Box 1 Common Causes of Myopathy

Acquired Myopathies

Inflammatory Myopathy
Polymyositis
Dermatomyositis
Inclusion body myositis

Infection
Viral infections (HIV, influenza virus, Epstein-Barr virus)
Bacterial pyomyositis (*Staphylococcus aureus* and streptococci are common organisms)
Spirochete (Lyme disease)
Parasitic infections such as trichinosis

Toxic Myopathy
Medications
- Steroids
- Cholesterol-lowering medications: statins, fibrates, niacin, & ezetimibe
- Propofol
- Amiodarone
- Colchicine
- Chloroquine
- Antivirals and protease inhibitors
- Omeprazole
- Tryptophan

Toxins
- Alcohol
- Toluene

Myopathy Associated with Systemic Diseases
Endocrine disorders
- Thyroid
- Parathyroid
- Pituitary or adrenal dysfunction

Systemic inflammatory diseases
- Systemic lupus erythematosus
- Rheumatoid arthritis
- Scleroderma
- Sjögren's syndrome
- Mixed connective disease
- Sarcoidosis

Electrolyte imbalance
- Potassium or magnesium abnormalities
- Hypophosphatemia

Critical illness myopathy
- Nondepolarizing neuromuscular blocking agents
- Steroids

Amyloid myopathy
- Primary amyloidosis
- Familial amyloidosis (TTR mutation)

Inherited Myopathies

Muscular Dystrophy

Dystrophinopathy (Duchenne muscular dystrophy,Becker muscular dystrophy)
Myotonic dystrophy 1 and 2
Facioscapulohumeral muscular dystrophy
Oculopharyngeal muscular dystrophy
Limb girdle muscular dystrophy

Congenital Myopathy

Nemaline myopathy
Central core myopathy

Metabolic Myopathy

Acid maltase or acid alpha-1,4-glucosidase deficiency (Pompe's disease)
Glycogen storage disorders 3-11
Carnitine deficiency
Fatty acid oxidation defects
Carnitine palmitoyl transferase deficiency

Mitochondrial Myopathy

Myoclonic epilepsy and ragged red fibers (MERRF)
Mitochondrial myopathy, lactic acidosis, and strokes (MELAS)
Mitochondrial neurogastrointestinal encephalomyopathy (MNGIE)
Progressive external ophthalmoplegia (PEO)

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