

CLINICAL IMAGE

COVID limb on FDG-PET/CT imaging

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1 | MYSTERY SUMMARY

A 79-year-old male patient is undergoing treatment for allergic respiratory disease in the pulmonology outpatient clinic. He was vaccinated with the first dose of Spikevax (Moderna) in the left deltoid muscle in early July 2021. Severe myalgia developed in the left upper limb the day after the vaccination. Neither neurological abnormalities nor skin lesions were identified. However, elevated serum creatine kinase level (458 U/L) was identified. Fluoro-2-deoxy-D-glucose (FDG) -positron emission tomography and computed tomography scan (PET/CT) 2 weeks after the vaccination demonstrated hypermetabolism in the left shoulder with the forearm prominent (maximum standardized uptake value 7.5) but did not show lymphadenopathy in the axillary region (Figure 1, arrow). The symptoms of myalgia subsided gradually without medical intervention.

2 | ANSWER SECTION

COVID-19 arm, characterized by rash, myalgia, and tenderness surrounding the injection site, developed quite commonly after Spikevax injection.¹ Increased FDG uptake at the axillary lymph nodes on PET/CT scan has been noticed. Most cases of COVID-19 arm resolve spontaneously. Topical steroid and oral antihistamines are used in some individuals for symptomatic relief. Here, we report the Spikevax-relevant diffuse and persistent inflammation of

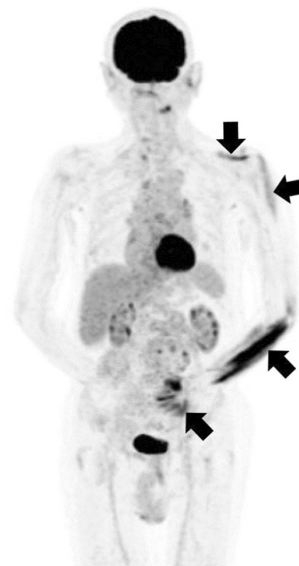


FIGURE 1 Fluoro-2-deoxy-D-glucose-positron emission tomography and computed tomography scan demonstrated hypermetabolism in the left shoulder with the forearm prominent but did not show lymphadenopathy in the axillary region

muscles, illustrated by the FDG PET/CT scan. For this reason, we have named the image finding "COVID-19 limb".

AUTHOR CONTRIBUTIONS

All authors had access to the data and a role in writing this manuscript.



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REFERENCE

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