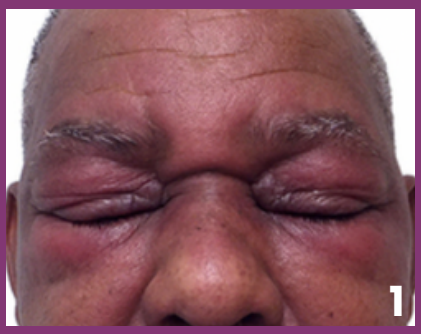
Dermatomyositis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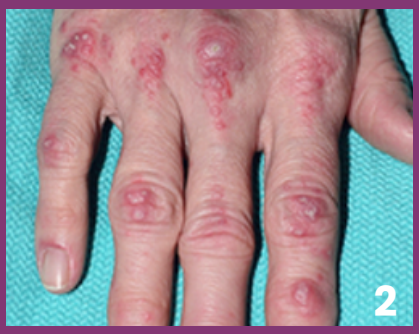
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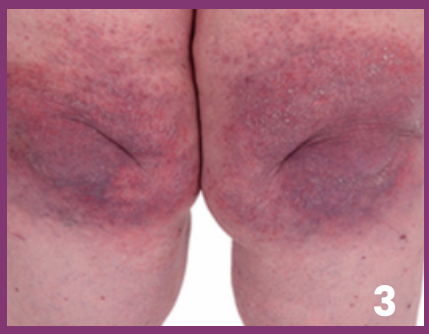
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Disease	Classic dermatomyositis (CDM)	Amyopathic dermatomyositis (ADM)	Hypomyopathic dermatomyositis (HDM)
Presentation	Progressive symmetrical proximal muscle weakness and characteristic **skin manifestations**, including: heliotrope rash (a violet discoloration of the eyelids), Gottron's papules (raised, scaly bumps over the knuckles), and photodistributed erythema or poikiloderma.	Characteristic skin findings of dermatomyositis (e.g., heliotrope rash, Gottron's papules) **without clinical muscle weakness**.	Similar skin findings as ADM, with subclinical muscle involvement detectable by laboratory tests or imaging.
Location	Proximal muscles, such as the shoulders, hips, and neck. Skin lesions are commonly found on the face, neck, chest (shawl sign), and extensor surfaces of the joints	Skin manifestations on face, neck, chest, and extensor surfaces.	Skin manifestations on the face, neck, chest, and extensor surfaces; subclinical muscle involvement.
Comorbidities	Higher risk of malignancy, particularly ovarian, breast, lung, and gastrointestinal cancers. Other comorbidities include interstitial lung disease, Raynaud phenomenon, and inflammatory arthritis	Increased risk of interstitial lung disease and malignancy.	Higher risk of interstitial lung disease and malignancy compared to ADM.

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Dermatomyositis Continued

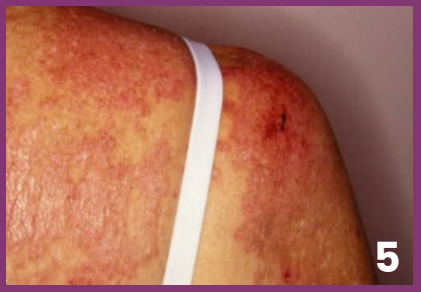
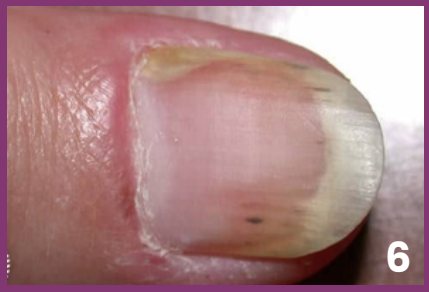
Disease	Classic dermatomyositis (CDM)	Amyopathic dermatomyositis (ADM)	Hypomyopathic dermatomyositis (HDM)
Onset	Two peaks of incidence: one in childhood (5-15 years) and another in adulthood (40-60 years). There is a female predominance.	Can occur at any age, with a higher incidence in adults.	Can occur at any age, with a higher incidence in adults.
Causes	Combination of genetic predisposition, environmental triggers (such as UV exposure and infections), and immune-mediated mechanisms (myositis-specific autoantibodies)	Likely autoimmune, with genetic and environmental factors.	Likely autoimmune, with genetic and environmental factors.
Treatments	1. **First-line treatment:** Systemic corticosteroids (e.h., prednisone) 2. **Second-line treatment:** Steroid-sparing agents (e.g., methotrexate, azathioprine, and mycophenolate mofetil) 3. **Refractory:** immunoglobulin and rituximab	1. **First-line treatment:** antimalarials (e.g., hydroxychloroquine). 2. **Refractory:** systemic corticosteroids and immunosuppressants (e.g., methotrexate, mycophenolate mofetil).	Similar to ADM, but often requires more aggressive treatment with systemic corticosteroids and immunosuppressants due to subclinical muscle involvement.
Additional Images	 4	 5	 6

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Image Citations

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