary pattern; pulmonary function tests were normal. Brochoaveolar lavage showed a CD4:CD8 ratio of 5.1 and 48% lymphocytes. A 2-deoxy-2-[fluorine-18]fluoro-D-glucose (^{18}F-FDG) PET/CT scan identified multifocal myositis with hypermetabolic activity, resulting in a leopard appearance (Fig. 1).

The diagnosis of nodular-type muscular sarcoidosis was established. Corticosteroid therapy (1 mg/kg/day) was started, with good clinical, laboratory and imaging outcomes in approximately 6 weeks.

Sarcoidosis is a granulomatous multisystem disorder of unknown aetiology. The lungs are commonly affected, although it can also involve the musculoskeletal system, albeit less frequently. There are three types of muscular sarcoidosis: acute myopathy, chronic and nodular. Asymptomatic myopathy may occur in 50–80% of patients, whereas clinical symptoms are present in $<5\%$ [1]

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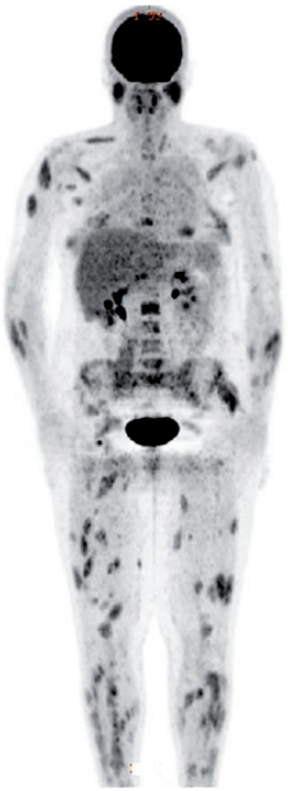
Fig. 1 PET scan showing multifocal hypermetabolic activity in a patient with sarcoid myositis



^{18}F-FDG PET scan in maximum intensity projection, in the coronal plane, showing multifocal linear and nodular pathological uptake of FDG, diffusely distributed along the bundles of the skeletal striated muscles, mimicking the pattern of a leopard.

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