A PATIENT WITH DERMATOMYOSITIS SINE DERMATITIS AND NEUROMYOSITIS: COINCIDENCE OR ASSOCIATION?

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BACKGROUND

Dermatomyositis sine dermatitis (DMSD) is a rare form of systemic autoimmune myopathy that, unlike classic DM, has no cutaneous involvement with a histological muscle biopsy may strongly suggest DM. Neuromyositis has also been rarely reported in patients with dermatomyositis and polymyositis.

CASE REPORT

A 59-year-old Asian male was admitted in our tertiary service with progressive upper dysphagia, asthenia, weight loss (19 kg), and mild upper and moderate lower limb weakness for the last 9 months. No fever, joint involvement or Raynaud phenomenon were observed. The patient was extensively investigated; no neoplasia or infection signals were observed. After several complementary exams, chest computed tomography showed mild lung ground-glass opacification in the basis. Normal upper digestive endoscopy. Laryngoscopy functioned with dysphonia but without vocal cord alterations, and periungueal capillaroscopy showed an SD pattern. Electroneuromyography showed no myositis signal but did show chronic mixed peripheral polyneuropathy (axonal and demyelination) with distal sensitive predominance in lower limbs and autonomic polyneuropathy. The patient showed normal serum levels in muscle enzymes and positive homogenous antinuclear antibodies with titer of 1/320. As an additional analysis, the patient was submitted to brachial biceps muscle biopsy, which revealed that a lymphomononuclear inflammatory had infiltrated predominantly in perivascular areas. This exam also showed the presence of perifascicular atrophy. At that time, the patient was considered as suffering from inflammatory myopathies with peripheral neuropathy and received oral glucocorticoid. The patient remained for a short period in our clinic, but stopped following up. We have reviewed the case recently, and the hypothesis is that the patient had DMSD with neuromyositis.

CONCLUSION

Despite its rarity, the present case report reinforces the importance of including these comorbidities on the differential diagnosis of systemic autoimmune myopathies and neurological diseases.

KEYWORDS

Dermatomyositis, Neuromyositis, Systemic autoimmune myopathies, Myositis, Inflammatory myopathies.

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