put together by Alex Yartsev: Sorry if i used your images or data and forgot to reference you. Tell me who you are.
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Polymyositis and Dermatomyositis

All members of the same evil family, the Idiopathic Inflammatory Myopathies

Symptoms and Physical Signs

MUSCLE WEAKNESS,

- **PROXIMAL**
- **Symmetrical**
- **Of insidious onset** (usually takes several months)
- **Sometimes painful (myalgia and arthralgia)**
  - **DEFINITELY painful on palpation:**
  - **May even be ATROPHIC after a while**
- **DYSPHAGIA +/- Aspiration**
- **FINE MOTOR CONTROL** is lost late in polymyositis
  – BUT is lost EARLY in INCLUSION BODY MYOSITIS
- **CHARACTERISTIC RASH: face, trunk, hands:** The "shawl" sign

Difficulty kneeling, climbing or descending stairs, raising arms, and arising from a seated position; difficulty holding the head up

SENSATION AND REFLEXES WILL BE PRESERVED

IS IT MYASTHENIA ?
Myasthenia gravis affects the **EYE MUSCLES** early; The myopathies **NEVER** affect the eye muscles.

These qualify your myositis as a DERMATOmyositis (commonest variety)

- **The** heliotrope rash: symmetric, confluent, purple-red, macular eruption. Mainly face, the eyelids and periorbital tissue.
- **Gottron's rash:** erythematous nail beds and scaly purple papular eruptions over the dorsum of the hands, especially MCP and interphalangeal joints.

Extramusculoskeletal manifestations:

- Interstitial lung disease or aspiration pneumonia
- Cardiac arrhythmia or congestive heart failure

Need to ask about FAMILY HISTORY of muscle disease …and MEDICATIONS

DIFFERENTIALS TO EXCLUDE:

- Vasculitis
- Progressive systemic sclerosis
- Infectious myositis
- Muscular dystrophy
- Eaton-Lambert syndrome
- Drug-induced myopathies - Corticosteroids, statins,
- Electrolyte disorders
- Inherited myopathies

INVESTIGATIONS:

POLYMYOSITIS can be produced by a PARANEOPLASTIC SYNDROME!
Especially ovaries, gastrointestinal tract, lung, and breast and NHL. 10-20% of patients with dermatomyositis have neoplasms

The only specific antibody:
anti-Jo-1
= antibody against histidyl-tRNA synthetase; associated with DM, PM, Raynauds', interstitial pneumonitis, and so forth…

THESE are the only 3 tests you really need

- **FBC** may show some leucocytosis
- **EUC** – are they in acute renal failure 2ndary to rhabdomyolysis?
- **Urinalysis** may show blood++++ as myoglobinuria
- **ESR** will be moderately elevated
- **Rheumatoid factor (RF)** present in 50%
- **Antinuclear Antibodies (ANA)** present in 50%
- **Acetylcholine Receptor Antibody for Mysathenia…**
- **Creatine Kinase (CK)** WILL BE RIDICULOUSLY HIGH
- **ELECTROMYOGRAPHY:** excludes neurogenic cause
- **MUSCLE BIOPSY** Will give accurate diagnosis; IF you manage to get a biopsy of an affected patch of muscle.

dermatomyositis is the only disease that shows "perifascicular atrophy" whereas polymyositis shows necrosis and inflammation

MANAGEMENT:

1. **Prednisone:** monitor response with CK levels and clinically: no functional improvement?
2. ADD **AZATHIOPRINE** and watch for side-effects { bone marrow depression, hepatotoxicity, skin rashes, nausea and vomiting.
3. PHYSIO and EXERCISE; taper immunosuppressives, repeat electromyography in 3 months
4. Other options for second line therapy would be methotrexate, chlorambucil, cyclosporin and intravenous immunoglobulin