





## Dermatomyositis

Dermatomyositis manifests as a pathologic inflammatory disease with characteristic skin and muscle findings.

Both dermatomyositis and polymyositis are uncommon diseases that have a similar incidence. Both have

The four systemic and single cutaneous diagnostic criteria for dermatomyositis are symmetric proximal m

Two distinctive cutaneous lesions are found in dermatomyositis. One is a plaque, slightly edematous p

over the bony prominences, particularly the knuckles, knees, and elbows. Gottron's sign is a red, raised, scaly patch over the bony prominences. The rash may be accompanied by pigmentary changes.

Other cutaneous findings include periungual telangiectasia, hypertrophy of cuticular tissues associated with

Controversy exists over the association of dermatomyositis with malignancy . Interpretation of reports wi

As with lupus erythematosus, the pathogenesis of the disease is uncertain. Associated antibodies include

been reported . Medications including hydroxyurea, quinidine, nonsteroidal antiinflammatory agents, d-p

On the whole, the prognosis of dermatomyositis is favorable, especially when treatment with corticosteroids



*Histopathology.*      The erythematous-edematous lesions of the skin in dermatomyositis may show

remembered that up to 50% of subacute cutaneous lupus biopsies can also have a negative direct immunofluorescence

Old cutaneous lesions with the clinical appearance of poikiloderma atrophicans vasculare usually show a negative direct immunofluorescence

Magnetic resonance imaging permits noninvasive assessment of muscle inflammation and may serve as

*Systemic Lesion*

s . Changes in organs other than the skin and the striated m

*Histogenesis* . On electron microscopic examination the degenerative c

*Differential Diagnosis*

. Differentiation of the cutaneous lesions of dermatomyositis from those of subacute

lupus band test, which is always negative in lesions of dermatomyositis , whereas in lesions

of lupus erythematosus it is positive in 90% of the cases. Other tests that are usually negative

in dermatomyositis and often positive in lupus erythematosus include urinalysis and renal

function tests, as well as tests for antinuclear antibodies, anti-native DNA antibodies, and

antibodies to ribonucleoprotein. Rarely, patients with dermatomyositis demonstrate a positive

Ro antibody titer. Patients with active myositis show an elevation of serum creatine kinase and

aldolase