



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PARANEOPLASTIC DERMATOMYOSITIS IN A FILIPINO FEMALE WITH CERVICAL CANCER

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Background: Dermatomyositis (DM) is an autoimmune connective tissue disease with an unknown etiology. The disease involves the skin and proximal skeletal muscles and may present with or without inflammatory myopathy. Commonly observed signs of DM may include, but not limited to; heliotropic rash around the eyes, poikiloderma associated with photosensitivity, Gottron's papules found on the extensor surfaces of both hands, periungual telangiectasias and erythema of the lateral hips (Holster sign). About 20% of cases of DM may have an underlying malignancy and may be the first manifestation of a potential malignant process. In the management of DM cases, prompt work-up and multidisciplinary approach is essential.

Observation: The authors present a case of a 52-year old female presenting with 4-month history of facial flushing which also involves the sun exposed areas of the chest and back; who gradually developed proximal muscle weakness with associated skin findings such as heliotropic rash, shawl sign, Holster sign and Gottron's papules. Laboratory testing yielded elevated Anti-nuclear antibody (ANA), increased total Creatine phosphokinase (CPK), and normal creatinine kinase – MM. A 4mm skin punch biopsy was done which showed histopathologic findings consistent with DM. Subsequent evaluation and work-up ensued revealed cervical squamous cell carcinoma for which a total hysterectomy was done. Subsequently, patient had several sessions of radiotherapy and chemotherapy.

Key Message: Gradual resolution of DM symptoms were observed following treatment of cervical squamous cell carcinoma.

