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A lady with malignancy associated dermatomyositis –A case report

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Introduction: Adult onset dermatomyositis is a paraneoplastic syndrome. It has an association with ovarian, lung, pancreatic, stomach and colon cancers and with non-Hodgkin lymphomas. Ovarian cancer has the highest association and the association of dermatomyositis with other gynecologic malignancies is relatively rare

Case report: A 58 year old lady who had undergone surgery for an endometrial carcinoma nine months back followed by chemotherapy and radiotherapy, presented with facial, periorbital and generalized body swelling for three months along with dysphagia and proximal muscle weakness for two months. Examination revealed facial puffiness most prominently in the periorbital area and bilateral malar erythema with erythema of anterior chest wall. Ragged cuticles of nail folds were observed. Proximal muscles of bilateral upper limbs were tender with a muscle power of 4/5.

Investigations revealed features suggestive of polymyositis in muscle biopsy and EMG features were those of an inflammatory myopathy. Her CPK was elevated. She was started on oral prednisolone 60 mg daily which was planned to be continued for six months with slow tapering thereafter. Additionally she was given methotrexate 5 mg weekly, alendronate 70 mg once a week along with calcium, folic acid and iron supplements. Her symptoms improved gradually with treatment, but she has defaulted steroids for one month and readmitted with recurrence of symptoms. Steroid therapy was reinstated and her symptoms showed a remarkable improvement.

Discussion: Although adult onset dermatomyositis occurs as a paraneoplastic manifestation of variety of malignancies such as ovarian, bronchial, pancreatic, stomach and colon cancers and in non Hodgkin's lymphoma, association of dermatomyositis with endometrial carcinoma is relatively rare.