POLYMYOSITIS

KEY CLUES:

- **FH of AI conditions**
- **Proximal muscle weakness**
- **Head drop**
- **Muscle aches and cramps**
- **Muscle atrophy (normal reflexes, plantar response and sensation)**
- **No rash!**

- connective tissue disease
- autoimmune condition
- MYOSITIS = inflammation of muscles
- incidence of 5-10/million - RARE!
- commonest in those aged 30-60 years
- women > men (2:1)

- progressive muscle weakness - especially in larger muscle groups (strength in small muscles, such as those in the hands, in usually well preserved)
- subacute onset
- fatigue, muscle cramps and myalgia also may be present (in ~ 1/3)
- symptoms can fluctuate
- diagnosis can be difficult as not everyone will present classically

DIAGNOSIS

- raised CK

IMPORTANT:

People with polymyositis have 1.5x increased incidence of malignancy - PARANEOPLASTIC

CT may be necessary at diagnosis to investigate this.

- 20% are anti-Jo positive
- characteristic myositis on electromyogram
- muscle biopsy shows active inflammation (DEFINITIVE DIAGNOSIS)

"TIME IS MUSCLE"

Immediate treatment is necessary!
High dose steroid, immunosuppressants (e.g. methotrexate), and sometimes IVIg