

## **Dermatomyositis**

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

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Controversy exists over the association of dermatomyositis with malignancy . Interpretation of repor	ts w

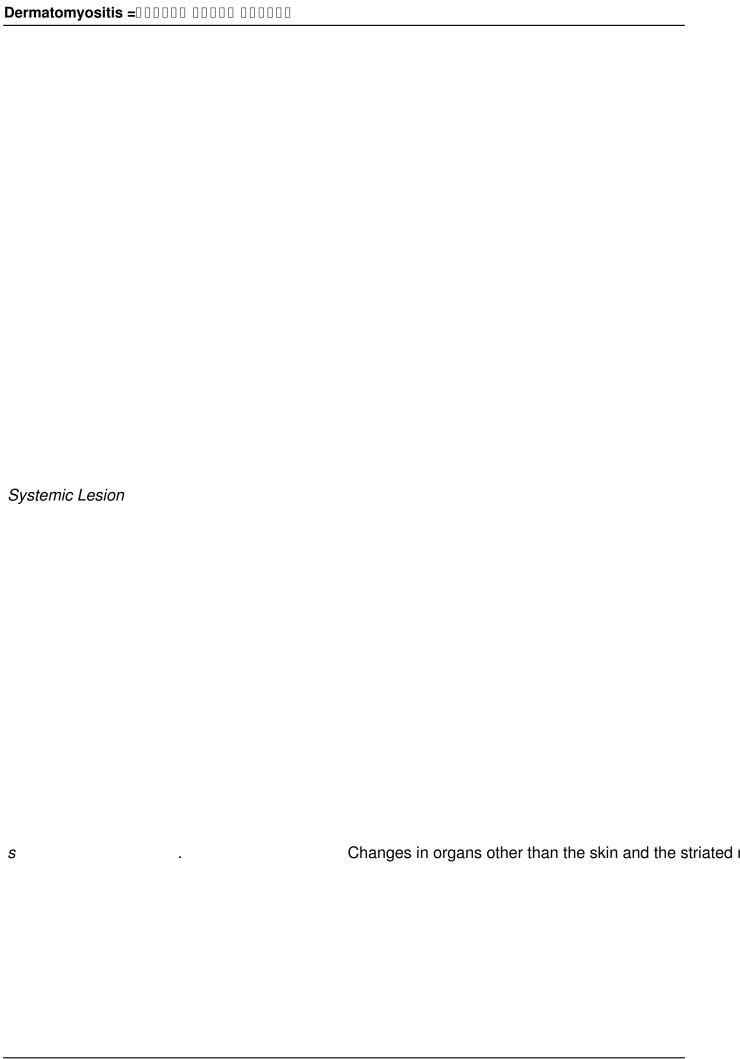


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been reported . Medications including hydroxyurea, quinidine, nonsteroidal antiinflammatory agents	s. d-r
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On the whole, the prognosis of dermatomyositis is favorable, especially when treatment with cortico	oster

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

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remembered that up to 50% of subacute cutaneous lupus biopsies can also have a negative direct imm
Old cutaneous lesions with the clinical appearance of poikiloderma atrophicans vasculare usually show

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Magnetic resonance imaging permits noninvasive assessment of muscle inflammation and may s	sarva s
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Histogenesis .	On electron microscopic examination the degenerative
Differential Diagnosis	
Dinoromal Diagnosio	

. Differentiation of the cutaneous lesions of dermatomyositis from those of subac
lupus band test, which is always negative in lesions of dermatomyositis, whereas in lesions
oflupuserythematosus it is positive in 90% of the cases. Other tests that are usually negative
indermatomyositis 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