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Systemic Myopathies and their Complications

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Background: Idiopathic inflammatory myopathies (IIMs) are a systemic heterogeneous autoimmune disease [1], characterized by astheny, proximal muscle pain, skin manifestations and increase of myolysis markers. We here report a case in which damages of muscles induced different scenarios and modified the outcome of the disease.

Case History: E.F. is a 21-years-old woman patient, that come in emergency room in January 2021 for limbs pain, inability to walk, dysphagia, and skin lesions. At blood sampling: increase of myolysis markers. The first diagnosis was: Rhabdomyolysis.

We found increase of ANA-Ab and erythrocyte sedimentation rate (ESR). The first diagnosis was IIMs, with a prediction score>8(EULAR-ACR-2017 [2]). At the time of discharge, she started an immunosuppressive therapy.

In April 2021, E.F. came back for abdominal pain. The diagnosis was ischemic duodenal perforation, and she was treated in surgery first and then in intensive care unit. She was treated with

IgG-Ab 0.6g/kg/day and Prednisone therapy was stopped. During the hospitalization she also experienced aspiration pneumonia. Blood culture was positive for MDR-Acinetobacter. After 8 weeks of hospitalization, she started a physiotherapy.

Discussion: IIMs attacks all type of tissue, even smooth muscle. So, the clinical scenario may differ in different stage of disease. Complications may occur, as infective diseases, due to immunodepressed state of long-term treatment.

References

- 1. Rider LG, Ruperto N, Pistorio A, Erman B, Bayat N, et al. (2017) 2016 ACR-EULAR adult dermatomyositis and polymyositis and juvenile dermatomyositis response criteria-methodological aspects. Rheumatology 56: 1884-1893.
- Bottai M, Tjärnlund A, Santoni G, Werth VP, Pilkington C, et al. (2017) EULAR/ACR classification criteria for adult and juvenile idiopathic inflammatory myopathies and their major subgroups: a methodology report. RMD Open 3: e000507.

	Data from first hospitalization (Jen-21)	Data from second hospitalization (Aug-21)
Weight	67 kg	62 kg
Arterial Pressure	110/70 mmHg	145/97 mmHg
Hb	12.1 g/dL	12.5 g/dL
W.G	6.2 *10 ³ /uL	10 *10³/uL
PLT	289 *10³/uL	288 *10³/uL
AST	161 U/L	54 U/L
ALT	45 U/L	27 U/L
LDH	787 U/L	834 U/L
CK	1591 U/L	182 U/L
Albumin	3.3 g/dL	2.8 g/dL
ESR	35 mm/h	31 mm/h
CRP	0,9 mg/L	441.8 mg/L
PT	11.4 sec	13.1 sec
PTT	31.1 sec	41.1 sec

Hb=Hemoglobin; W.B.=White Blood Cells; PLT=Platelets; AST=Aspartate Aminotransferase; ALT=Alanine Aminotransferase; LDH=Lactate DeHydrogenase; CK=Creatine Kinase; CRP=C-reactive Protein; PT=Prothrombin Time Test; PTT=Partial Thromboplastin Time

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