

A Case of the Week

Case 425

A sixty-seven-year-old male presented in our hospital with motion disability from the past week due to systemic pain. He was unable to lift his right arm because of feeling pain. His upper and lower extremities were swollen and painful. Laboratory test revealed white blood cells 27000/mm³, Creatinine 2.25mg/dL, Glucose 654mg/dL, C reactive protein 36.77mg/dL, Procalcitonin 67.95ng/mL international normalized ratio 1.42, Fibrinogen > 900mg/dL, D-dimmer 18.6 micro/L Venous blood gas 7.274, Base excess – 10.1 mmol/L.

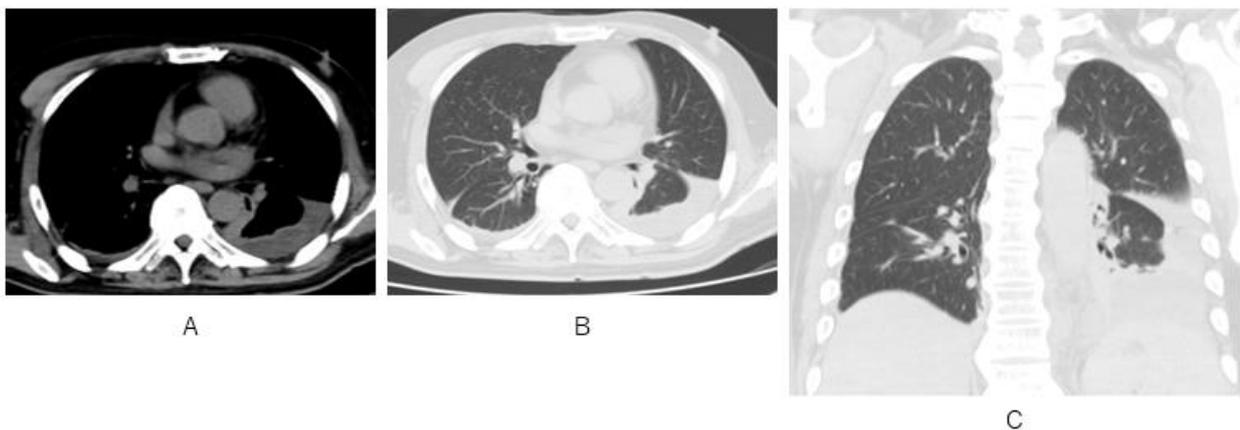


Fig.1 Four days after admission, bilateral pleural effusion (left > right) is depicted on chest CT.

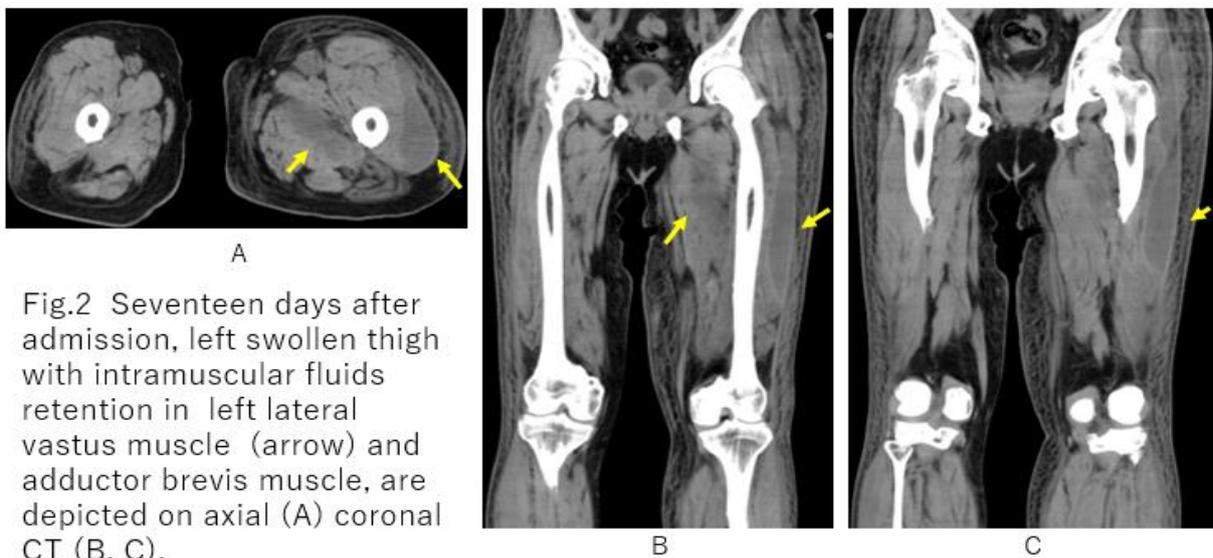


Fig.2 Seventeen days after admission, left swollen thigh with intramuscular fluids retention in left lateral vastus muscle (arrow) and adductor brevis muscle, are depicted on axial (A) coronal CT (B, C).



A

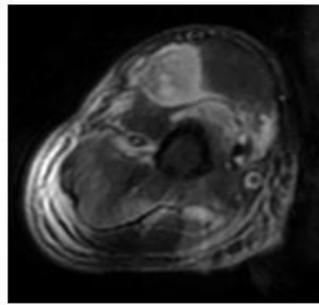


B

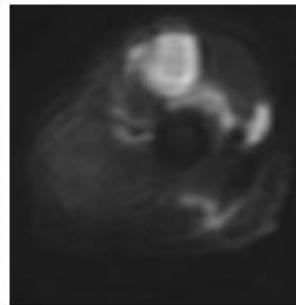
Fig. 3
Twenty-one days after admission, left pleural effusion whose CT values are around 20HU associated with left lower lobe atelectasis is depicted on CT (A, B). Note small air bubbles are contained in the fluid, indicative of pyothorax(B).



