A CASE OF SEVERE RECURRENT DERMATOMYOSITIS DUE TO TESTICULAR CANCER

Rubina Boparai, MD
Division of Hospital Medicine, Department of Medicine
North Shore University Hospital, Manhasset, NY

Dermatomyositis (DM) can present as a paraneoplastic syndrome associated with an underlying malignancy. Has been reported most commonly in ovarian, lung and colorectal cancers. In most cases it improves as the cancer is being treated.

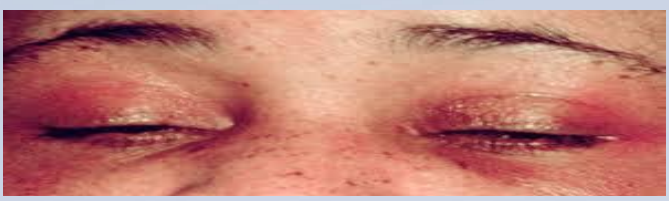
We present a case of severe recurrent DM flares that presented after successful treatment of testicular cancer with orchiectomy and chemotherapy.

A 22 year-old-male with recently treated non-seminomatous testicular cancer with right radical orchiectomy and chemotherapy was admitted with worsening facial swelling, erythema, dysphagia and hoarseness. A recent shave biopsy of his rash had shown superficial perivascular infiltrate of lymphocytes consistent with dermatomyositis.

.

Received high dose steroids and two doses of IVIG with improvement in his symptoms, discharged two days later.

Returned to the hospital after one month for another DM exacerbation characterized by significant myopathy with distal, proximal and bulbar weakness. Was unable to ambulate or swallow and was intubated for hypoxemic respiratory failure due to epistaxis. A PEG tube was placed for severe dysphagia.



Respiratory status subsequently improved and he was extubated. He was given Rituximab given frequent exacerbations, scheduled to receive regular IVIG at an outpatient infusion center. No evidence of cancer recurrence was found during admission.

Conclusions: This case highlights the importance of recognizing various temporal presentations of cancer related DM and to remain vigilant for possible DM after successful treatment of the underlying cancer.