Read Item - Dermatomyositis

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Abstract: Doctor's resource on Dermatomyositis

Dermatomyositis

Dermatomyositis is a rare autoimmune connective tissue disorder that primarily affects skin and muscle. It frequently occurs as a paraneoplastic phenomenon.

Diffuse alopecia of the scalp is present in 50%, and in the acute stages, this may be associated with hypertrichosis of the face and limbs. Later in the illness poikilodermatous changes with marked atrophy replace the acute inflammatory lesions. When this occurs on the scalp, scarring alopecia develops.

The histological changes may be quite subtle with mild basal layer vacuolar change and several colloid bodies in the dermis. There is a sparse superficial perivascular infiltrate and a variable amount of oedema and mucinous change in the dermis. Distinction of dermatomyositis from cutaneous lupus is difficult, although in the latter there is usually thickening of the PAS positive basement membrane zone, positive direct immunofluorescence and occasionally a deep and superficial perivascular infiltrate.

With the possible exception of children, all patients should be investigated thoroughly for a primary malignancy. If the investigations are all negative, the patient should be clinically reevaluated at least annually.

High dose corticosteroids may induce a remission of the cutaneous and muscular manifestations. Methotrexate is a useful steroid sparing agent. Antimalarials may also be useful for the cutaneous eruption, but do not improve the myositis. If malignancy has been confidently excluded, cyclosporin A can be used and is helpful. Effective treatment of an underlying malignancy may affect a cure.

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