

PERICARDITIS AMONG THE FIRST MANIFESTATIONS OF DERMATOMYOSITIS.DO WE NEED TO ESCALATE STANDARD THERAPY?

E.N. Zafeiropoulou, E. Kontogeorgi, C. Plastira, L. Zikou, D. Karakalos
Evangelismos General Hospital, Athens, Greece

INTRODUCTION: Polymyositis (PM) and dermatomyositis (DM) are chronic inflammatory muscle diseases characterized by proximal muscle weakness and fatigue.Extramuscular involvement such as in the skin, heart and lungs is common.Clinical manifestations of cardiac involvement are relatively rare, while subclinical ones are frequently reported.

CASE REPORT: A 62 year old female was admitted due to progressive proximal weakness of the lower extremities and difficulty in swallowing, starting 6 months ago.9 months preceding her admission she had proximal myalgias, periorbital red-violet erythema with oedema and fatigue, for which no investigation was made. She decided to have a routine blood test and creatine kinase (CK) was highly elevated. Consequently, she was referred to a cardiologic department and the diagnosis of pericarditis with effusion was made. Despite treatment, CK levels remained elevated and weakness had aggravated. Eventually, she was further referred to our department, where she underwent a thorough investigation. Electrophysiological study was definite for myopathic disorder. Biopsy (skin-muscle) from the quadriceps was diagnostic for dermatomyositis. She was treated with oral prednisone. After an initial improvement, she started deteriorating and cyclophosphamide was added, with a good outcome.

DISCUSSION The frequency of heart involvement in patients with DM varies between 6-75%. Pericarditis is reported with a frequency of about 10%, as a late event during the course of the disease.Cardiac involvement is considered to be a bad prognostic factor, therefore some prefer to treat DM with a combination of corticosteroids and immunosuppressants, although this remains a controversy. To our knowledge this is the third case in the literature that pericarditis was among the first clinical manifestations of DM and we chose the combination of corticosteroids and cyclophosphamide four months after initiation of corticosteroid therapy.