Myopathy, what is the most likely diagnosis

Dermatomyositis is an idiopathic inflammatory myopathy with characteristic cutaneous manifestations and it may also provoke multiorganic failure[1,2].

We describe the clinical case of a 56-year-old woman with no relevant pathological medical record. She was admitted due to myalgia, polyarthralgia of the great joints, muscular weakness, asthenia and macular-papular erythema in areas of sun exposure, with 1 month of evolution and progressive aggravation. The objective examination revealed: poikiloderma (V grade in the thoracic-cervical region), erythematous papules in the metacarpophalangeal joints, pronounced muscular weakness in the upper limbs at the proximal level and pain at the palpation of the muscular masses in the upper and lower limbs. Analysis of lactate dehydrogenase (333 U/l), aldolase (10.3 IU/l), sedimentation rate in the first hour (52 mm/1st hour) and C reactive protein (190 mg /L), normal creatinine kinase. Hemogram, liver profile, renal function and immunological study without alterations. Serologies: HIV; Hepatitis B and C; screening for negative Borrelia. Normal electrocardiogram. Electromyography showed signs of sarcoplasmic membrane irritability. Cutaneous biopsy: compatible with Gottron's papule, normal muscle biopsy and specific Anti-SRP and anti-MI-2 antibodies. No evidence of digestive tract, mammary, skin, thyroid neoplasia; nor masses or adenomegalias identified. The patient initiated corticoid therapy with significant improvement.

The risk of neoplasia is 5-7 times higher in dermatomyositis than in the general population[1,2]. The prognosis is related to the severity of the myopathy and the presence of associated neoplasia, esophageal and/or cardiopulmonary failure[1,2]. In the case described above, no poor prognostic factors were identified and the patient presented good clinical evolution (and during the 4 years of current follow-up, and even after the corticoid suspension, there was no recurrence of disease and no neoplasia was identified).

Figure 1. Poikiloderma.

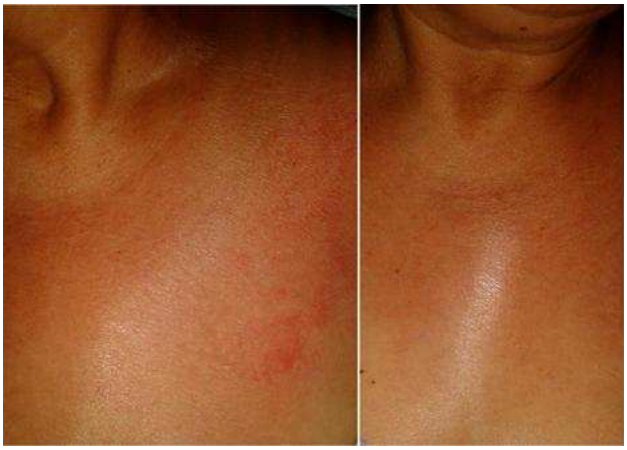
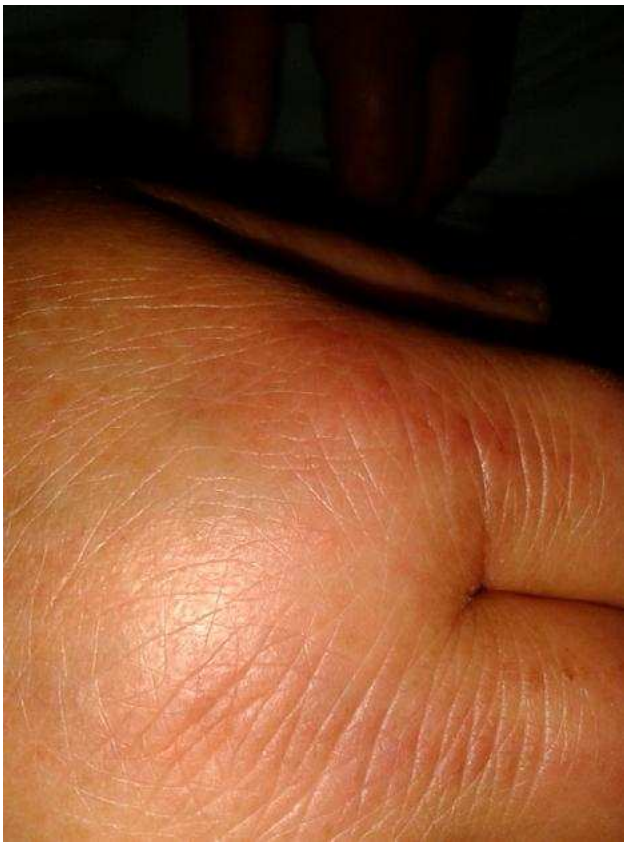


Figure 2. Gottron's papules.



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DIAGNOSIS

Dermatomyositis

Albina Moreira, Miguel Silva

Serviço de Medicina Interna, Unidade Local de Saúde Matosinhos, Hospital Pedro Hispano. Portugal

Correspondencia: sof.hora@gmail.com

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