Key Points to Inflammatory Myopathies

- Three Main Types: Polymyositis, Dermatomyositis, Inclusion Body Myositis
  - PM is a diagnosis of exclusion and very rare
  - Rash+muscle weakness is likely DM; 15% associated w/ malignancy
  - IBM differs by onset (more gradual) and muscle biopsy
- Classic presentation of gradual, proximal muscle weakness without pain
  - More likely in middle aged adults; women slightly more favored
- Elevated muscle enzymes, LDH, transaminases
- Rhabdomyolysis in these conditions rarely affects kidneys
- Can present as pulmonary or cardiac emergency
- Gold standard for diagnosis is muscle biopsy
- Treatment is glucocorticoids
- Must evaluate pulmonary, cardiac, and esophageal function
- Evaluate for connective tissue diseases, retroviruses, malignancy
- Disposition depends on severity of disease. Long term follow up essential

Myopathies

- Muscle weakness, +/- pain, +/-atrophy, intact sensation and reflexes, elevated CK
- DDx: Electrolyte abnormalities, endocrine disorders, drug-induced, mitochondrial, inherited, periodic paralysis
  - Statins, glucocorticoids, AZT, chloroquine, pencillamine
- History most useful for etiology
- Physical examination to localize lesion, associations, and r/o other neuromuscular disease

Neuromuscular Disease

- Use history and physical examination to localize lesion
  - Acuity, symmetry, generalizable, strength, tone, reflexes, sensation, patterns
- Rule out emergent conditions first and evaluate ABCs
References


