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Dermatomyositis flare up: A case report

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ABSTRACT

Dermatomyositis an idiopathic inflammatory disease characterized by muscle weakness and cutaneous manifestations. Here we report a known case of dermatomyositis with flare up of symptoms like fatigue, muscle weakness,joint pain, skin rashes and ocassional fever. The patient was treated with immunosuppresive drugs and steroids. He responded favourably to the treatment, successfully reversed skin changes and he was stable during discharge.

INTRODUCTION

Dermatomyositis, a heterogeneous group of connective tissue disorders, is an idiopathic inflammatory myopathy characterized by progressive weakness of muscle and skin manifestation [1]. The peak incidence of disease is at the age of 5-15 years in children and 45-60 years in adults. Prevalence rate of dermatomyositis is 1 case per 100,000 individuals while women are more affected than men [2]. The etiology of dermatomyositis is unknown. However, autoimmune attack on affected organ that is stimulated by environmental factors like infections, sun light, drugs, lifestyle decisions in genetically susceptible individuals are more likely involved in the pathogenesis of disease[3]. Dermatomyositis is associated with higher risk of developing malignancy, especially in older age groups. Diagnosis is based upon typical cutaneous features such as heliotrope rash, Gottron's papules, Gottron's sign, mechanic's hand, V-neck rash, erythema, etc. , muscle symptoms include mild to severe weakness, muscle cramps, fatigue etc. , elevated enzymes such as CK, AST, LDH etc. , and abnormal findings from muscle biopsy & electromyogram.

CASE REPORT

A 34-year-old male patient with K/C/O Dermatomyositis admitted on 6/9/2021 with flare up of dermatomyositis symptoms of fatigue, darkening of the skin, joint pain, muscle pain & occasional fever. He was diagnosed as dermatomyositis on 5/9/2015 & treated with steroids and immunosuppressive drugs. Patient was allergic to Pheniramine & Diphenhydramine. He took his first dose COVID 19 vaccines on July 2021.

Patient's ESR (35 mm/hr), CRP (13.7 mg/L), ALT (62 U/L) levels were elevated during the time of admission. During previous admission on 5/9/2015, his CRP (49.3 mg/dl), LDH (250 U/L), AST (56 U/L), ALT (87 U/L) were elevated and his clinical examination shown Heliotrope rash, Gottron's sign, V- Sign, Finger tips vasculitis & Diffuse alopecia. Patient had a weight loss of about 30 kg. Whole body PET CT imaging was done on 2/03/17 to rule out paraneoplastic syndrome (fig.1) and 3D Macula report was done on 23/11/2017 to rule out ocular involvement from dermatomyositis (fig.2).

Patient received standard treatment for dermatomyositis, including Inj.Dexamethasone 8mg BD, Tab.Hydroxychloroquine 200 mg OD, Tab. Mycophenolate Mofetil 500 mg 2-0-2 during the hospital stay. In order to prevent the relapse of disease, he was given Rituximab IV infusion 2 doses (cycle of 1 g, separated by 2 weeks). The patient responded favourably to the treatment, successfully reversed skin changes & he was stable during discharge.

