

[PICTURES IN CLINICAL MEDICINE]

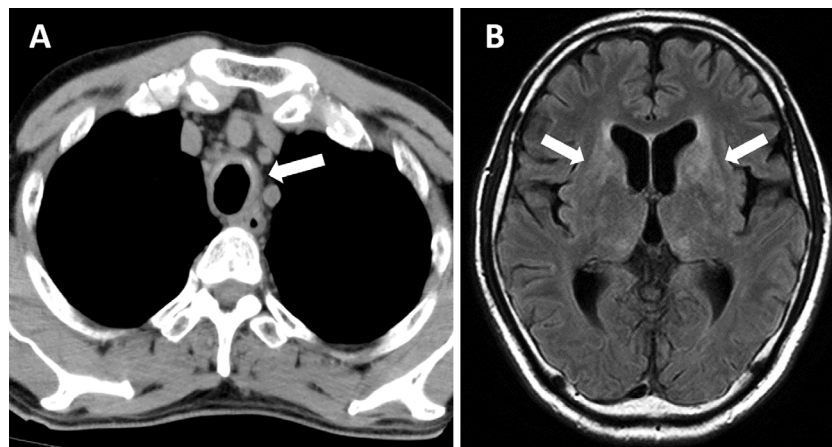
The Spinal Cord Uptake of Fluorodeoxyglucose in a Patient with Relapsing Polychondritis

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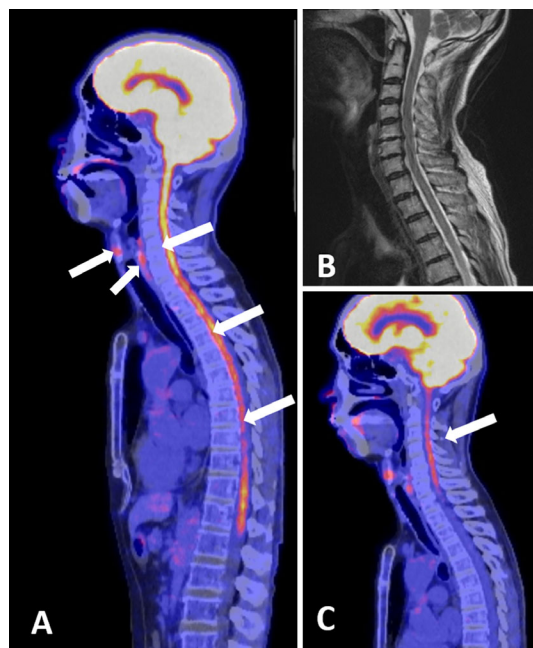
Key words: relapsing polychondritis, PET, spinal cord, meningoencephalitis

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Picture 1.



Picture 2.

A 65-year-old man presented with a fever, chest pain, drowsiness, and urinary retention. A thickened tracheal wall was revealed by chest computed tomography, and high-intensity signals around the basal ganglia were observed on brain magnetic resonance imaging (MRI) (Picture 1, arrows). Antibodies against type II collagen tested positive later. Fluorodeoxyglucose-positron emission tomography (FDG-PET) revealed a strong FDG uptake in the whole spinal cord in addition to the tracheal wall and thyroid cartilage, although MRI did not show any abnormalities (Picture 2A, B, arrows). The diagnosis of meningoencephalitis accompanied by relapsing polychondritis (RP) was made. The patient received intravenous methylprednisolone followed by oral prednisolone. Thereafter, all of his symptoms except urinary dysfunction ameliorated. This was accompanied by a reduced FDG uptake (Picture 2C, arrow). Neurological involvement occurs in only 3% of patients with RP (1, 2). No previous studies have described such an abnormal FDG uptake in the spinal cord in a case of RP.

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