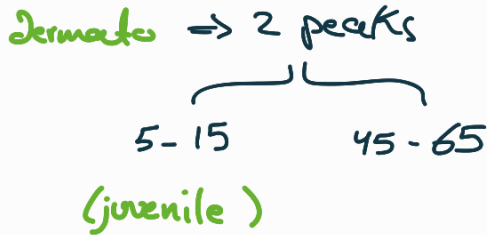
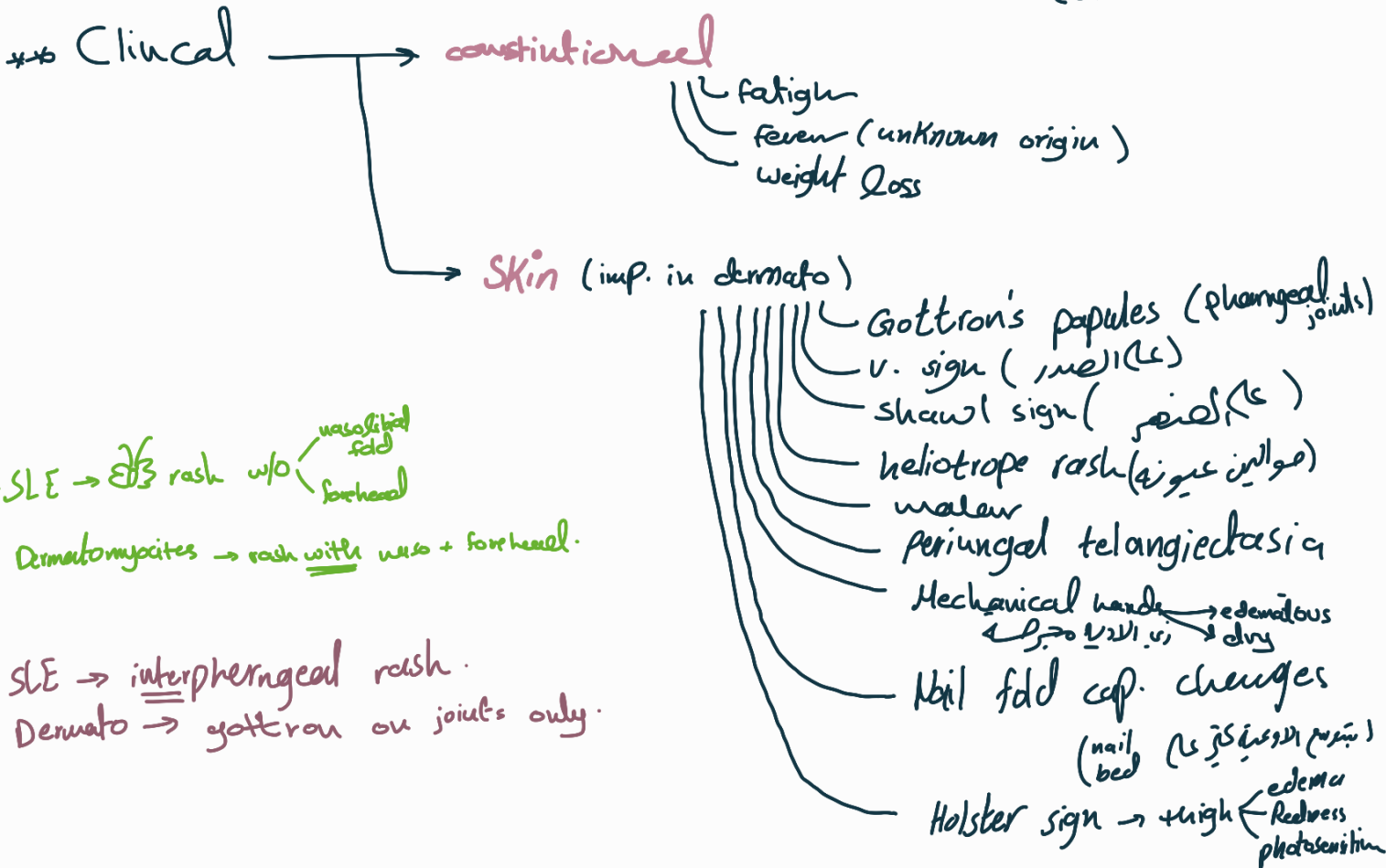
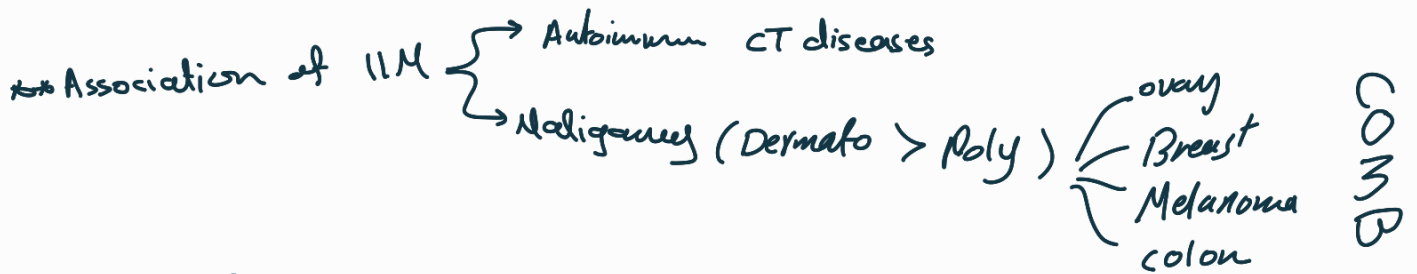


