

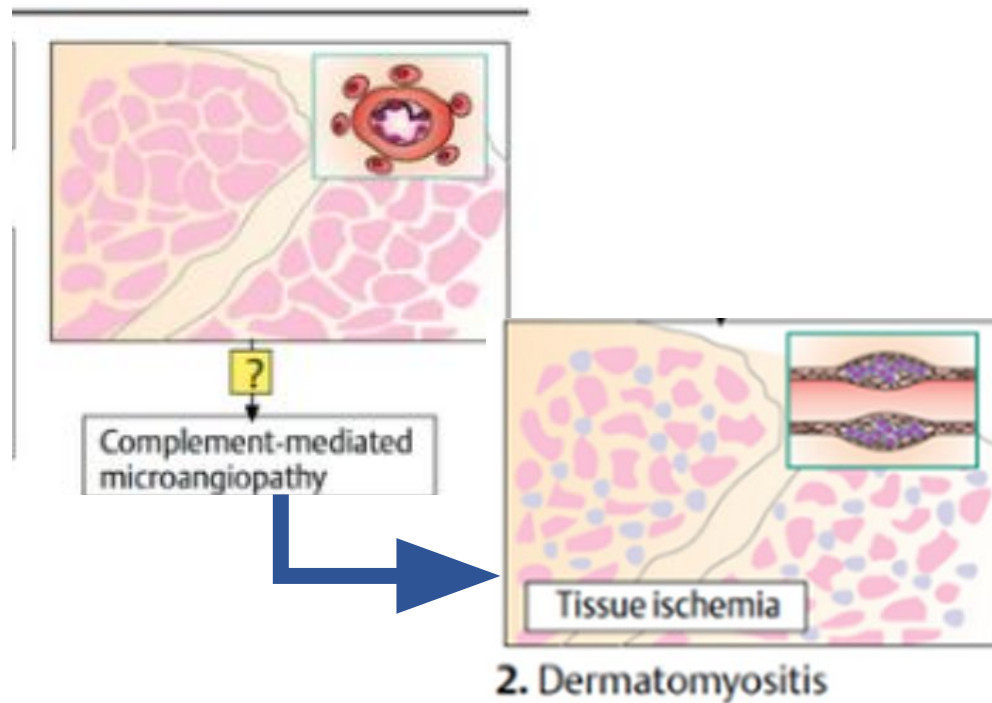
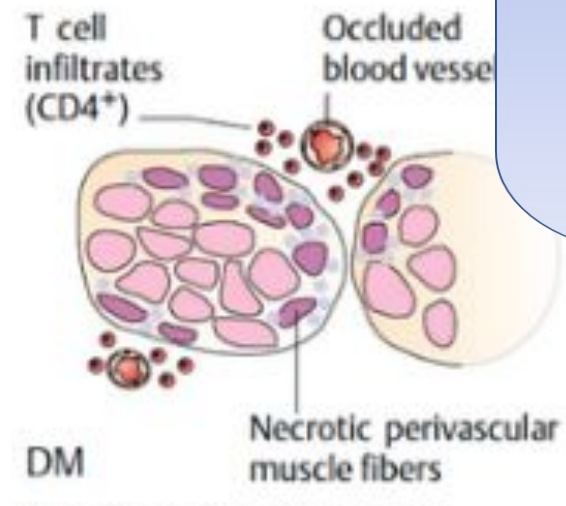
Dermatomyositis as a risk factor of carcinogenesis- case report

