Gastrointestinal Ulceration as a Manifestation of Severe Dermatomyositis - A Case Report

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Introduction: A 32-year-old female with a history of adult-onset dermatomyositis presented to the emergency department with symptoms of fever and altered mental status. The patient was admitted for septic shock and multi-organismal pneumonia.

Case Description: Ten months prior, the patient began having back aches, generalized myalgia, and a wide-spread rash. Three months later, a diagnosis of acute fulminant dermatomyositis was made with NXP-2, GAD-65 positivity on biopsy. Her course of illness required long-term use of systemic steroids, IVIG, methotrexate, mycophenolate mofetil, and rituximab alongside tracheostomy and PEGJ tube placement due to chronic respiratory and neuromuscular failure. With onset of melena and anemia, the patient underwent upper endoscopy. Ulceration was present throughout the esophagus, stomach and duodenum. While more profound ulceration was seen in the esophagus, two small ulcers in the duodenum containing visible, bleeding vessels required clipping. A repeat EGD under general anesthesia was completed for further evaluation and biopsy. Same-day colonoscopy was unremarkable. Esophageal and gastric biopsies revealed focal granulation tissue without evidence of malignancy, fungal elements, or viral inclusions.

Discussion: Dermatomyositis is an inflammatory condition which largely affects skin and striated muscle, commonly presenting with proximal muscle weakness. Although the etiology is unclear, an autoimmune pathogenesis has been highly implicated. Pathogenic involvement of the gastrointestinal tract is rare. When it does occur, symptoms primarily include dysphagia, reflux, and gastroparesis. We present a case of severe dermatomyositis with esophageal, gastric, and duodenal ulceration.

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