Dermatomyositis (DM)
In Focus

- Dermatomyositis (DM), one of the Idiopathic Inflammatory Myopathies (IIM), is a rare, systemic autoimmune muscle ***and*** skin disease that typically occurs in adults over age 20, many 40-60 years old, and children ages 5-15 (Juvenile Dermatomyositis). The cause of DM is unclear and there is no cure.
- DM affects twice as many women as men and is more common in African Americans, who are, according to some studies, affected at three-times the rate of the Caucasian population in the U.S.
- DM causes symmetrical weakness in muscles closest to the trunk (proximal) such as hips, neck, shoulders, upper arms, and thighs and can develop over days, weeks, or months. Muscle weakness can cause difficulty getting out of a chair, raising arms over the head, combing hair, lifting, brushing teeth, walking, and other activities. Muscle weakness and muscle findings may not be present for some with DM. ***See Clinically Amyopathic Dermatomyositis (CADM) for more***
- Skin findings of DM may include rashes that may go unnoticed with darker skin tones, violet (heliotrope) rash on the face, neck, forearms, upper chest (V-sign across the front of the chest and Shawl sign across the shoulders and upper back) and other areas of the body. Mechanic's hands, Gottron's Papules or Gottron's Sign, ulcers, calcinosis, and heliotrope rash on eyelids, with or without swelling. Intense itching and photosensitivity are common, as is scalp inflammation and thinning of the hair. ***See Dermatomyositis and the Skin for more***
- Other symptoms may include debilitating fatigue, joint pain, weight loss, fevers, trouble swallowing, Raynaud's phenomenon, nonerosive inflammatory polyarthritis, and muscle pain. DM may affect other organs of the body such as the heart and lungs.
- Risk of an associated cancer is higher in patients with DM and is for 5 years pre-and-post disease onset and DM can be present as a part of Antisynthetase Syndrome and Mixed Connective Tissue Disease.
- Diagnosing DM can be difficult and can take months or years. Patient history, skin exam, Myositis-Specific antibodies (MSA), Myositis-Associated antibodies (MAA), other labs (muscle enzymes, inflammatory, autoimmune, and cancer markers, and other antibodies), MRI, EMG, nerve conduction studies, cancer screenings, and skin and muscle biopsies can assist in the diagnosis. Some lack typical findings of DM, making it more difficult for the diagnosis to come into focus.
- Sun avoidance, sunscreen, and UVA and physical sun blockers are recommended. Approved treatments for DM include topical, oral, and IV steroids, which are not recommended for long-term use. Off-label use of other medications may be successful including antimalarials, immunosuppressive agents, chemotherapy medications, and infusion therapies such as Immunoglobulin (Ig) and monoclonal antibodies (rituximab). These may cause harsh side effects and a weakened immune system.
- DM patients may use assistive devices for mobility, such as a cane, walker, rollator, or wheelchair, either for short periods, such as during flares or for long-term muscle weakness or damage. DM patients with lung involvement such as Interstitial Lung Disease may require the use of oxygen. Physical therapy and exercise are recommended for DM patients and all myositis patients.

Some DM patients may not look sick (invisible illness) and appear able-bodied, while others may be covered with itchy, uncomfortable pink-red-violet skin rashes and require assistive devices for mobility. You may see some wearing long-sleeves, hats, and gloves, even in hot weather, to protect them from the sun. Each patient is very different. With all the difficulties in the diagnostic process and living with this disease, the journey takes a toll on patients and families alike. Look closer and put #MyositisInFocus and learn more about Dermatomyositis at www.UnderstandingMyositis.org/dm