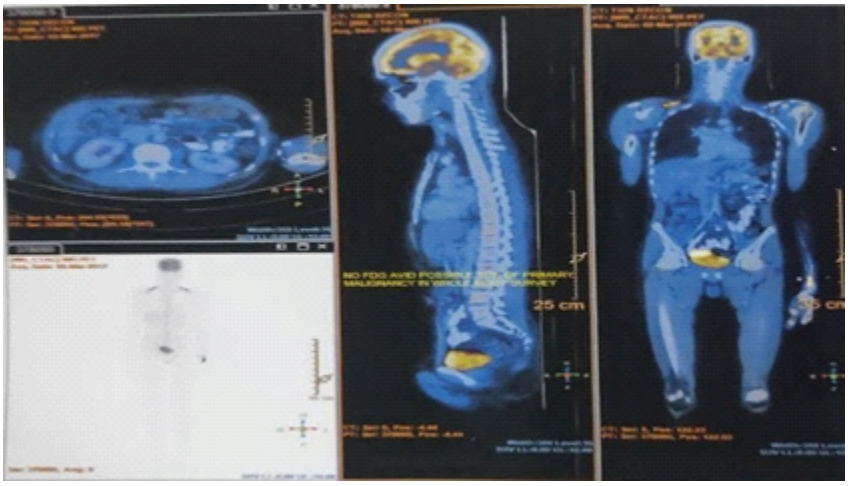

Fig. 3 : Whole body PET CT imaging

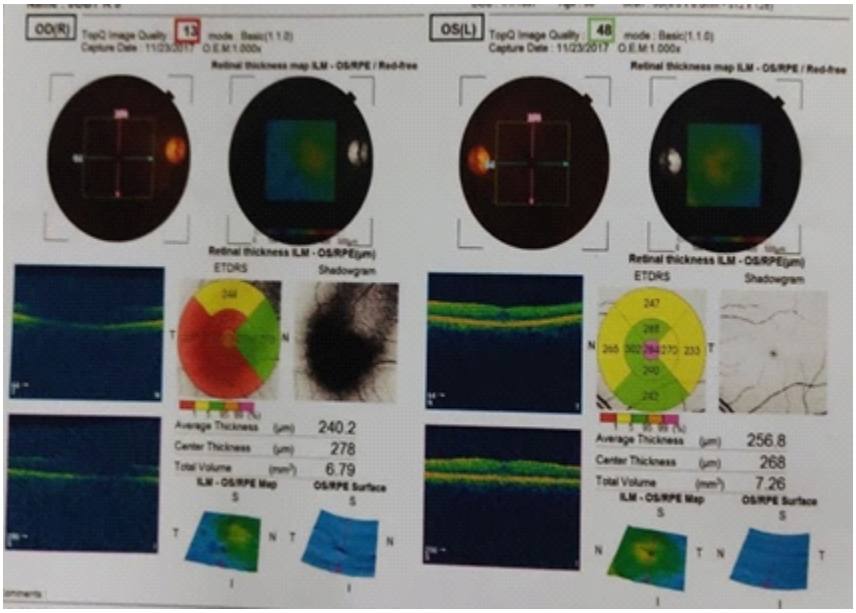

Fig. 2 : OCT 3D macula report.

DISCUSSION

Dermatomyositis is a rare inflammatory disease identified by characteristic skin rash and muscle weakness. Skin changes such as violet-colored or dusky red rash on the face, eyelids, knuckles, elbows, chest, and back, and itchy, painful rashes are the primary sign of dermatomyositis. Progressive muscle weakness which can affect both the left and right side of the body, especially on hips, shoulders, thigh, arm, and neck were also frequent in patients with dermatomyositis [4]. The cause of dermatomyositis is unknown, however, immunologic, genetic, and environmental factors may play important roles [5]. Some people may experience complications such as dysphagia, weight loss, aspiration pneumonia, breathing problems, cardiac involvement, and deposition of calcium in muscles, skin, and connective tissue as the disease progresses. Dermatomyositis in adults has been linked to cancer, particularly ovarian cancer, breast cancer, colon cancer, and non-Hodgkin's lymphoma[6] .The diagnosis can be based on examination and a series of assessments. In patients with dermatomyositis, blood analysis shows elevated levels of muscle enzyme which indicates muscle damage. Antibodies associated with the different symptoms of dermatomyositis can also be detected in the blood[7]. The changes in the pattern of electrical activity in muscles which indicates muscle disease can be identified through electromyography. Skin or muscle biopsy and MRI can be done to confirm the diagnosis of the disease. Proper management and therapy lead to a better prognosis of the disease[8].

CONCLUSION

Dermatomyositis is prevalent more in females and usually associated with malignancy. In this case it is a male patient without malignancy but after vaccination so further research is needed to know whether it is a coincidental flare up or related to vaccination.

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