113 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 113 年 07 月 09 日(星期二)

時間及地點：16:00-17:00

課程活動題目：Polymyositis with dermatomyositis in CXR

主講人　：蔣士仁主任

主辦單位：奇美醫院胸腔內科

課程地點：10 樓討論室

教育積分：台灣胸腔暨重症加護醫學會

參加對象：主辦單位所屬院內醫師

聯絡人　：楊穎潔（06-2812811-57132）

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.