* ***Physician perspectives on the role of radiology in the diagnosis of unusual medical cases.
Haider M Al Attia MRCP, FRCP(Ire),FRCP(Lon),FRCP(Glasg).
Internal Medicine & Rheumatology, Private practice, Abu Dhabi , UAE.***
* ***Abstract***: ***This presentation spans through live cases managed in Medical/Rheumatological ward and all have special areas of radiological findings that add up to their academic interest.***
* ***Patients: 1- A female with considerable skeletal deformities due to (spondyloepiphyseal dysplasia congenita) found to be asthmatic as well. She is noticed to have bronchial asthma which is non- atopic but surprisingly related to extensive calcifications of the bronchial tree (Tracheobronchopathia osteochondroblastica). 2- A 20- year old Arab female with livedo reticularis , multiple skin ulcers attributed to APL syndrome .She experienced repeated CVAs due to Right middle cerebral artery stenosis thus fulfilled the diagnosis of Sneddon’s syndrome.3- A female with relapsing multiple skin nodulosis and Raynaud’s phenomenon found to have SLE .She was found to have Christian Weber syndrome to be followed by episode of non-infective endocarditis indicated a Libman Sack ‘s syndrome on Echocardiography. 4- A 29 –year old female with PAPS developed significant pigmentation and found to be hypotensive as well. Hormonal evaluation indicated Addison disease which was related to a bilateral adrenal vein thrombosis. 5-A female with H/O lupus nephritis was found to Evan’s syndrome ( haemolytic anemia ,thrombocytopenia in SLE) .Furthermore, what is thought to be clinically a hepatosplenomegaly turned to be a (Beaver Tail liver anomaly) that could easily be mistaken as splenomegaly. 6- A 52- year old female presented with painless multiple bilateral hand nodules that was thought initially to be erythema elevatum diutinum and arthralgia . She RF negative but positive to anti CCP Abs. However, the hands and CXR X-rays were within normal values. The MRI surprisingly indicated joint erosions . ACE was within normal values too. Nodular biopsy showed features of sarcoidosis. The case is unusual in the sense of being presented with positive anti CCP Abs cutaneo-arthritic sarcoidosis without pulmonic disease or it may reflect an overlap syndrome of sarcoidosis/RA.***
* ***Conclusions: The cases presented in this series have a wide variety of clinicopathological features along with extensive laboratory work up however , the role of various radiological modalities was highly diagnostic and or in some was of feature adding value .***