Dermatomyositis as Initial Presentation of dIMIMR Colorectal Cancer and its Treatment Dilemma

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Dermatomyositis is a rare rheumatologic condition (13:100,000 per year).

Features an erythematous rash affecting the face, upper chest and dorsal hands, accompanied by proximal muscle weakness.

Positive labs include CK, ANA, anti-RNP, TIF-1 gamma Ab, SSA-52 (Ro)

Dermatomyositis can be paraneoplastic in 7 to 32% of cases.

Associated malignancies include cervix, lung, ovary, pancreas, bladder and stomach. Colorectal cancer (CRC) is less commonly reported.

Labora or Findings

Basic work-up &

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ANA – neg (nl)

Anti-RNP Ab – 2.5 (H)

Anti-Smith Ab – <0.2 (nl)

Anti-DS-dna Ab – 1 (nl)

Anti-SSA/SSB Ab – 0.3, <0.2 (nl)

Myositis panel:

TIF-1 gamma Ab – high positive SSA-52 (Ro) (ENA) IgG Ab – 62 (H)

Case Presentation

A 75-year-old woman developed an erythematous rash of the face and bilateral hands (fig. 1 & 2). The rash was treated with courses of oral steroids by her PCP with remission each time.

After 11 months of these symptoms, the patient was hospitalized for a GI bleed. Colonoscopy revealed a 5 cm mass in the ascending colon (fig. 3). Biopsy established dMMR (DNA mismatch repair) CRC and she underwent right hemicolectomy. She was discharged with oncology follow-up for staging.







Fig. 1

Fig. 2

Fig. 3 %

Case Presentation

Dermatomyositis may be the initial presentation of an underlying malignancy and delayed surveillance results in further disease progression.

Importance of age-appropriate malignancy screening in patients with new-onset dermatomyositis

Screening for CRC or breast cancer would have been appropriate for this patient. (Her last screenings were 12 years prior to presentation.)

Work-up for dermatomyositis includes CK, ANA, anti-RNP, and myositis panelysA(p)-1.5(anel)2(ane3 BDC 0251 0729284scn7T2 1 Tf-2.541.8