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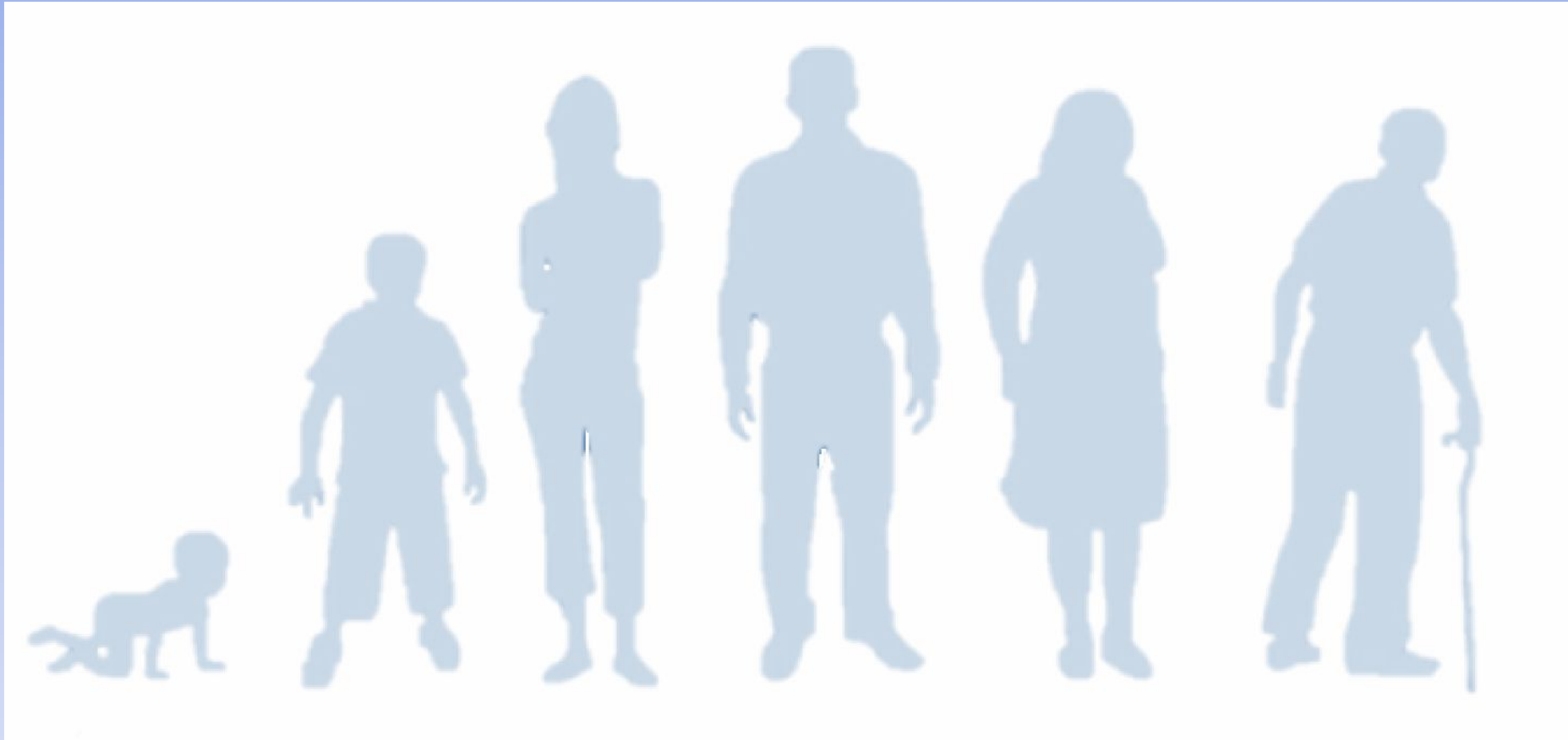
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Dermatomyositis (DM)
is an idiopathic inflammatory myopathy
involving proximal muscle weakness and
non-suppurative skeletal muscle
inflammation



