


Clinical vignette

Ultrasound is a useful adjunct in diagnosis of eosinophilic fasciitis

This 28-year-old male presented with progressive skin tightening and limited joint mobility for 11 months, involving legs up to mid-shin and forearms up to elbows, preceded by painless swelling involving affected regions, sparing fingers and toes. Systemic features were absent. There was peripheral eosinophilia (leucocytes: 11 600/μl, eosinophils 52%, absolute eosinophil count: 6032/μl), raised acute-phase reactants and hypergammaglobulinaemia. Nail-fold capillaroscopy was non-contributory. RP, digital ulcers, dysphagia, reflux and pulmonary arterial hypertension were absent. ANA was positive, and Scl70 and anticentromere antibodies were negative.

Apart from histology, MRI is also useful for the diagnosis of EF [1]. The role of US elastography has been studied in scleroderma, and has demonstrated reduction of strain in the dermis of the forearm due to loss of elasticity [2]. Here we present a case of EF characterized ultrasonographically with MRI corroboration.

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References


Fig. 1 US and MRI image of leg of the patient and control subject

(A) and (C) Ultrasonography of legs (A from right leg and C from left leg) showing thickened fascia of the patient (the double-headed arrow shows the thickness of the fascia with measurements embedded). (B) Ultrasonography of leg of a normal person (the double-headed arrow shows the normal thickness of fascia with measurements). (D) T1 post contrast MRI image of the patient’s leg, showing thickening and contrast enhancement of the fascial plane (arrows showing thickened fascia).