
A Case of Eosinophilic Fasciitis Presenting as Stiffness of all Limbs

**Jae-Hyeok Heo, M.D., Ju-Hong Min, M.D., Hyung-Min Kwon, M.D.,
Ji-Young Kim, M.D., Joong-Yang Cho, M.D.*, Kwang-Woo Lee, M.D.**

*Department of Neurology, College of Medicine, Seoul National University
Department of Neurology, Ilsan Paik Hospital, College of Medicine, Inje University**

Eosinophilic fasciitis (EF), also known as Shulman syndrome, is an inflammatory disorder of unknown etiology. It usually presents with pain, swelling, and tenderness of the proximal aspect of the limbs, chest, or neck, with subsequent induration of the skin and subcutaneous tissues, in association with peripheral eosinophilia. EF is differentiated from scleroderma by the pattern of skin involvement and non-involvement of muscle. We report a case of progressive EF presented with tightness and stiffness in all limbs.

Key Words: Eosinophilia, Fasciitis, Stiffness

5

4

가

(, ,)

130/80

(peau de

orange) (Fig. 1)

(Fig. 2)

37

가

6

6

(6.9%)

ESR 17 가 . CK (creatinine kinase) Borrelia burgdorferi , ANA (antinuclear antibody), RA (rheumatoid factor)

Address for correspondence

Kwang-Woo Lee, M.D., Ph.D.

Department of Neurology, Seoul National University Hospital

28 Yongon-dong Chongno-gu, 110-744, Seoul, Korea

Tel: +82-2-2072-3215 Fax: +82-2-3672-7553

E-mail: kwoo@plaza.snu.ac.kr

(Fig. 3).
 (pred-
 nisolone 55 mg/day) methotrexate(7.5 mg/day)

3

^{1,2}
 가 ²
 L - tryptophan
 , simvastatin 가

^{3,4}
 가
 Borrelia
 가 ^{5,6}
 Creatinine kinase (CK) 가가
^{1,7}
 CK 가,
 가가
 hydroxychloroquine, methotrexate,
 cyclosporine, histamine



Figure 1. Right arm of the patient. The peau d 'orange appearance on the medial aspect of the right arm is seen.



Figure 2. Both hands of the patient. The patient has the stiffness and limitation of motion in her hands.

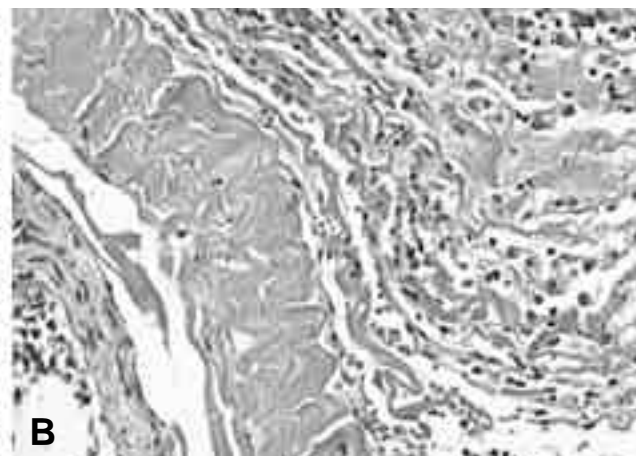
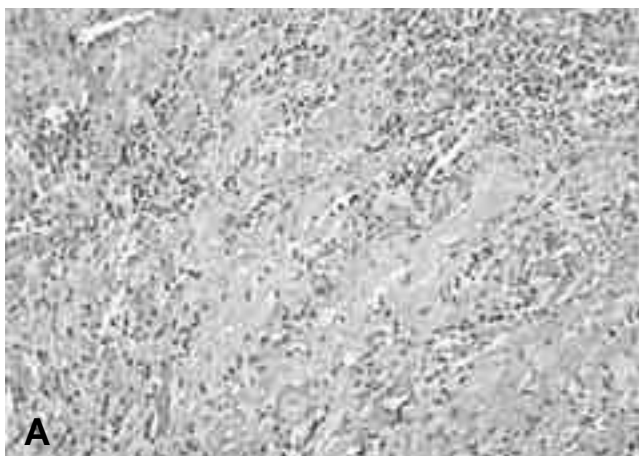


Figure 3. Full thickness biopsy. The image reveals heavy lymphoplasmacytic infiltration in fascia (A: × 100, B: × 200).

receptor blockade with cimetidine

methotrexate
2-4
가
CK
(, ,)

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