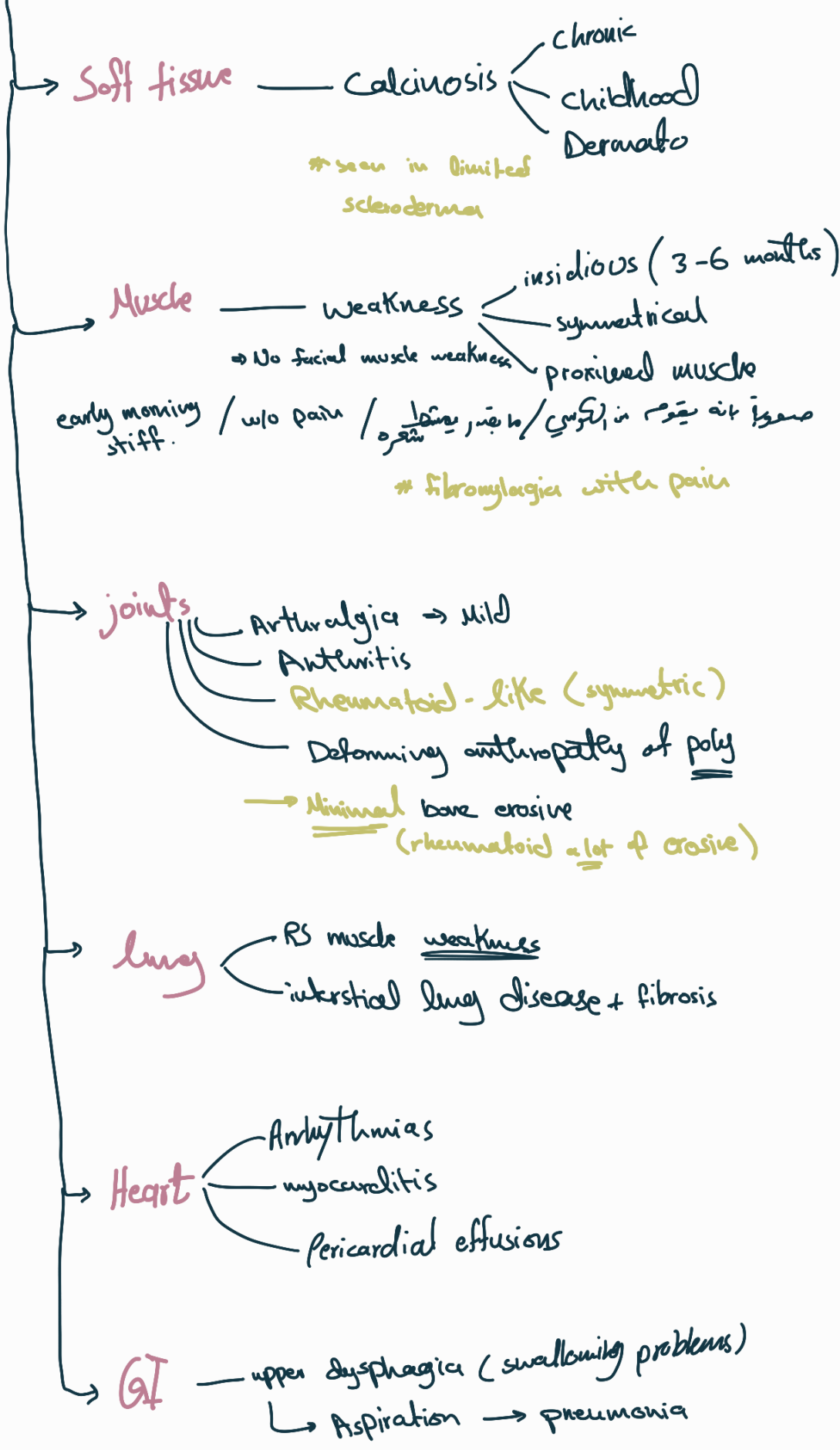
▶ idiopathic inflammatory myopathies :

- Rare
- More common : Polymyositis > Dermatomyositis
- Association with other immune disease
- F > M
- 4X Blacks > Caucasians
- age **polymyositis** → 50-60



- **Inclusion body myositis** age ⇒ >50





Soft tissue

Calcinosis

- Chronic
- Childhood
- Dermato

* seen in limited scleroderma

Muscle

Weakness

insidious (3-6 months)

symmetrical

proximal muscle

→ No facial muscle weakness

early morning stiff.

