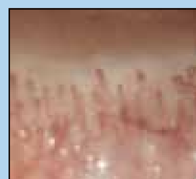
elevated antinuclear antibody test in patients with Hodgkin's and Non-Hodgkin's lymphoma: a single center experience. *Minerva Med* **99**(1): 7–14
Clough JD (1984) Weighted criteria for the diagnosis of systemic lupus erythematosus. *Arch Intern Med* **144**(2): 281–5
Ibarra M, Chou P, Pachman LM (2011) Ovarian teratoma mimicking features of juvenile dermatomyositis in a child. *Pediatrics* **128**(5): 1293–6
Kalliabakos D, Pappas A, Lagoudianakis E et al (2008) A case of polymyositis associated with papillary thyroid cancer: a case report. *Cases J* **1**(1): 289
Nakayama R, Horiuchi K, Susa M et al (2012) Anaplastic transformation of follicular thyroid carcinoma in a metastatic skeletal lesion presenting with paraneoplastic leukocytosis. *Thyroid* **22**(2): 200–4
Renner R, Sticherling M (2008) Incidental cases of subacute cutaneous lupus erythematosus in association with malignancy. *Eur J Dermatol* **18**(6): 700–4
Wu N, Li Q, Gu CX, Ahmed T, Yao XP (2011) Paraneoplastic syndrome mimicking adult-onset Still's disease caused by advanced lung cancer: a case report. *BMC Cancer* **16**(11): 487

Table 1. Laboratory and clinical features at presentation and during follow up

	At presentation	6 months after surgery	12 months after surgery	Normal reference
Antinuclear antibodies (UI/ml)	6.4	2.1	0.0	(<1.5)
Anti-ds DNA (UI/ml)	143.4	16.0	0.0	0.0–10.0
C3 (mg/dl)	63	83	96	90–140
C4 (mg/dl)	4	14	18	10–40
Oral aphthous ulcers	Yes	No	No	No
Polyarthritis	Yes	No	No	No
Photosensitivity	Yes	No	No	No
Raynaud phenomenon	Yes	No	No	No
Capillaroscopy	Lupus pattern Alterations of capillary loops, venular visibility and sludging of blood with variable capillary loop length		Normal  Normal	

LEARNING POINTS

- The authors believe this is the first description of systemic lupus erythematosus secondary to a thyroid neoplasia.
- The tumour was totally silent.
- Thyroid cancer should be considered as a possible trigger for paraneoplastic syndrome, especially when systemic lupus erythematosus occurs in individuals at risk for age and sex.

Iliacus pyomyositis

A 47-year-old fit and well woman presented with fever and left hip pain of 1 week's duration. There was no history of trauma, but she had recently been treated for a chest infection. Blood tests showed markedly elevated C-reactive protein levels and erythrocyte sedimentation rate. Magnetic resonance imaging revealed a left iliacus muscle collection (*Figure 1*). Pyomyositis was diagnosed and she was treated with 6 weeks of flucloxacillin. At 8 months follow up the patient remained well and symptom-free.

Pyomyositis of the iliacus is uncommon and is often misdiagnosed. It is most commonly seen in the immunocompromised (Hossain et al, 2000). Causes can be non-specific and include exercise, pre-existing skin conditions or preceding infection. It most often affects the large skeletal muscles (Block et al, 2008) and *Staphylococcus aureus* is most commonly isolated. Magnetic resonance imaging is the gold standard for diagnosis. Pyomyositis should be an important differential diagnosis in patients with hip pain and fever. BJHM

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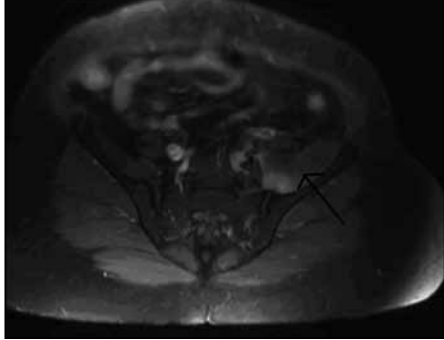
Block AA, Marshall C, Ratcliffe A, Athan E (2008) Staphylococcal pyomyositis in a temperate region: epidemiology and modern management. *Med J Aust* **189**(6): 323–5
Hossain A, Reis ED, Soundararajan K, Kerstein MD, Hollier LH (2000) Nontropical pyomyositis: analysis of eight patients in an urban center. *Am Surg* **66**(11): 1064–6

Figure 1. Magnetic resonance imaging on day 5 showing diffusely swollen and oedematous left iliacus muscle, with focal rim enhancing fluid collection, measuring 19 x 14 mm.



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