

# HYPOTHYROID MYOPATHY IN A PATIENT WITH POLYMYALGIA RHEUMATICA: A CASE REPORT.

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## INTRODUCTION

Polymyalgia rheumatica is characterized by the presence of muscle pain and stiffness. In most cases there is no evidence of muscle imaging or electrophysiologic alteration. The presence of these findings should lead to muscle fibre damage differential diagnoses or comorbidities work up.

## PATIENT INFORMATION

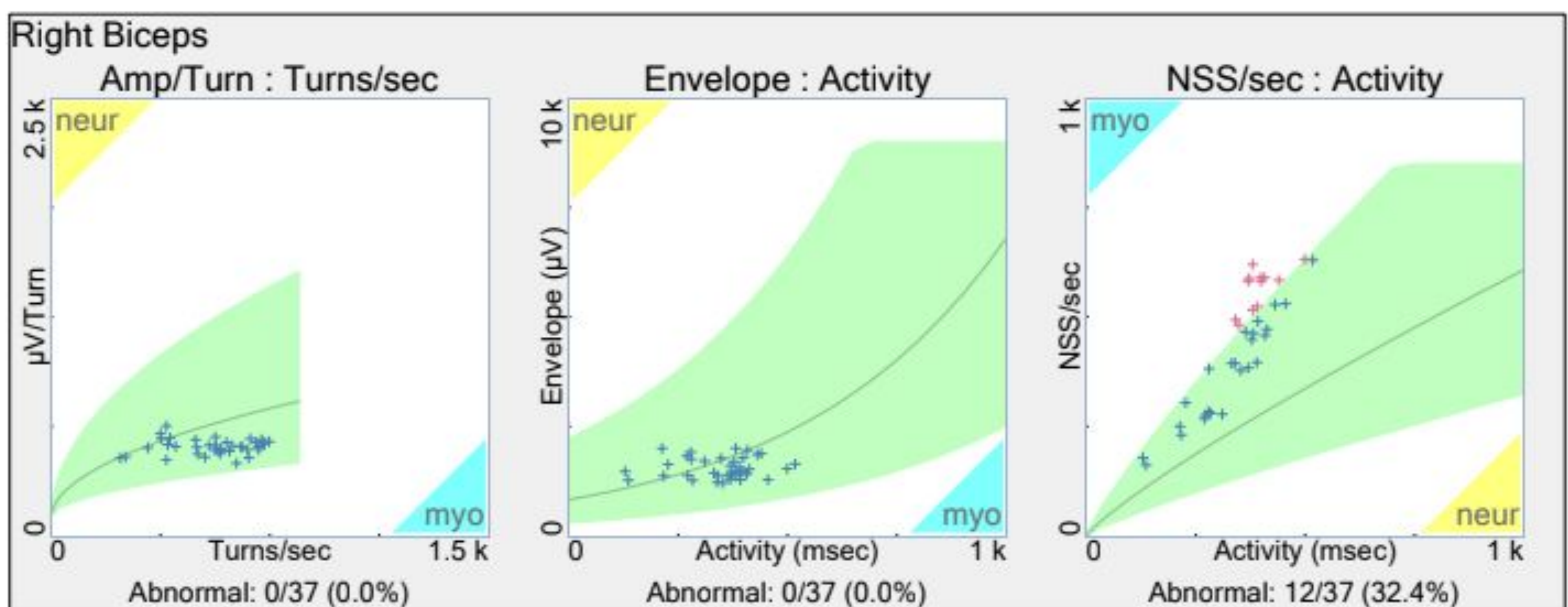
We describe the case of a 63-year-old male patient with a history of arterial hypertension, hypothyroidism and pulmonary thromboembolism in 2018. He was hospitalized in the context of septic arthritis in the right knee, treated with antibiotics and surgical lavages. He was referred to our group for severe myalgia and arthralgia predominantly in the shoulder and pelvic girdle, with severe functional limitation and proximal weakness without atrophy, fasciculations or areflexia.