/ w/o pain

لا يوجد آلام / لا يوجد آلام في الصباح الباكر

لا يوجد آلام في الصباح الباكر

* fibromyalgia with pain

joints

Arthralgia → mild

Arthritis

Rheumatoid-like (symmetric)

Deforming arthropathy of poly

→ Minimal bone erosive

(rheumatoid = lot of erosive)

lung

RS muscle weakness

interstitial lung disease + fibrosis

Heart

Arrhythmias

myocarditis

pericardial effusions

GI

upper dysphagia (swallowing problems)

↳ Aspiration → pneumonia

* Diagnosis

- ✓ muscle enzymes
 - CK
 - AST
 - ALT
 - LDH
 - Aldolase
- ✓ EMG
- ✓ muscle biopsy
- ✓ Autoantibodies
 - Jo-1
 - Mi-2
 - SRP
- ✓ MRI

↑ CK → more inflammation
↑ Jo-1 → more "
⊗ ESR/CRP → not correlate with disease activity

Myositis - specific antibodies :-

- Anti-synthetase : Jo-1
- SRP
- Mi2

1 Anti-synthetase syndrome

Poly & Dermar have abs to tRNA synthetase Jo-1.
→ Respond well to treatment

✓ interstitial lung disease

✓ Mechanical hands

✓ Arthritis

✓ Raynaud

✓ Fever

2 Anti-SRP

→ resistant to treatment.

✓ polymyositis

✓ cardiac

3 Anti-Mi2

→ good prognosis

Derma with U sign or shawell sign

Pathogenesis

** Poly:- **Cell mediated**
cellular immune attack (T-cells) Attack muscle fibers
=> endomysial area abundant C8 + T-cell
(around muscle fibers)

** Dermatomyositis:- **Humoral**

B-cell & CD4+ T-helper cell infiltrate in perifascicular area.
(Atrophy of fibers)
↓
(perimysial)

** Inclusion body myositis

- Age > 50
- M > F (2-3 folds)
- Distal weakness

- Microscope:- vacuoles rimmed by basophilic material
(+) eosinophilic cytoplasm => Trichrome stain
(+) nuclear inclusions

- Radiology:-

MRI (STIR technique)

inflammation => white bright -

*to Overlap syndromes

- Inflammatory myopathies \pm CT diseases

- Derm + Systemic sclerosis

Derm + systemic S

have

(L) Anti-poly/scl ab

sclerotic thickening of dermis

contractures

esp hypo-motility

microangiopathy

Ca²⁺ deposits

- treatment \Rightarrow ① corticosteroids

② immunosuppressive agents, if

*to 18 - 24
month
duration
of treatment

fail to respond to high dose

persistent disease despite treat

inability to taper the steroid w/o recurrence

severe steroid side effects

*to Cancer screening >50

- CXR

- CT

- Mammogram

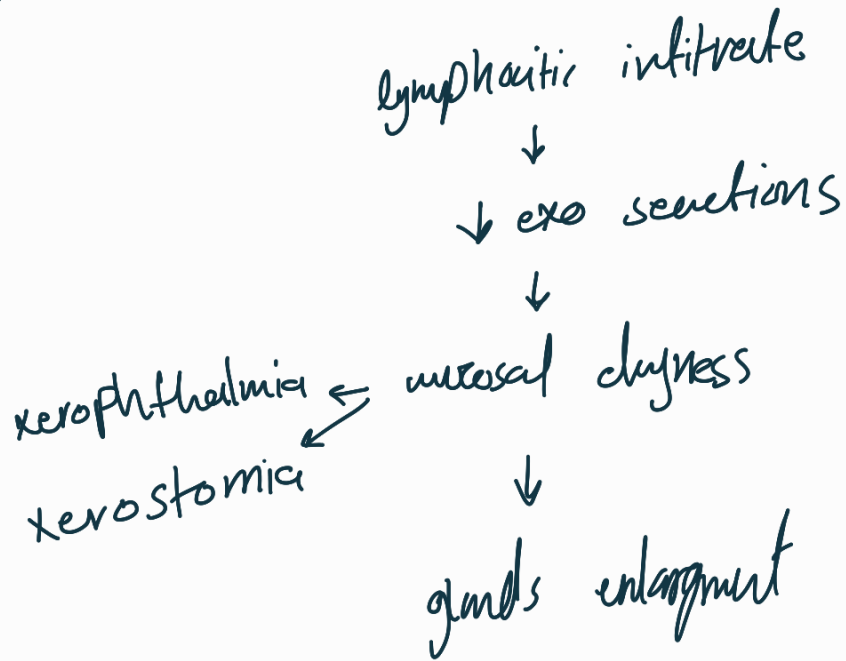
- Testicular exam

- fecal occult blood

- scopes

* Sjogren syndrome

- inflammatory autoimmune affect exocrine gland



- Auto Ab { Anti-Ro/SS-A
 Anti-La/SS-B

* Non erosive polyarthriti & Raynaud phenomenon

* extra-glandular { vasculitis
 peri-neuropathy
 glomerulonephritis

* ↑ risk of lymphoma

do Treatment { sugar-free flavored lozenges
 ⊗ dry food / smoking / drugs anti cholinergic
 oral hygiene
 pilocarpine
 nutritional tears
 hydroxychloroquine for joint pain