Multiple subcutaneous inflammation, osteolysis, and polyarthritis

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History

A 71-year-old man presented with pain, swelling, redness, and a fluctuant abscess on his right hand and pain in his left ankle joint (Fig. 1). A radiograph and a computed

tomography (CT) scan showed multiple osteolytic lesions (Fig. 2). Histology showed inflammation and necrotic tissues, without a tumorous lesion (Fig. 3). During a search related to an unknown fever, CT scanning incidentally revealed tumors in the liver and pancreas (Fig. 4).

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Fig. 1 Macroscopic findings of the right hand. The right 4th finger shows swelling with secretion of pus (*arrow*). The dorsum of the right hand also shows swelling, with reddish lumps (*arrowheads*)

Fig. 3 Histological findings of the osteolytic lesion of the right distal ulna. Histology shows fat necrosis with ghost-like fat cells and inflammatory cell invasion without tumorous lesion

Fig. 4 CT images of the abdomen. Enhanced CT scan shows the space-occupying lesions both in the liver (*black arrow*) and pancreas (*white arrow*)

Fig. 2 Radiograph (**a**) and CT scan (**b**) of the right hand. **a** Osteolytic lesions are visible in the right distal ulna (*white arrow*) and 2nd metacarpal (*black arrow*). **b** CT scan also reveals osteolytic lesions of the ulna, with surrounding soft-part lesions (*arrow*)