“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/Lamda 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!