# DERMATOMYOSITIS

## KEY CLUES:

- **FH of AI disease**
- **Proximal muscle weakness**
- **Muscle pain and tenderness**
- **Muscle atrophy (normal reflexes, plantar response and sensation)**
- **Rash!**
- **Dilated capillary loops at fingernail base**

- connective tissue disease
- autoimmune condition
- MYOSITIS = muscle inflammation
- occurs in any age (including children) - peak ~ 50 years
- women > men (2:1)

- muscle weakness same as polymyositis
- systemic upset (fever, arthralgia, malaise, weight loss)
- possible cardiac disease, GI ulcers and interstitial lung disease

### RASH

- blue-purple discolouration of upper eyelids
- periorbital oedema
- flat red rash on face and upper trunk
- raised purple-red scaly patches extensor surfaces of joints (including knuckles - gottron's papules)
- may be photosensitive

DIAGNOSIS

- elevation of CK not as reliable as in polymyositis
- positive ANA is common
- Anti-Mi antibodies are specific, but not sensitive (only present in 25%)
- EMG can be useful - myositic changes (but normal in 15%)
- muscle biopsy can be diagnostic (active inflammation)

### PARANEOPLASTIC:

Risk even higher than in polymyositis - 10-20% of those diagnosed have an underlying malignancy!

Breast, lung, ovarian and gastric cancer are commonly implicated.

TREATMENT

- as for polymyositis, but DMARDs such as azathioprine or cyclophosphamide instead of methotrexate.