

# HOSPITAL PHYSICIAN®

## RHEUMATOLOGY BOARD REVIEW MANUAL

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## Inflammatory Muscle Disease

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**Cover Illustration by Scott Thorn Barrows, CMI, FAMI**

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### Inflammatory Muscle Disease

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#### INTRODUCTION

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Muscle weakness is a common complaint encountered by both general practitioners and rheumatologists. Inflammatory myopathies are the most clinically significant diseases that can result in muscle weakness. Like other connective tissue diseases, the inflammatory myopathies are not common, having an annual incidence of about 5 to 10 cases per million; however, as in other systemic tissue diseases, they can result in considerable morbidity and even mortality if unrecognized and untreated. Making a definitive diagnosis is critical because therapies for inflammatory myopathies, which include high-dose steroids in the majority of patients and, less often, immunosuppressive and cytotoxic drugs, can cause significant complications. This manual reviews the presentation, diagnosis, and treatment of the most important inflammatory myopathies—polymyositis, dermatomyositis, and inclusion body myositis.

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#### POLYMYOSITIS

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##### INITIAL PRESENTATION

A 61-year-old white woman presents to her primary care physician with a 3-month history of worsening fatigue.

##### HISTORY

The patient reports that her strength has decreased over the past several months, making it difficult to stay active. She notes particular difficulty walking up steps, rising from a chair, and exiting from her car. She is exhausted each morning after fixing her hair. The patient reports having mild myalgias but says the weakness has predominated. She has noticed some diffuse hair thinning and intolerance to the cold but denies having

fever, chills or sweats, rashes, photosensitivity, Raynaud's phenomenon, serositis, oral ulcers, or eye problems. She has not eaten raw meat. There is no family history of muscle disease or autoimmune disease. The patient has been on colchicine for gout for about 10 years and was started on lovastatin for hypercholesterolemia 6 months ago. She takes no other medications, either prescription or over-the-counter.

##### PHYSICAL EXAMINATION

On physical examination, the patient's appearance is that of a middle-aged woman. Skin examination is unremarkable, with no rash, papules, or nodules. There is no thyromegaly. Cardiopulmonary examination is notable only for dry crackles at the lung bases. Muscle examination reveals mild tenderness in the deltoid region bilaterally. There is dramatic weakness in the pelvic and shoulder girdle (3-4/5), with 5/5 strength elsewhere. The patient must use her arms to push up in order to rise from a chair. Neurologic examination is otherwise unremarkable.

- **What diagnoses should be considered in this patient?**
- **What are the most common medications known to cause myopathy?**

##### DISCUSSION

###### Differential Diagnosis

The causes of muscle pain and weakness are numerous. In evaluating a patient presenting with these symptoms, consideration must be given to inflammatory myopathies, neuropathies, drug- or toxin-induced myopathies, infections, metabolic conditions, trauma, and intrinsic muscle disease (**Table 1**). Given the breadth of this differential diagnosis, a thorough history is paramount, particularly a detailed medication history that includes both prescription and nonprescription drug use. In this case, the patient's history of diffuse hair thinning and cold intolerance suggests hypothyroidism as a possible etiology. In addition, she is taking lovastatin and