Texas Tech MedCast Podcast Episode Fact Sheet

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<th>Podcast Series</th>
<th>Reynolds Geriatrics Series • USMLE Step 1 Prep</th>
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<tr>
<td>Episode Title</td>
<td>The Pimping Patient</td>
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<tr>
<td>Personnel</td>
<td>Jay Wofford, Giancarlo Toledanes, David Schaefer</td>
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<td>Recording Date</td>
<td>September 22, 2011</td>
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<td>USMLE Question Number:</td>
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A 62-year-old woman comes to the physician because of a 3-day history of a rash over her face and hands that has not improved with the use of skin moisturizers, antibiotic ointments, or corticosteroid cream. She has a 1-month history of progressive weakness. She has difficulty rising from a chair or reaching over her head. She has not had any pain. Vital signs are within normal limits. A photograph of the hands is shown. Muscle strength is 3/5 in the proximal upper and lower extremities. Which of the following is the most likely diagnosis?
(A) Dermatomyositis  
(B) Myasthenia gravis  
(C) Psoriasis  
(D) Systemic lupus erythematosus  
(E) Systemic sclerosis (scleroderma)
### Learning Objectives

The listener should be able to:

1. Describe the signs and symptoms of dermatomyositis.
2. Describe the cutaneous findings associated with dermatomyositis.
3. Know the appearance and description of Gottron’s papules.
4. Describe how to diagnose and treat dermatomyositis.
5. Know how to differentiate dermatomyositis from scleroderma, and myasthenia gravis.

### Key Teaching Points

Dermatomyositis (DM) is an ANA-positive autoimmune disorder characterized by progressive symmetrical proximal skeletal muscle weakness, can be associated with cutaneous findings, elevated muscle enzymes, and inflammation on muscle biopsy.

The cutaneous findings of DM include a prominent reddish-purple maculopapular rash on either the posterior shoulders and neck and upper back, anterior neck and upper chest, extensor areas of arms, or in an exposed area of the face like a malar rash.

Treatment is usually high-dose corticosteroids for several months.

Gottron’s papules are symmetric lacy pink or violaceous scaly papules or macular areas typically found on the dorsal MCP or PIP joints, elbows, knees and medial malleoli.

Scleroderma differs from DM with the absence of (or mild) muscle weakness, mild or no CK elevation, no activity on EMG, and muscle biopsy showing scleroderma vasculopathy.

Myasthenia gravis differs from DM with fluctuating weakness with repeated or sustained exertion, involvement of extraocular muscles, EMG showing abnormal decrement in repetitive nerve stimulation, and antibodies to acetylcholine.

### USMLE Test source:


### Keywords

Geriatrics, USMLE step exam, Step 2, CK, dermatomyositis, weakness, rash, periungual telangiectasias, proximal, psoriasis, lupus, myasthenia, scleroderma, muscle, Gottron, papules, erythematous, Gottron’s

### References


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Essential Evidence Plus

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