

BONE SCAN – CHURG-STRAUSS SYNDROME



Patient Name: [REDACTED]

Study Name: WB BONE

Patient Id: DOB [REDACTED]

Date & Time: 24/02/2009

Burwood
Nuclear Medicine

Manufacturer Model: MILLENNIUM MG

WB BLOOD POOL

ANTERIOR

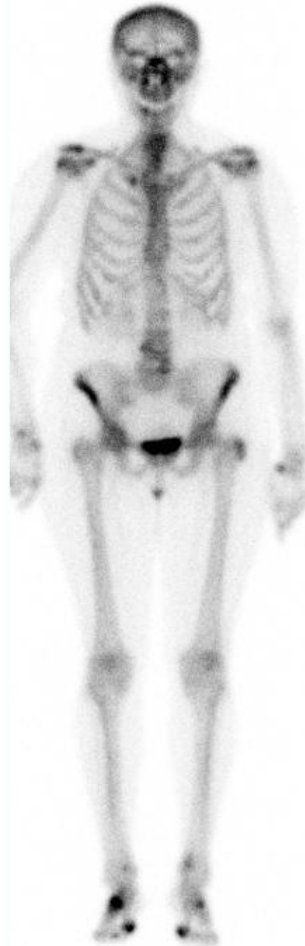


POSTERIOR



WB DELAYED

ANTERIOR



POSTERIOR



History: 62yr old female presented for a bone scan to evaluate her widespread joint aches and pains. Known Churg – Strauss Syndrome.

Findings: A whole body blood pool study was performed. There was mild hyperaemia of the right AC joint, milder hyperaemia of the right gleno – humeral joint, moderate hyperaemia of the soft tissue lateral to the left hip, the right mid foot and both 1st MTP joints.

In the delayed views of the whole body, there was abnormal uptake by the right AC joint and, to a lesser degree the gleno-humeral joint, the superior aspect of both humeral tuberosities, minor uptake by the anterior end of the right 1st rib at the costo-chondral junction, moderate uptake by the left greater trochanter, mild uptake by both patella – femoral joints, marked uptake by the right 2nd TMT, moderate uptake by both 1st MTP joints and mild uptake by the left medial malleolus posteriorly. In the spine, there was moderate abnormal uptake by the facet joint on the right side of the C2/3 and heterogenous uptake by a mildly scoliotic thoraco-lumbar spine. In the hands, there was abnormal uptake by the right wrist, both 1st CMC and several IP joints of the fingers of both hands.

Conclusion : There was inflammatory arthritis of the right AC and gleno-humeral joints, both 1st MTP joints and the right 2nd TMT. There was mild bilateral supraspinatus tendonitis and mild left tibialis posterior tendonitis at the ankle. There was moderately severe left trochanteric bursitis. There was facet joint disease of the lumbar spine, particularly on both sides of L4/5 with degenerative osteophyte disease of L4 and 5 vertebral bodies. The lumbar spinous process abnormalities were consistent with impingement and pseudoarthrosis formation, particularly L3. There was degenerative arthritis of the right wrist, both 1st CMC, several IP joints of the fingers of both hands, the facet joints on the right side of C2/3, mildly by both patello-femoral joints and the thoracic spine. There was right costochondritis, possibly old or post traumatic.

The descriptions of Churg – Strauss Syndrome do not mention inflammatory joint involvement. The inflammatory arthritis, tendonitis and bursitis in this case could be due to seronegative arthritis spondyloarthropathy.