Bilateral Ocular Myositis as a Late Complication of Dermatomyositis

PANAGIOTIS KOKOTIS, PANAGIOTIS THEODOSSIADIS, CHRISTOS BOUROS, and PETROS P. SFIKAKIS

ABSTRACT. The association of bilateral ocular myositis with primary inflammatory muscle disease is rare. We describe a 30-year-old man with a 2-month history of eyelid edema, erythema, and orbital pain, occurring in the course of previously undiagnosed and untreated dermatomyositis (DM). Although ocular myositis is a very rare manifestation of DM, it might be overlooked by clinicians who are not aware of this complication. (J Rheumatol 2005;32:379–81)

Key Indexing Terms: OCULAR MYOSITIS DERMATOMYOSITIS IMMUNOGLOBULIN THERAPY

The clinical classification of idiopathic inflammatory myopathies includes polymyositis (PM), dermatomyositis (DM), amyopathic DM, juvenile DM, myositis associated with neoplasia or with collagen vascular diseases, and inclusion body myositis. The forearm, hand, leg, and foot muscles are spared in all but 25% of cases. Ocular muscles are not affected except in the rare patient with both PM and myasthenia gravis. Although orbital myositis may be associated with several conditions, to our knowledge the association of bilateral ocular myositis with primary inflammatory muscle disease has not been reported.

CASE REPORT

A 30-year-old man presented in December 2001 with a 2-month history of eyelid edema, erythema, and orbital pain, which developed initially at the left eye and subsequently affected both eyes. Notably, his history included a 6-month period of symmetrical weakness of limb-girdle muscles occurring 7 years before, which had resolved with brief oral prednisolone treatment. In addition, he reported 2 self-limited episodes of jaw lymphatic gland swelling and low-grade fever 3 and 7 years previously, as well as non-itching erythema on his back for the last 7 years. Biopsy from the affected gland at that time disclosed some grade of immunoreaction, but no specific diagnosis had been made. His family history was unremarkable for affected gland at that time. Orbital myositis may be associated with several conditions, to our knowledge the association of bilateral ocular myositis with primary inflammatory muscle disease has not been reported.

Orbital myositis is a rare, focal inflammatory muscle disease occurring in the course of previously undiagnosed and untreated dermatomyositis (DM). Although ocular myositis is a very rare manifestation of DM, it might be overlooked by clinicians who are not aware of this complication. (J Rheumatol 2005;32:379–81)
a common feature of DM\textsuperscript{12}, as well as in the rare cases of focal myositis\textsuperscript{13}, therefore the orbital MRI findings were not unexpected. The electromyography findings of the limp muscles were not indicative for PM, but the facial muscles showed changes compatible with inflammatory muscle disease. These findings were also improved by the immunoglobulin therapy\textsuperscript{7-10}. Muscle biopsy from a muscle with no clinical or electromyography signs of inflammation disclosed mild abnormalities suggesting that a subclinical form of damage was present in more muscles. Therefore our

---

Figure 1. Orbital MRI (T1 sequence) at presentation, showing enlargement of the lateral and inferior rectus in both eyes, and the superior rectus in the left eye (A). Deterioration of both lateral rectus and the superior rectus in the left eye, and enlargement of the superior rectus in the right, are noted after 12 months of monthly IVIG therapy (B). The lack of any significant improvement in muscle size is observed after an additional 12-month period of daily methylprednisolone and weekly methotrexate therapy (C).
patient had a history of symmetrical muscle weakness and rash, as well as muscle biopsy and electromyography evidence of myositis, establishing the diagnosis of definite DM1,2.

We describe the presence of bilateral orbital myositis, occurring in the course of a previously undiagnosed and untreated dermatomyositis. Although ocular myositis is a very rare manifestation of DM4,5, it might be overlooked by clinicians who are not aware of this complication.

REFERENCES