ID: MF, 49 year-old, male, married, travel agent, born and resident in São Paulo.

MC: Bilateral leg pain in the last 30 days.

H: referred for neurological evaluation, complaining of bilateral leg pain, especially in thigh muscles, for the last 30 days. He was first evaluated by an orthopedic surgeon, and evolved with worsening symptoms, associated with generalized myalgia, asthenia and skin rash.

Also reported lumbar pain in the last 4 months, relived by movements and worsening at rest.

PMH: BPH, nasal polypectomy.

Light alcohol consumption.

Meds: none.

Epidemiology: travel to the Amazon rainforest in the last year, as well as Peru and beaches in Rio and São Paul.

Vaccination: COVID 19 - 3 doses.

Physical Exam

Skin: macular erythematous rash in trunk, abdomen and proximal limbs.

Neuro: proximal limb weakness, grade 4+ MRC in hip flexors bilaterally, tendon reflexes were normal; calf muscles appeared indurated in palpation.

Laboratory:

- Cr: 0.96, Ur: 36, Na: 139, K: 4.8, Mg: 1.7, P 3.6, Ca (total): 8.9, Ca (ionic): 1.24, troponin: 11, glucose: 96, Bilirubin: 0,2, AST: 34, ALT: 39, FA: 57, GGT: 20, INR: 1.06, RaPTT: 0.9, CPK: 58, Aldolase: 16.5, DHL: 457, TSH: 6.04, Free T4: 1.1, B12: 342, Folate 7:, Vitamin D: 23.

- Blood count: Hb 14.7, Ht 42.9, MCV 84.4, Leukocytes 1260 (28% Segmented, 43% Eosinophils, 21% Lymphocytes, 8% Monocytes), Platelets 309,000.

- Serologies: HIV NR, Syphilis NR, Toxoplasmosis IgM / IgG NR, Microfilaria NR, Cysticercosis NR, Toxocara canis NR, Strongyloides NR, Trichinella NR.

- Fecal parasitological: Negative.

- Autoantibodies: FAN 1/160 Nuclear fine dotted, FR NR, Anti-CCP NR, Anti-TPO NR, Anti Thyroglobulin NR, TRAB NR, Anti-DNA NR, Anti-SM NR, Anti-Ro NR, Anti-La NR, Anti-Jo1 NR, Anti-SCL70 NR, Anti-MPO NR.

- Complement: CH50: 74, C3: 121, C4: 26.3.

- Immunoglobulins: IgG: 864, IgM 75, IgE 116.

- Protein electrophoresis: Normal, no monoclonal peak.

Complementary exams:

- Eletroneuromyography (EMG): Mild myopathy in the four limbs, predominantly proximal in the lower limbs, with signs of membrane instability in the current phase.

- Thigh MRI: Thickening, edema and diffuse enhancement of the muscle fascia are observed, with slight edema and interstitial enhancement in the adjacent muscle bellies, in the anterior and posterior groups of the thigh. Edema and tenuous enhancement of the circumferential subcutaneous tissue are also associated. The findings favor the possibility of eosinophilic fasciitis.

- CT Abdomen: Hemangioma of about 4.0 cm in segment VII. Subcentimetric hypoattenuating focus in segment VI, nonspecific (may correspond to another hemangioma). No other relevant findings.

- CT Chest: Minimal pulmonary emphysema. Remaining lung parenchyma without significant abnormalities. There are no CT signs of current parenchymal inflammatory/infectious activity. Mediastinal lymph node enlargement is not observed.

- Thyroid USG: Multinodular goiter. Hypoechogenic nodule on the posterior aspect of the middle third of the left lobe, classified as TIRADS 4.

Diagnosis: Eosinophilic fasciitis (Schulman syndrome)

Plan: Prescription of Albendazole by 400 mg 2x/day for 14 days (considering epidemiological exposure and risk of parasitic infection). Initiation of corticosteroid therapy on the 3rd day with prednisone 100 mg/day. Vitamin D replacement and adequate calcium intake. Investigation of thyroid nodule.

Evolution: Progressive improvement of skin lesions, muscular strength and normalization of eosinophils.