



MEDICAL THERAPIES AND PHARMACOLOGY

DIGITAL NECROSIS IN DERMATOMYOSITIS: INTEREST OF INTRA VENOUS IMMUNOGLOBULINS

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Background: Skin manifestations of dermatomyositis can be disabling and resistant to immunosuppressive therapy. We describe the efficacy of immunoglobulins in 2 patients followed for dermatomyositis complicated by finger necrosis.

Observation:

CASE 1: A 20-year-old patient followed for dermatomyositis was treated with synthetic antimalarials and general corticosteroids. Para neoplastic status was negative. After 2 months of treatment, appearance of digital necrosis and ulcerations of the elbow and hands. The search for anti MDA 5 was negative. Methotrexate was associated with corticosteroids causing no improvement, the relay was taken by immunoglobulins with total healing after 3 courses.

CASE 2 : A 53 year old patient with a history of diabetes and hypertension was followed for dermatomyositis with digital necrosis and cutaneous ulcers, the search for neoplasia was negative, anti MDA 5 were positive. She received the synthetic antimalarials, general corticosteroids and methotrexate without any improvement, then immunoglobulins resulting in total healing after 4 Courses.

No side effects were reported in both patients, both patients are undergoing treatment.

Key message: The occurrence of necrotic ulcerations during dermatomyositis can be extremely painful with risk of secondary infection. They are a risk factor for underlying neoplasia; their association with anti MDA5 is frequently described in the literature.

Our 2 patients had negative neoplastic status and anti MDA5 detection was positive in one patient. In addition, these lesions are associated with increased resistance to immunosuppressive treatments, unlike immunoglobulins whose use reported in this indication is rather effective and well tolerated, the case of our 2 patients, the risk of relapse not insignificant at the end of treatment must encourage us to follow our patients closely.

Keywords: necrosis ulceration, treatment

Conflict of interest: none