Epidemiology



0 to 5

15

30

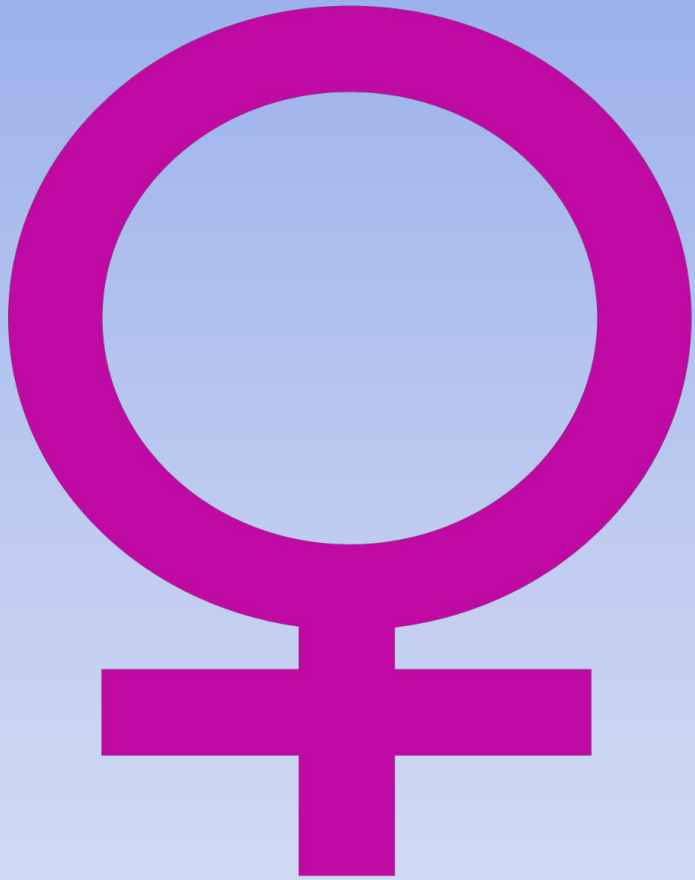
40

50

60

> 60

Female-to-Male incidence ratio



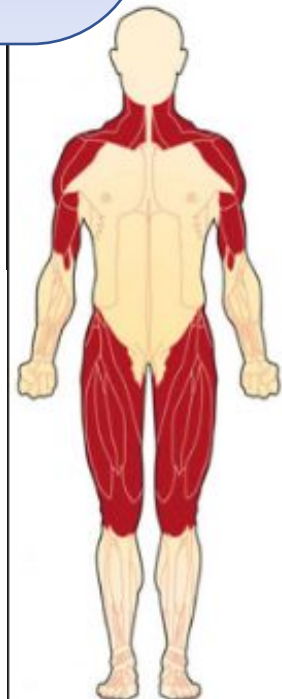
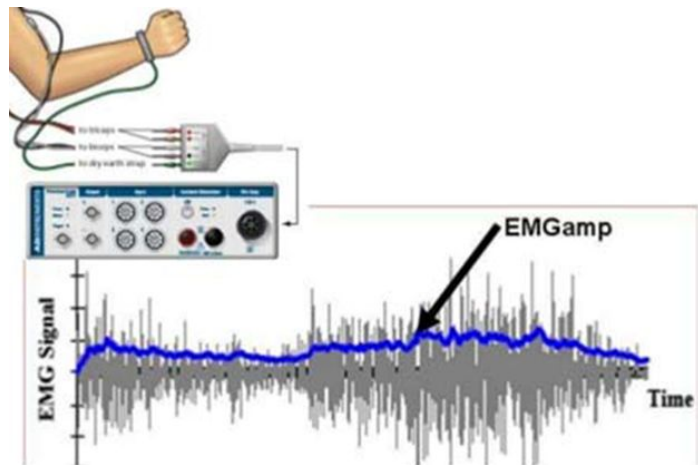
2 to 3 : 1

The most commonly used criteria

1. Symmetric proximal muscle weakness
2. Elevated serum muscle enzymes
3. Myopathic changes in electromyography (EMG)
4. Characteristic muscle biopsy abnormalities
5. Typical rash



Shawl Sign



Front



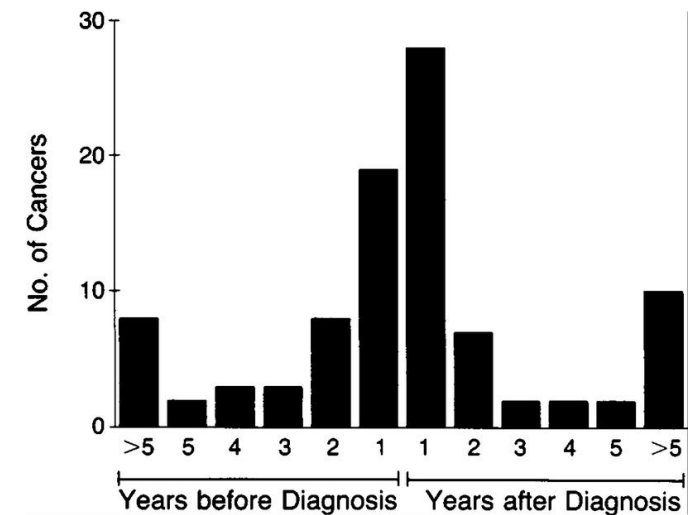
Back

INCREASED RISK OF CANCER

1. Patients with DM must be monitored closely for potential malignancies, as there is an increased risk of cancer, particularly within the first 5 years after symptom onset
2. The **most common cancers** seen in patients with DM include