## CLINICAL FINDINGS

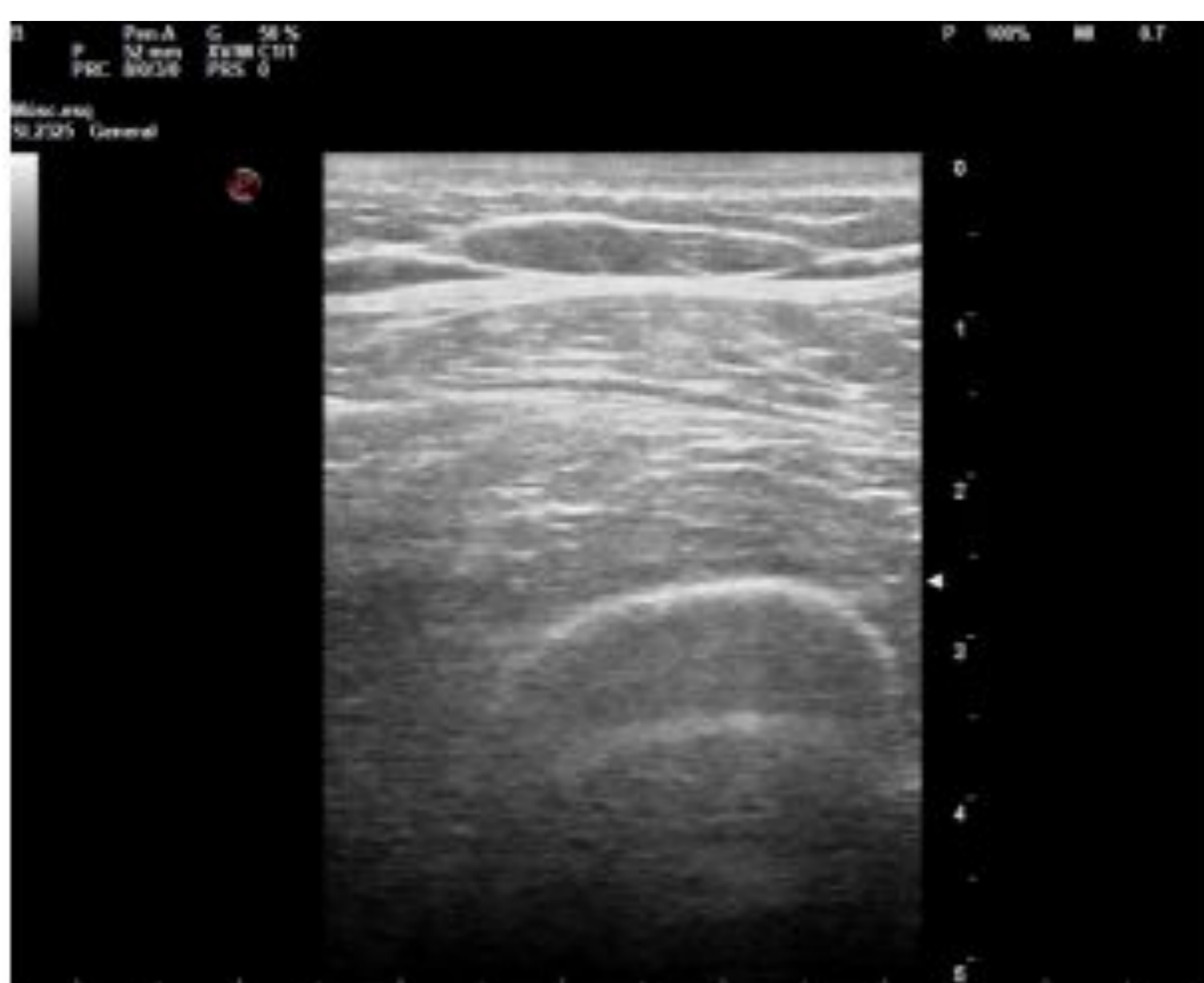
Laboratory tests showed TSH 22.8 with normal CPK and elevated acute phase reactants. Neuroconduction and conventional electromyography studies were performed, which were normal; however, quantitative electromyography showed a myopathic pattern in the right biceps and vastus medialis. Muscle ultrasound showed increased echogenicity in the muscles mentioned, Heckmatt 2-3. He received treatment with prednisolone and levothyroxine with a positive outcome.

