

SHORT COMMUNICATION

Dermatomyositis: Emergency Medicine Spotter

Himanshu Gupta¹, Mayank Modi²,
Radhika Sardana³, Shalini Choudhary⁴

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ABSTRACT

A 54 year old female presented to emergency medicine department with complaints of rashes around 1 months over face, neck, chest, back, hands and legs along with difficulty in lifting arms above head, combing hairs, buttoning of shirt and getting up from sitting position.

Given below are the images (1), spot the diagnosis.



(a) Gottron Papules



(b) Gottron Sign

AUTHOR'S AFFILIATION:

¹ Assistant Professor, Department of Emergency Medicine, Jaipur National University Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India.

^{2,4} 2nd Year PG, Department of Emergency Medicine, Jaipur National University Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India.

³ 3rd Year PG, Department of Dermatology, Jaipur National University Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India.

CORRESPONDING AUTHOR:

Himanshu Gupta, Assistant Professor, Department of Emergency Medicine, Jaipur National University Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India.

E-mail: dr.himanshu0882@gmail.com

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(c) V Sign



(d) Shawl Sign

INTRODUCTION DERMATOMYOSITIS

Inflammatory myopathy presenting as skin rashes, proximal muscles weakness with or without extra muscular involvement.⁽⁴⁾

Acquired Immune mediated disease.

CLASSICAL CLINICAL SIGNS:

- **Gottron Papule:** Dorsal metacarpophalangeal erythematous or violaceous papules. (Fig. A)
- **Heliotrope Rash:** erythematous rash over upper eyelids. May not be seen in dark skinned people.
- **Gottron Sign:** erythematous patches over elbow and knees. (Fig. B)
- **V-Sign:** erythematous macules over anterior aspect of neck and upper chest. (Fig. C)
- **Shawl Sign:** erythema over posterior aspect of neck, upper back and shoulders. (Fig. D)

These characteristic clinical features if present, make the diagnosis a clinch at emergency medicine department.⁽⁵⁾

Diagnosis: History and physical examination often lead to a clinical picture of myositis.

Further supportive investigations include:

- Anti-Nuclear Antibody
- Electromyography
- Muscle Biopsy

Treatment: Systemic Steroids, (high dose methylprednisolone 0.8-1 mg/kg) Immunosuppressants like methotrexate, azathioprine.⁽⁶⁾

DISCUSSION

Dermatomyositis is rare disorder with multisystem involvement⁽²⁾. Often age of onset prognosticates the disease. Its important to know clinical features and signs to detect the disease in early course. Often response to steroids is sufficient, in some cases second line treatment with immuno-suppressants is needed.⁽³⁾

CONCLUSION

Dermatomyositis though rare but it is the clinical features that can be a leading force to suspect this disorder. Emergency physicians should bear in mind that skin rashes with proximal muscle weakness should always be evaluated extensively.

Support Sources: Nil

Conflict of interest: Nil

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