breast
colon
lung
ovarian
melanoma
non-Hodgkin lymphoma (NHL)
nasopharyngeal
stomach

3. The overall cancer rate in patients with DM varies between **9% and 32%**.
4. The highest risk of developing cancer in patients with DM is within the first year of onset of myositis
5. **Dermatomyositis as a paraneoplastic syndrome may precede symptoms and diagnosis of cancer or develop in advanced cancer process**



Temporal Relation between the Diagnosis of Dermatomyositis and the Diagnosis of Cancer

<https://www.nejm.org/doi/full/10.1056/nejm199202063260602>

Screening



CT scan: chest, abdomen, pelvis



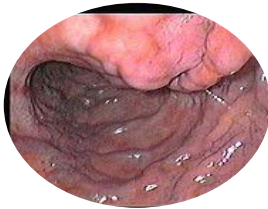
CA 125 CEA CA 19-9 CA 15-3 AFP HCG



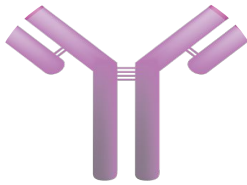
mammography



cytology



colonoscopy, gastroscopy



monoclonal protein

Case report

- 49 year old ,female patient diagnosed with DM in 2016
- Early symptoms were:
 - rash on the face and eyelids,
 - Gottron sign,
 - proximal muscle weakness,
 - difficulties with deglutition and speech.
- In the family: endometrial cancer (mother), digestive track cancer(2 brothers)

The most commonly used criteria

1. Symmetric proximal muscle weakness +
2. Elevated serum muscle enzymes +
3. Myopathic changes in electromyography (EMG)
4. Characteristic muscle biopsy abnormalities +
5. Typical rash +

