



Medical Imagery

Human trichinosis mimicking polymyositis



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A 25-year-old Mexican female presented with one week of progressive proximal weakness. Her medical history was relevant for weight loss, arthritis and Systemic Lupus Erythematosus treated with prednisone and diagnosed three months prior to admission. Patient presented with a four-week history of diarrhea. Diffuse alopecia and hyperpigmented, painless nodules of five centimeters in diameter were noticed in the patient's jaw, back and extremities (Figure 1-A). No cardiovascular findings were noticed. Lactic dehydrogenase was 366 IU/L (91–180), creatine-phosphokinase and eosinophils were normal. Antinuclear and myositis autoantibodies, an antigen/antibody assay for HIV and, a beta-Human Chorionic Gonadotropin assay were reported as negative.

A quadriceps biopsy was performed due to the suspicion of an inflammatory myopathy. Microscopic view of the skeletal muscle revealed one *Trichinella* spp. larva within a nurse muscle cell (Figure 1-B). Albendazole 400 mg every 12 h for 14 days was started. The patient reported improvement in proximal weakness after a week of treatment.

Trichinella spp. can infect humans after consuming certain undercooked meat. Most cases are subclinical and diagnosis is suspected by patient's history, elevated muscle enzymes and eosinophilia, none of which were relevant in this case.

There have been reports of severe proximal weakness being diagnosed as polymyositis (Santos Durán-Ortiz et al., 1992). We



Figure 1. A) Hyperpigmented nodular lesions in cheek and jaw; B) High power view (40X) of skeletal muscle with *Trichinella* larva encysted in a hyalinized capsule highlighted with Masson's trichrome stain.

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highlight the importance of having a high index of suspicion in areas where this foodborne disease is prevalent.

Conflict of interest

No conflict of interest to declare.

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None.

Ethical approval

Written Informed consent was obtained from the patient, through the official hospital forms.

Reference

Santos Durán-Ortiz J, García-de la Torre I, Orozco-Barocio G, Martínez-Bonilla G, Rodríguez-Toledo A, Herrera-Zárate L. Trichinosis with severe myopathic involvement mimicking polymyositis. Report of a family outbreak. *J Rheumatol* 1992;19:310–2.

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