Teaching NeuroImages: Pterygoid myositis mimicking giant cell arteritis

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Figure Brain MRI and ¹⁸F-FDG PET

(A) Brain MRI. Fluid-attenuated inversion recovery image shows high signal intensities in the left lateral pterygoid muscle (arrow) and contrast-enhanced T1-weighted image reveals diffuse enhancement of the muscle (arrow). (B) ¹⁸F-FDG PET shows an intense uptake by the left pterygoid muscle (arrow).

A 51-year-old woman presented with a severe new-onset headache and tenderness over her left temples, jaw claudication, and fever. Laboratory tests revealed an elevated erythrocyte sedimentation rate (105 mm/h). These findings fulfilled the giant cell arteritis (GCA) classification criteria.¹ The headache rapidly subsided following corticosteroid therapy.

Imaging studies were performed to clarify the etiology since Gram-positive cocci were identified and multiple nodules were revealed by chest X-ray. The brain MRI showed a diffuse enhancement of the left lateral pterygoid and temporalis muscle and fluorine-18-fluorodeoxyglucose PET revealed an intense uptake at the same area (figure). Pterygoid myositis is an underrecognized disease and must be considered as a differential diagnosis of GCA.²

Author contributions

S. Na, as the first author, contributed to analysis and interpretation of the data and drafting of the manuscript. E.-S. Lee contributed to interpretation of the data and critical revision of the manuscript. Y.-D. Kim, as the corresponding author, contributed to design of the study, interpretation of the data, and critical revision of the manuscript.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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