

Pictorial CME

A Rare Clinical Sign - Saviour During a Diagnostic Dilemma

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A twenty years college girl presented to PMR OPD with significant proximal muscle weakness of both upper and lower limb. She was really struggling to manage stairs and to perform overhead activities. She was absolutely fine three months back. Gradually she was suffering from pain in different large joints, fatigability and cold intolerance. At that time her Hb% - 12 gm. /dl, TC- normal range, ESR-45, TSH- 12.4 with low free T4 and free T3. She was on levothyroxine 62.5 microgram since then and her thyroid profile was normalized.

But the arthralgia and myalgia was worsening day by day. Due to moderately high CPK and suggestive electromyographic picture inflammatory proximal myositis was thought of. Prior to visit in PMR department she did not fulfil the diagnostic criteria of rheumatoid arthritis or systemic lupus erythromatoses. Her other

biochemical profile like calcium, phosphate, alkaline phosphatase, vitamin D level, sodium , potassium level were within normal range.

When she has been referred to PMR OPD due to rehabilitation of proximal muscle weakness, an interesting skin manifestation noted. Several discrete nonpruritic papular lesions were noted over the knuckle of both hands (as pictured below).

These classical Gottron's papule (infrequently seen) cleanned out the diagnoses of Dermatomyositis and Polymyosytis. Interestingly there was no Heliotrope rash present on her face. Now she is on steroid and nonpharmacological therapies of proximal muscle weakness. At this moment she is enjoying a completely independent and painfree life.



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