



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

AMYOPATHIC DERMATOMYOSITIS: REVEALING CAVUM CANCER

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Background: Dermatomyositis is of paraneoplastic origin in 25 p. 100 of cases. Nasopharyngeal cancer (NPC) is a relatively common tumor in Tunisia representing the 2nd cancer of the upper aerodigestive tract. We report a case of amyopathic DM associated with cavum cancer.

Case report: A 49-year-old man was consulting in dermatology for an itchy skin disease that had been evolving for a few months. The clinical examination revealed an oedematous purplish erythema affecting the eyelids, the face, the neck and the cleavage. On the dorsal surface of the fingers, there were erythematous papules with perionyxis. The rest of the clinical examination was normal except for several left cervical, inflammatory lymphadenopathies. The diagnosis of DM was strongly suspected. Cutaneous biopsy was compatible with DM. The muscle testing was normal. There was no biological muscle damage. Thus, the diagnosis of amyopathic DM was retained. A practiced ganglionic puncture showed metastases of undifferentiated nasopharyngeal carcinoma. A cavum biopsy concluded an undifferentiated carcinoma of the nasopharynx. Radiotherapy followed by chemotherapy was initiated. Skin lesions were treated with synthetic antimalarials and topical corticosteroids.

Key message: The NPC is the 2nd cancer in Tunisia. This tumor is responsible for various paraneoplastic manifestations. The association DM and NPC is rarer, reported mainly in regions of high endemicity of the disease. The 5 criteria proposed by Bohan and Peter for diagnosing dermatomyositis are not applicable in amyopathic DM. If DM can be paraneoplastic, it's the same for amyopathic DM. The association between amyopathic DM and cavum cancer is very rare. Indeed, in a recent review of the world literature, only seven observations were reported.