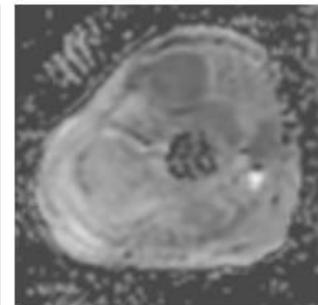
A



B



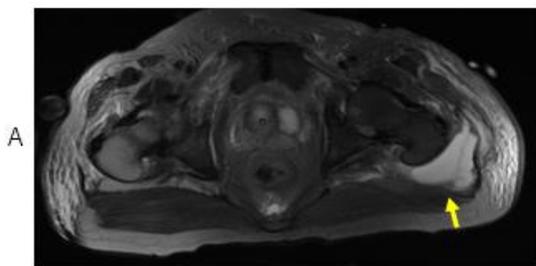
C



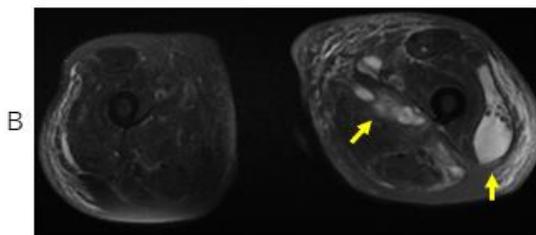
D

Fig.4 Eight days after admission, intramuscular lesions with high signal intensity in right brachial biceps muscle and brachial triceps muscle are depicted on sagittal fat suppression T2WI MRI (A).

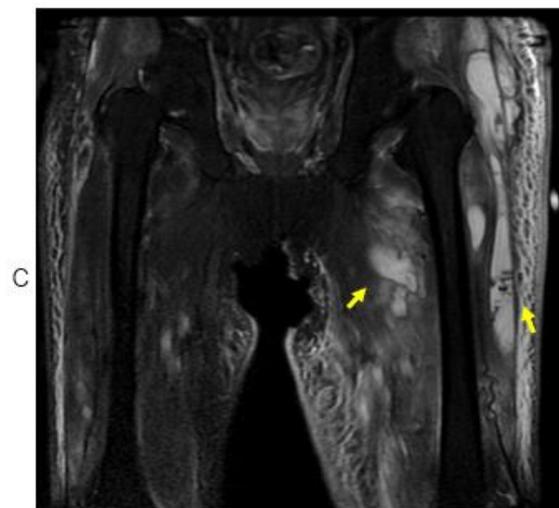
Intramuscular lesions in right brachial biceps, brachial muscle and brachial triceps are depicted as high signal intensity on axial fat suppression T2MRI (B) and Diffusion WI (C) whose ADC values are lowering (0.950-1.403) (D), indicative of abscess formation.



A



B



C

Fig.5 Twenty-one days after, Intramuscular fluids retentions with high signal intensity of medial gluteal muscle, gluteus lateral vastus muscle and abductor brevis muscle depicted on axial (arrow, A, B) and coronal (arrow, C) fat suppression T2WIMRI. Note low small signal intensity spots corresponded to air bubbles in fluids of lateral vastus muscle, indicative of abscess.

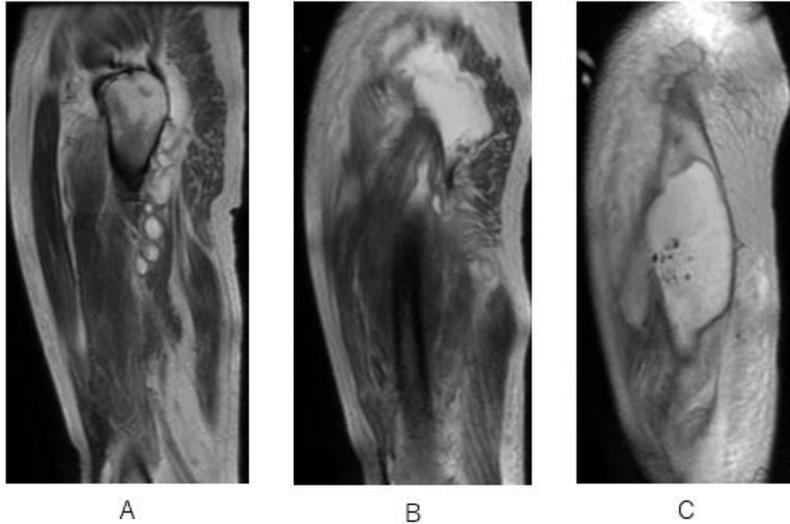


Fig.6 Twenty-four days after, fluids retentions with high signal intensity in left lateral vastus muscle, medial gluteal muscle, are depicted on sagittal MRI with T2WI (A-C). Note low signal intensity spots corresponded to produced gas, are depicted in the fluid retention of lateral vastus muscle (C), indicative of abscess.

What is an imaging diagnosis?

1. Subcutaneous phlegmon
2. Necrotizing soft-tissue infections
3. Ischemic necrosis
4. Kimura disease

answer

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