Reversed Halo Sign Associated with Dermatomyositis

Hirokazu Tokuyasu¹, Noritaka Isowa², Eiji Shimizu³ and Ichiro Yamadori⁴

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A 55-year-old woman, a nonsmoker, was admitted to our hospital with a 1-month history of chest pain. Chest computed tomography (CT) scan revealed multiple round ground glass opacities fringed with consolidation, namely, the "reversed halo sign" (Picture 1). Histopathological examination of the lung tissue, which was obtained by thoracoscopic biopsy, showed polypoid granulation tissue in terminal air spaces, consistent with the organizing pneumonia (OP) pattern (Picture 2). After one year, dermatomyositis was diagnosed on the basis of certain skin symptoms, which were consistent with Gottron’s signs, and a decrease in muscular strength. Treatment with prednisolone and cyclosporine led to radiological improvement (Picture 3). Although the reversed halo sign, seen on chest CT, largely indicates cryptogenic OP, it is not a definitive sign because it has been reported in other diseases as well (1, 2). The reason for the appearance of the reversed halo sign on the chest image remains unknown; however, improvement of the central part in OP might have influenced the image because of the possibility of spontaneous remission of OP. Here, we report an extremely rare case of dermatomyositis associated with the reversed halo sign.

¹Division of Respiratory Medicine, Matsue Red Cross Hospital, Matsue, ²Division of Thoracic Surgery, Matsue Red Cross Hospital, Matsue, ³Division of Medical Oncology and Molecular Respiriology, Department of Multidisciplinary Internal Medicine, Faculty of Medicine, Tottori University, Yonago and ⁴Department of Pathology, National Hospital Organization Okayama Medical Center, Okayama

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Correspondence to Dr. Hirokazu Tokuyasu, tokuun3200@yahoo.co.jp

Picture 1.
References