SKIN SYMPTOMS



TREATMENT

Ciclosporin
Chloroquine
Methylprednisolone
Azathiopryne
Mycophenolate mofetil

no long-term remission



exacerbation of the disease



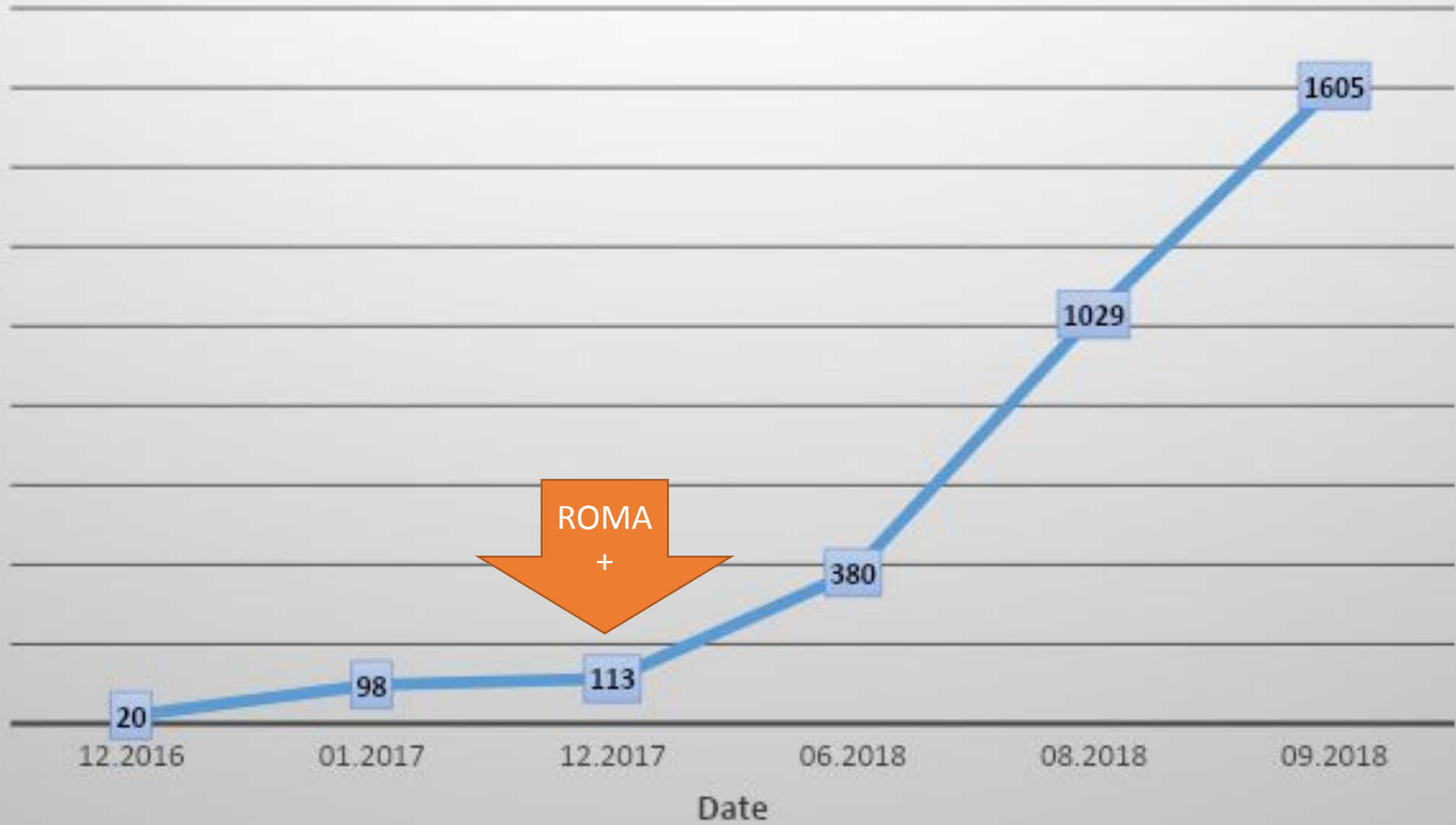
steroids iv in high doses

Course of a disease

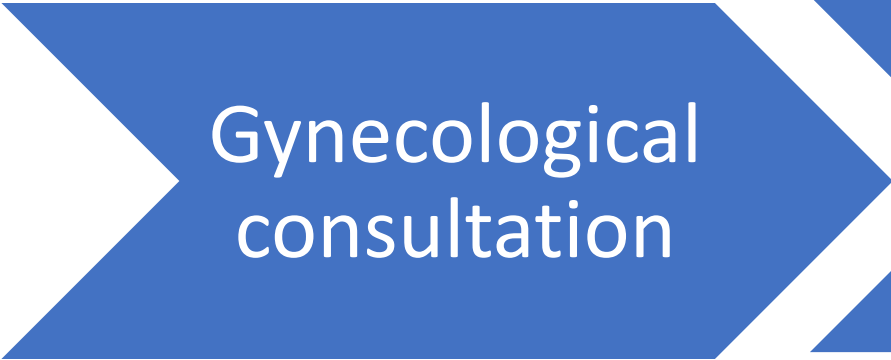
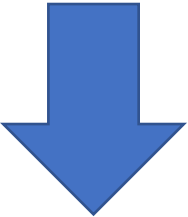
2017

- CA-125 value increased, test ROMA +
- USG: thickening of endometrium
- ↑ Aldolase
- Autoantibodies -

CAE 125 change



Increased CA-125 value



Diagnostic laparoscopy

2018

- Laparoscopic removal of both fallopian tubes and right ovary
- **Low differentiated serous cancer infiltrating parts of fallopian tube, connective tissue and surrounding fatty tissue** was discovered

SEROUS FALLOPIAN TUBE CANCER



DECISION ABOUT
COMPLETE REMOVAL OF REPRODUCTIVE ORGANS

CONCLUSION

- Dermatomyositis can be a risk factor of carcinogenesis
- It is important to pay attention to possibility of cancer development
- Patients should be under careful medical supervision

Bibliography

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