



Tiger man sign in sarcoid myopathy

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A 53-year-old man presented to the emergency room with new-onset gait ataxia and muscle weakness of the proximal thighs. On physical examination, bilateral weakness of the proximal muscles of the thigh was noted. Laboratory tests returned a known mild leukopenia with 4,000 per cubic millimeter (reference range, 5,000–10,000) and slightly elevated angiotensin-converting enzyme levels with 120 U/liter (reference range, 20–70). All other results including complete blood counts, serum chemistry including muscle enzymes (creatine kinase and aldolase) and C-reactive protein (CRP) were unremarkable. For further whole-body work-up, positron emission tomography/computed tomography (PET/CT) with ¹⁸F-FDG was performed. Beyond highly hypermetabolic cervical, hilar, mediastinal and intraabdominal lymphadenopathy, numerous fascial and intramuscular lesions, particularly in the extremities were recorded (*arrow*) — a finding highly consistent with granulomatous myositis. Subsequent magnetic resonance

imaging confirmed the PET/CT findings with diffuse contrast-enhancing granulomatous lesions (*dotted arrow*) that were mildly hyperintense on native T₁-weighted images and hyperintense on T₂-weighted images. Histopathology of respective muscle biopsy specimens revealed the presence of non-caseating granulomas.

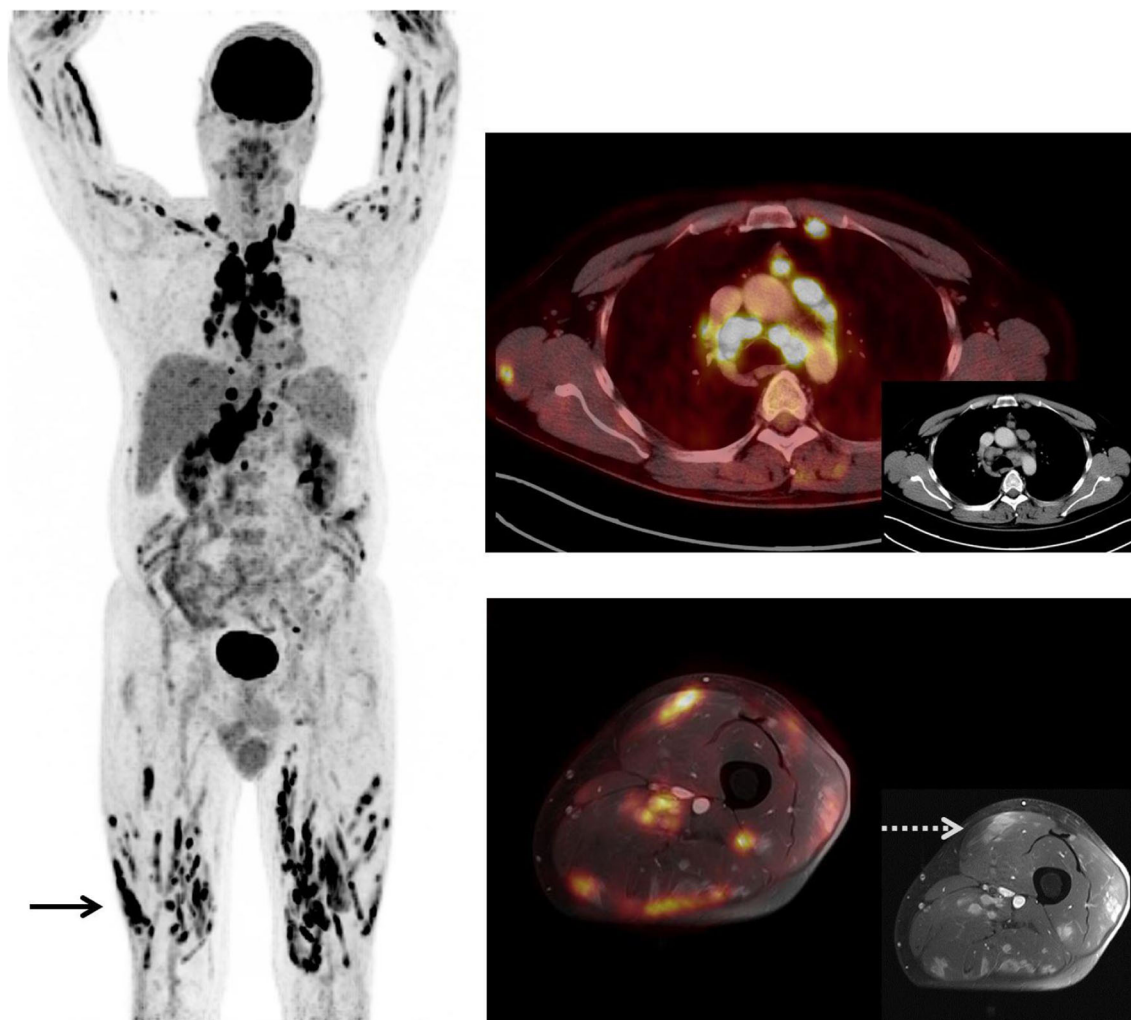
Sarcoidosis is a multisystem granulomatous disorder that can affect virtually every organ [1]. Although symptomatic skeletal muscle involvement is rarely observed (0.5–2.5%), it is estimated to occur sub-clinically in as many as 50–80% of sarcoidosis patients [2]. ¹⁸F-FDG PET/CT has proven a useful tool in sarcoidosis management as it can detect active sites of disease throughout the body [3, 4]. The present case demonstrates an impressive example of the patchy disease pattern in the proximal muscles of the extremities, also referred to as the “tiger man sign” [5].

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