Clinical Vignette

Subcutaneous lesions in dermatomyositis

A 38-yr-old woman with a longstanding dermatomyositis since 1992, in clinical remission for the last 5 yr, presented to our outpatient rheumatology clinic because of back pain and low-grade fever. The current treatment consisted of methotrexate (15 mg/week) and prednisolone 5 mg every other day. Physical examination revealed a temperature of 38°C, with normal vital signs and normal muscle strength. Skin examination revealed extensive subcutaneous lesions with tenderness and swelling involving the lateral areas of the back. A plain radiograph of the pelvis revealed the presence of subcutaneous calcifications, which were confirmed by a computed tomography scan. Chest radiograph and purified protein derivative skin test were negative. Routine laboratory tests, liver and muscle enzymes, and kidney function tests were within normal limits. The urine analysis was normal. Repeated blood and urine cultures were negative, while the C-reactive protein was 12 mg/l (normal value <6 mg/l). The dose of prednisolone was increased to 30 mg/day and after 10 days of treatment the subcutaneous lesions gradually improved and became softer without swelling and tenderness. One month later the patient was asymptomatic, the subcutaneous lesions were palpable and foci of calcinosis were present without signs of inflammation. The dose of prednisolone was tapered, and colchicine was added [1].

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