## DISCUSSION AND CONCLUSIONS

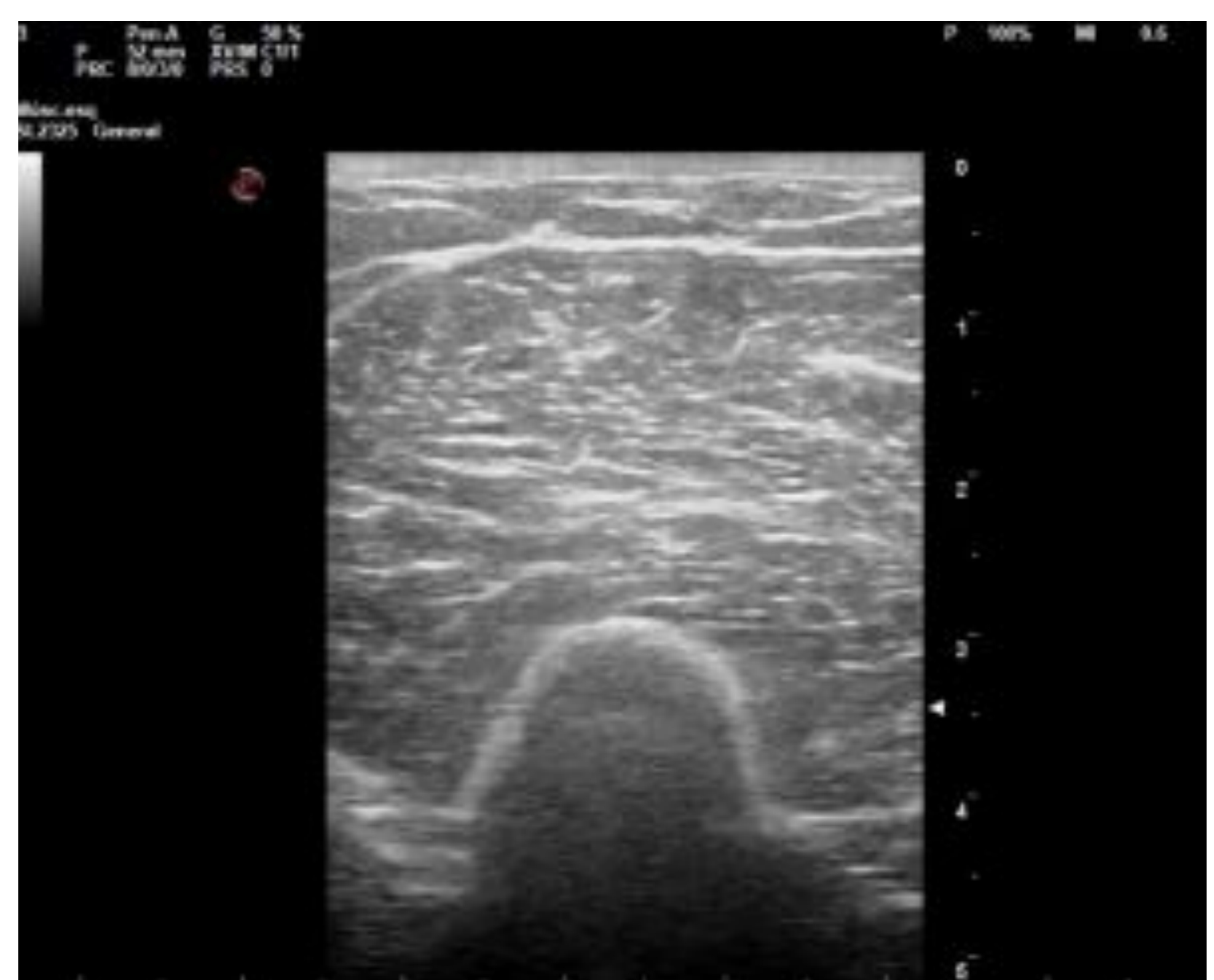
Polymyalgia rheumatica and hypothyroidism can be differential diagnoses or coexist as comorbidities in patients with muscle weakness and myalgias. Electrophysiological studies and muscle ultrasound make it possible to objectify muscle fiber involvement in nonspecific clinical pictures. These patients benefit from the joint treatment of both pathologies for symptom control and functional recovery.



Myopathic units in EMG-interference pattern analysis of right biceps brachii



Increased echogenicity in right vastus medialis



Increased echogenicity in biceps

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