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Polymyositis, With Mercy On Muscles!

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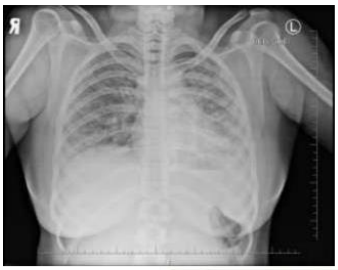
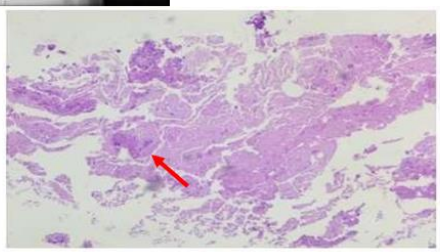
I. BACKGROUND AND OBJECTIVES

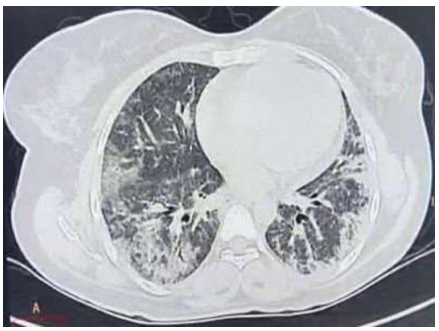
Polymyositis is a rare heterogenous group of idiopathic inflammatory myopathy that usually presents with symmetric and proximal weakness that worsens over several weeks to months. Incidence of interstitial lung disease (ILD) as a presenting feature without signs of clinical myopathy is relatively rare. Hereby we present a rare case of a young female presented with features of ILD without muscle involvement.

II. CASE REPORT

A **33 years old female** presented to the OPD with **breathlessness and dry cough** for 2 weeks. On examination patient was **tachypnoeic** with room air**saturation 90%**. On auscultation there was bilateral basal fine end inspiratory crepitations. ABG was suggestive of **type I respiratory failure**.Chest radiograph showed bilateral mid and lower zone reticulonodular opacities. CT thorax revealed bilateral multifocal airspace opacities, **peribronchovascular consolidation** and **ground glass opacities** in right middle lobe. 2D Echo showed **severe pulmonary hypertension**. In suspicion of connective tissue disorder related ILD, extractable nuclear antigen panel was sent which showed **Anti-Jo-1 and anti-Ro-52 antibodies positivity**. Muscle biopsy was also suggestive of polymyositis. Patient improved symptomatically with initiation of steroids and other supportive treatment and on follow up, there was significant improvement in diffusion capacity of lung for carbon monoxide (DLCO)







III. DISCUSSION

Polymyositis is a chronic inflammatory disorder of muscles which presents at the age of 30-60 years with female predominance. 90% patients present with muscle weakness with associated lung (72%), heart (9-72%), skin (50-60%) and joint involvement (27.5%). ILD accounts for 30-40% cases of Polymyositis with anti-Jo-1 antibodies positivity. Median time period for ILD to develop in Polymyositis is approximately 18 months in immunocompromised patients. In 7-37% cases, ILD precedes other clinical signs of Polymyositis. Likewise in our case, ILD was the primary manifestation accompanied by anti-Jo positivity and muscle biopsy indicating polymyositis without any muscle weakness.

IV. CONCLUSION

ILD with Polymyositis is a major cause of morbidity and mortality. Though our patient did not have any symptoms and signs of muscle involvement, aggressive evaluation is warranted for early diagnosis and effective treatment outcomes.

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