



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

DERMATOMYOSITIS AND MALIGNANCY

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Background: The association of dermatomyositis with malignancy is well-known and according to empirical evidence accounts for around 30% of all dermatomyositis cases reported. Most commonly ovarian, lungs and urothelial-carcinomas occur in association with dermatomyositis. Therefore in every new diagnosed dermatomyositis an extensive staging should be undertaken.

Objective: A data analysis of the dermatomyositis patients in our clinic was carried out in order to evaluate the findings and compare them with the existing literature.

Methods: We investigated the cases of 14 patients with dermatomyositis (9 women/ 5 men; aged 52-91 years), reported in our clinic within the years 2011-2018. In every new diagnosed dermatomyositis a staging including the following examinations was undertaken: Abdominal- and lymph nodes-ultrasound, CT from neck to pelvis, gastro- and colonoscopy as well as specific examinations, for instance gynecological or urological, according to the patients history.

Results: In 11/14 dermatomyositis cases (79%), a malignancy was detected. 9 out of these 11 patients were diagnosed with a malignancy in the first screening or in the follow-up examinations. 2/11 patients already had an active neoplasia at the time of the diagnosis. In 2/14 patients no associated neoplasia was detected, further stagings are planned. One of the patients had a myocardial infarction after being diagnosed and passed away. The most frequently detected carcinomas were urothelial and ovarian carcinoma.

Discussion: Based on our data, the risk of malignancy in dermatomyositis in our sample was as high as 79%. Therefore an important question arises: Is the risk of a paraneoplastic dermatomyositis significantly higher than the 30% described in the existing literature? Our results highlight the importance of an extensive staging at the time of the diagnosis as well as re-stagings in order to detect an underlying neoplasia as early as possible.

