Clinical Vignette

A case of Behçet’s syndrome presenting as focal myositis

Behçet’s syndrome is a systemic vasculitis leading to protein manifestations. A 30-year-old man presented with acute lower limb myalgia. Examination revealed focal left thigh tenderness. CRP was 213 mg/l. T1-weighted short tau inversion recovery (STIR) MRI demonstrated focal myositis of the left biceps femoris (Fig. 1A). Despite a negative aspirate culture, pyomyositis was diagnosed and symptoms resolved with i.v. antibiotics. Seven months later he developed a further episode of acute lower limb myalgia accompanied by a papulo-pustular chest rash. MRI demonstrated resolution of the previous myositis with a new focal area of myositis in the right vastus medialis (Fig. 1B) and a ring-like right tibial lesion (Fig. 1C). Cultures were sterile. He subsequently developed acute anterior uveitis and oral ulceration. A diagnosis of Behçet’s syndrome was made. Symptoms resolved with corticosteroids and colchicine. MRI (Fig. 1D) 6 weeks later demonstrated resolution of all abnormalities. He has had no relapses after 14 months of colchicine monotherapy.

Myositis is uncommon in Behçet’s syndrome and is most often a localized lower limb myositis [1].

Corticosteroids are effective for acute myositis. Our case may support the efficacy of colchicine in preventing recurrent myositis [1].

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Reference