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MORTALITY AND ASSOCIATED RISK FACTORS IN ADULT PATIENTS WITH DERMATOMYOSITIS: A MULTICENTER CROSS-SECTIONAL STUDY

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BACKGROUND

Dermatomyositis (DM) is a rare systemic autoimmune myopathy with a high mortality rate. The present study was aimed at analyzing DM mortality rate in large samples of South American patients with DM.

MATERIALS AND METHODS

This is a multicenter cross-sectional study, took place between 2003 and 2020 and retrieved electronic medical records containing prestandardized and parameterized information about adult patients with DM (EULAR/ACR classification criteria 2017) undergoing follow-up at two South American tertiary centers (Argentina and Brazil).

RESULTS

In total, 179 patients with DM were enrolled. The mean age at disease onset was 43.1 ± 14.7 years, with female (63.8%) predominance and white ethnicity in approximately half of the sample (49.6%). The mean follow-up duration was 5.0 ± 4.0 years. During follow-up, 18 (10.1%) patients died: 10 female and 8 male. The causes of death were pulmonary infection (44.4%), interstitial lung disease exacerbation (22.2%), soft tissue sepsis (16.7%), pulmonary infections associated with interstitial lung disease exacerbation (11.1%), and neoplasia (5.7%). Comparisons between deceased patients and living patients showed no difference in terms of age at disease onset, gender and ethnicity distribution, or cumulative clinical and laboratory parameters, except for a higher frequency of cutaneous vasculitis (61.1% versus 24.8%, respectively; $p = 0.003$) and interstitial lung disease (66.7% versus 25.5%, $p = 0.005$) in deceased patients.

CONCLUSIONS

In our international multicenter study, the mortality rate of patients with DM was 10.1%, with pulmonary infection as a main cause of death. Cutaneous vasculitis and interstitial lung disease were independent risk factors associated with this high mortality rate.