Case Report

Different presentations of Myositis- A case series

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Background

Polymyositis and dermatomyositis are idiopathic inflammatory myopathies which present with symmetrical proximal muscle weakness. Diagnosis is made in combination of clinical, labs, Electromyography (EMG) and biopsy findings. There is a variability of presentation, progression and response to therapy in each case.

Here we write 3 different cases of myositis.

Summary

Case 1: A 65 year old lady with longstanding diabetes presented with progressive proximal muscle weakness followed by eruption of itchy rash over sun exposed areas of the body for 1 month duration. She had significant bulbar involvement with nasal speech without respiratory failure. She had high CPK of 7525U/l, biopsy and EMG both confirmed myositis.

She was started on intravenous steroid pulses followed by Cyclophosphamide pulses, oral Prednisolone and Methotrexate. Furthermore she received intense physiotherapy, occupational and speech therapy too and gained very good improvement over 2 months.

Case 2: She is a 30 year old previously well lady presented with stable low grade proximal muscle weakness over 2 years without bulbar, respiratory or skin involvement. Investigations were confirmed myositis and she was started on oral Prednisolone 1mg/kg with Methotrexate along with intensive rehabilitation. She recovered significantly.

Case 3: A 57 year old rheumatoid arthritis lady presented with progressive proximal muscle weakness with exertional dyspnea without bulbar or skin involvement for 6 months. She also fulfilled the criteria of myositis and diagnosis was made as myositis, Rheumatoid arthritis overlap. She was managed with oral prednisolone with Methotrexate and intense rehabilitation.

Conclusion

As case 1, some patients can have severe rapid progression of disease which requiring more aggressive treatment and less severe cases like case 2 and 3 only requires oral therapy. Case 2 highlights a low grade stable myositis which might easily miss and end up with permanent muscle damage.

Key words

Polymyositis, Dermatomyositis, cyclophosphamide