ANTI-MDA5 DERMATOMYOSITIS OF THE ELDERLY ASSOCIATED WITH CANCER

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Introduction

Dermatomyositis (DM) is an autoimmune connective tissue disorder, characterized by cutaneous and muscular involvement, more or less associated with other articular or pulmonary disorders. A specific antibody is found in 50 to 70% of cases. Ac Anti-MDA5 is a specific Ac of a particular form characterized by cutaneous, articular, pulmonary involvement, which conditions the prognosis, and a muscular involvement which is rarely present.

Observation

We present the case of an 80-year-old patient, diabetic and coronary, admitted in September 2018 for redness of the face, especially periorbital with moderate muscular weakness. The diagnosis of dermatomyositis has been suspected.

Interrogation : notion of dysphagia with solids without road pits, a weight loss and a dyspnea with the effort. . Il rapporte la notion de dysurie et d'impériosités mictionnelles sans brulures. He reports the notion of dysuria and urinary urgency without burns

Clinical examination: preserved general state .he had no fever.

He had crackles at the level of the two bases,

cardiovascular examination : without anomalies.

Skin examination : periorbital erythema with edema and crustal lesion (Figure 2) , erythema of the neck and scalp, ulcerated lesions in the elbows) (Figure 1) , painful and ulcerated periungual erythema and indurated nodules next to the extension face of the phalanges.

There was a discreet muscle deficit of both belts with difficulty with activities such as rising from a chair, limitation of passive mobilization of the wrists and elbows without arthritis. The rest of the exam was not peculiar.

In biology : it had a sedimentation rate of 40 mm / sec, CPK elevated to 2 * normal.

Tumor marker assay showed an elevation of PSA to 26 ng / ml. The autoimmune balance showed positive ANA at 1/320 with positive anti-MDA Antibodies.

EMG : EMG showed myogenic involvement of the four members of the DM. Thorax radiography and respiratory functional exploration were normal

Chest X ray and respiratory functional exploration : were normal

Thoracic computed tomography (CT) : reported pulmonary involvement as part of the Anti-MDA5 DM. (figure 4)

Abdominal ultrasound : revealed an enlarged prostate.

Prostate biopsy : confirmed prostatic adenocarcinoma.

Treatement and evolution

In the hypothesis of dermatomyositis, oral corticosteroid treatment (1 mg / kg / day) was started with an improvement of the dermatological lesions. In the presence of swallowing disorders, the patient received solumedrol at a dose of 1 g / day for three days succeeded by maintenance dose of solumedrol at a dose of 1 mg/Kg / day.

The patients' clinical response was not favorable and he presented a rapid alteration of the respiratory stat over two weeks. The patient was died with an acute respiratory distress

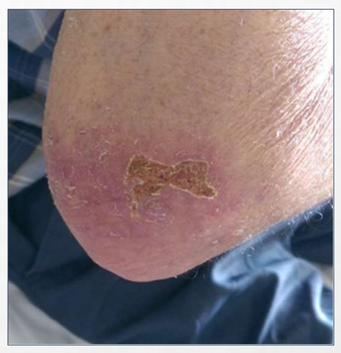

Figure 1: ulcerated psoriasiform lesion of the elbow

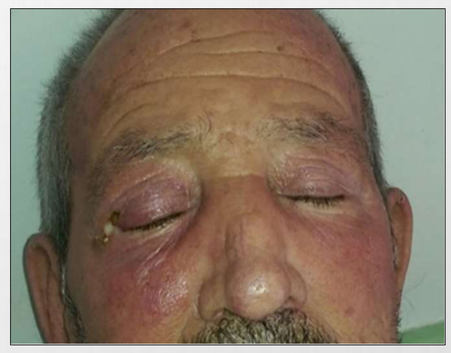

Figure 2: : periorbital erythema

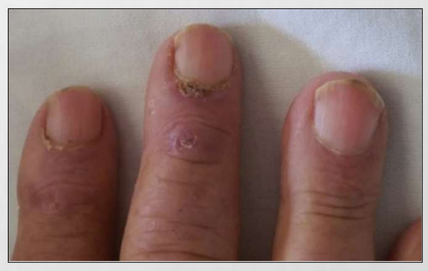

Figure 3: ulcerated periungual erythema

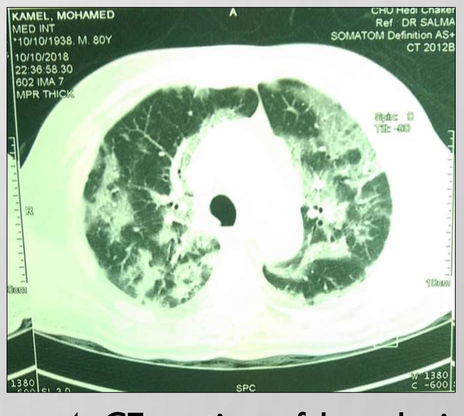

Figure 4: CT section of lung lesionss

Discussion

Our patient presents a typical form of this dermatomyositis, namely a severe cutaneous involvement and moderate muscular involvement. The pulmonary involvement was subsequently confirmed in our patient which conditioned the prognosis and was the cause of death. This damage is reported in the literature as an evolutionary turning point of the disease. Caner association is unusual in this form of dermatomyositis. Prostate cancer was confirmed in this patient, which led us to search for anti-TIF1-γ antibody, as specific one of cancer-associated DM, which came back negative.

Conclusion

This observation encourages clinicians to think of this diagnosis in the face of a typical cutaneous involvement and a moderate muscular involvement which is inconstant and to look for pulmonary involvement which will condition the prognosis. The diagnosis must be made quickly in order to start treatment as soon as possible. Despite its reassuring immunological profile, the patient presented an authentic DM associated with cancer hence the need to look for occult neoplasia when discovering this form of DM.