Canadian Association of Neuropathologists
L'Association Canadienne des Neuropathologistes

CASE No 4

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For several months, this 63 year-old man experienced leg weakness with difficulties climbing and going downstairs and post exercise myalgia. He described no tingling or numbness, fever or GI. complaints. He had lost 8 lbs. of weight. Medical history included well controlled chronic hypertension and type 2 diabetes mellitus with no ophthalmological, cardiac, or peripheral vascular complications. The patient was on no medications known to be potentially toxic to peripheral nerve or striated muscle.

The patient was an immigrant from India and had been in Canada for only one year. He is a non-drinker and has no family history of neuromuscular disorders.

On physical examination there were no skin rashes, no lymphadenopathy and no organomegaly; cranial nerve function was intact and strength in the upper limbs was normal. Examination of the lower limbs revealed weakness of left hip flexor but extension was normal. There was normal strength in his lower legs.

Laboratory testing revealed: CPK was 694; anti-DNA, anti CCP, CHF, anti-cardiolipin and non-specific inhibitor were negative. Routine hematology was unremarkable; creatinine was 83 and serum protein electrophoresis was normal.

EMG study: myopathic change; polymyositis and IBM to be ruled out.

Muscle Biopsy, left gastrocnemius, (March 1st, 2008; Credit Valley Hospital).

Material submitted: Cryosection stained with hematoxylin-phloxine-saffron.

Question: Diagnosis?