



Dermatomyositis Revealing Lung Cancer

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Dermatomyositis

51 year-old-man, without history of disease, who had smoked 40-pack years, presented ten months before his admission, with an erythematous and scaly eruption over the extensor surfaces of the metacarpophalangeal joints and digits, knees were also affected (illustration 1). The diagnosis of dermatomyositis was established after pathologic examination of muscular biopsy. Chest X-rays showed a left apical opacity. Chest and abdominal CT showed an apical lung tumor and right adrenal lesion suggestive of metastasis (Illustration 2). CT-guided biopsy of the lung lesion revealed a squamous cell carcinoma. A systemic treatment was initiated, unfortunately the patient died following a septic shock, which occurred after 2 courses of chemotherapy. Dermatomyositis may be associated with malignancies type lymphoma or melanoma in 15% of adults over 40 years, however, the association with solid tumors is rare (1-2). The histology is variable: adenocarcinoma, squamous cell carcinoma, small cell carcinoma and others (2). Cancer treatment usually leads to a regression of symptoms of dermatomyotisis but the reappearance of clinical symptoms should call for a recurrence or distant metastasis (1)

References

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Illustrations

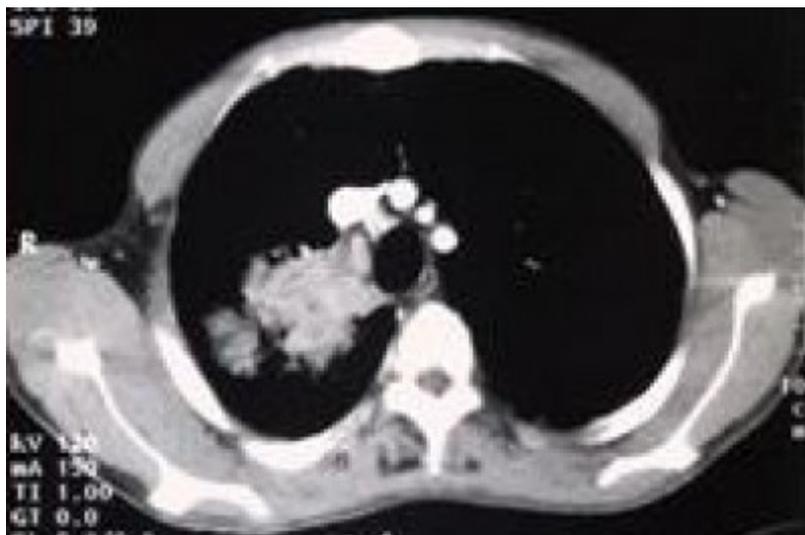
Illustration 1

Erythematous and scaly eruption over the extensor surfaces of the metacarpophalangeal joints and digits



Illustration 2

CT scan showing an apical lung tumor



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