

# 115 年奇美醫院胸腔內科臨床病例討論會

- 1 時間：115年 06 月 16日 PM: 4:00-5:00
- 2 課程活動題目: Polymyositis with dermatomyositis in CXR
- 3 主講人：柯獻欽
- 4 地點：奇美醫學中心 10 樓空橋討論室
- 5 聯絡人：黎安騏 (06-2812811 #57132)
- 6 摘要：

## POLYMYOSITIS (PM)

### CLINICAL MANIFESTATIONS

- Symmetrical myopathy, with weakness and tenderness of the proximal muscles.
- Aspiration pneumonia, due to esophageal weakness.**  
Aspiration pneumonia is a frequent cause of death.
- Underlying cancer

**15% of patients with polymyositis have an underlying cancer (particularly NHL, lung, and bladder cancers).**

LABORATORY	FINDINGS	-	DIAGNOSIS
-Elevated muscle enzyme levels:	CPK,	aldolase,	AST
-Anti-PM1	(50%),	anti-JO-1	(25%)

-The EMG shows myopathy. It is characteristic but not diagnostic of inflammatory myopathies.

-Muscle biopsy confirms the diagnosis

### TREATMENT

Prednisone; Dose: 60 mg/die PO, until the muscle enzyme levels normalize.  
Azathioprin or MTX; For steroid-resistant cases.

## DERMATOMYOSITIS (DM)

= PM + rash.

**30% of patients with dermatomyositis have or will develop an underlying cancer, particularly breast, ovarian, lung, pancreatic, gastric, and colorectal cancers, and NHL. The neoplasm most commonly associated with dermatomyositis is breast cancer.**

### CLINICAL MANIFESTATIONS

- Myopathy, with symmetrical proximal muscle weakness.
- Violaceous rash that is most prominent in sun-exposed areas.  
*Heliotrope rash* = periorbital edema and erythema.
- Gottron's papules*

= purplish scaly plaques on the metacarpophalangeal and proximal interphalangeal joints.

### **DIAGNOSIS**

-Elevated muscle enzyme levels: CPK, aldolase, AST

-Anti-JO-1 (25%)

-The EMG shows myopathy. It is characteristic but not diagnostic of inflammatory myopathies.

-Muscle biopsy confirms the diagnosis

### **TREATMENT**

#### *Immunoglobulin therapy*

High-dose IV immunoglobulin infusion is beneficial in the treatment of refractory dermatomyositis. It improves muscle strength, cutaneous rash.