

NEJM 勉強会 2013 年度 第 10 回 2013 年 6 月 19 日 B プリント 担当:岸野文昭
Case 13-2013: A 6-Year-Old Girl with Bone and Joint Pain and Abdominal Distention
(New England Journal of Medicine 2013 April 25;368(17):1636-45)

<身体所見>

- ◇ 1 年前からの間欠的な骨痛、関節痛
- ◇ 1 週間前からの発熱
- ◇ 両側性の眼窩周囲腫脹、右眼窩周囲紅斑
- ◇ 両眼下の褪色
- ◇ 両耳鼓膜内の漿液貯留

<検査所見>

- ◇ 正球性正色素性貧血(白血球、血小板数は正常)
- ◇ 赤沈亢進
- ◇ PT 延長(APTT は正常)
- ◇ LDH 高値
- ◇ フェリチン高値

<画像所見>

- ◇ 肝臓、腎臓の低濃度域
- ◇ 腎肥大
- ◇ 全身のリンパ節腫脹
- ◇ 溶骨性病変、骨硬化病変
- ◇ 腹部腫瘤(腹部膨満、臍周囲の紫斑)

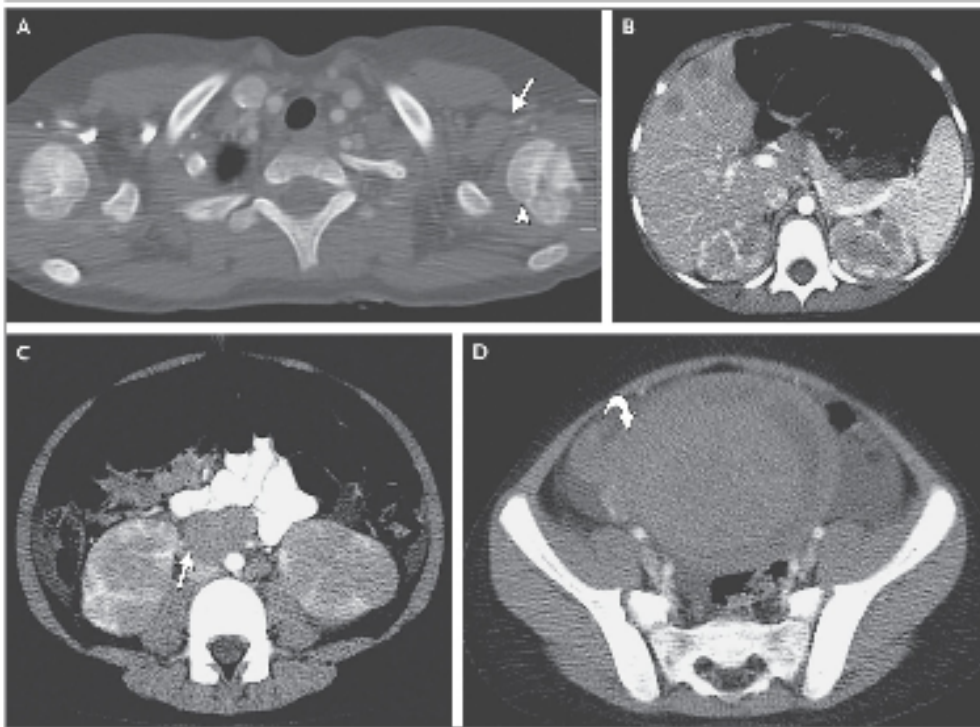


Figure 1. CT Images of the Chest and Abdomen with Intravenous Contrast Material.

CT images show left axillary lymphadenopathy (Panel A, arrow) and retroperitoneal lymphadenopathy (Panel C, arrow). Multiple soft tissue hypodense lesions in the liver (Panel B) and kidneys (Panels B and C) and a large dominant abdominal–pelvic mass (Panel D, arrow) are apparent. There are lytic lesions in the left humerus (Panel A, arrowhead).

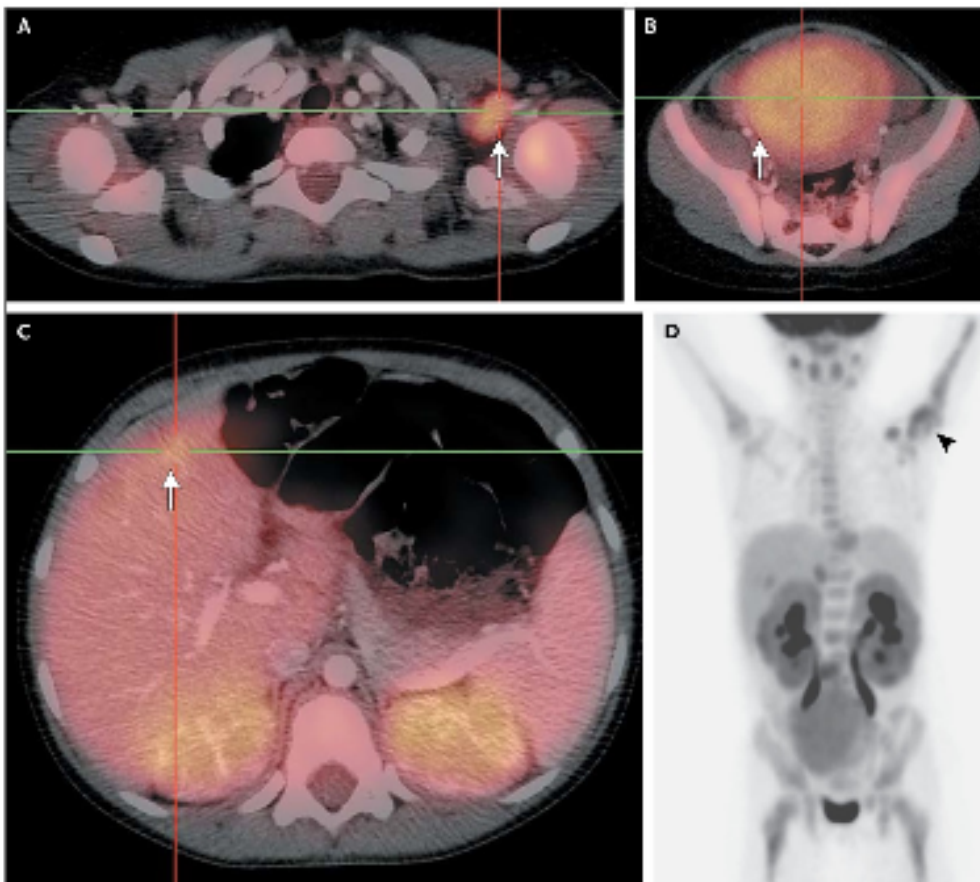


Figure 2. Fused FDG PET and CT Images of the Chest and Abdomen with Color Overlay.

Images from an ^{18}F -fluorodeoxyglucose–positron-emission tomographic (FDG-PET) scan were fused with CT images of the chest and abdomen with color overlay. There is increased FDG avidity in the left axillary lymph node (Panel A, arrow), the abdominal–pelvic mass (Panel B, arrow), and the liver lesions (Panel C, arrow). There are scattered foci of increased FDG avidity in the skeleton, most prominently in the left humerus (Panel D, arrowhead).