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【 PICTURES IN CLINICAL MEDICINE 】

Cancer-associated Dermatomyositis with Histiocytic Sarcoma

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Key words: anti-transcriptional intermediary factor 1-γ antibody, dermatomyositis, histiocytic sarcoma

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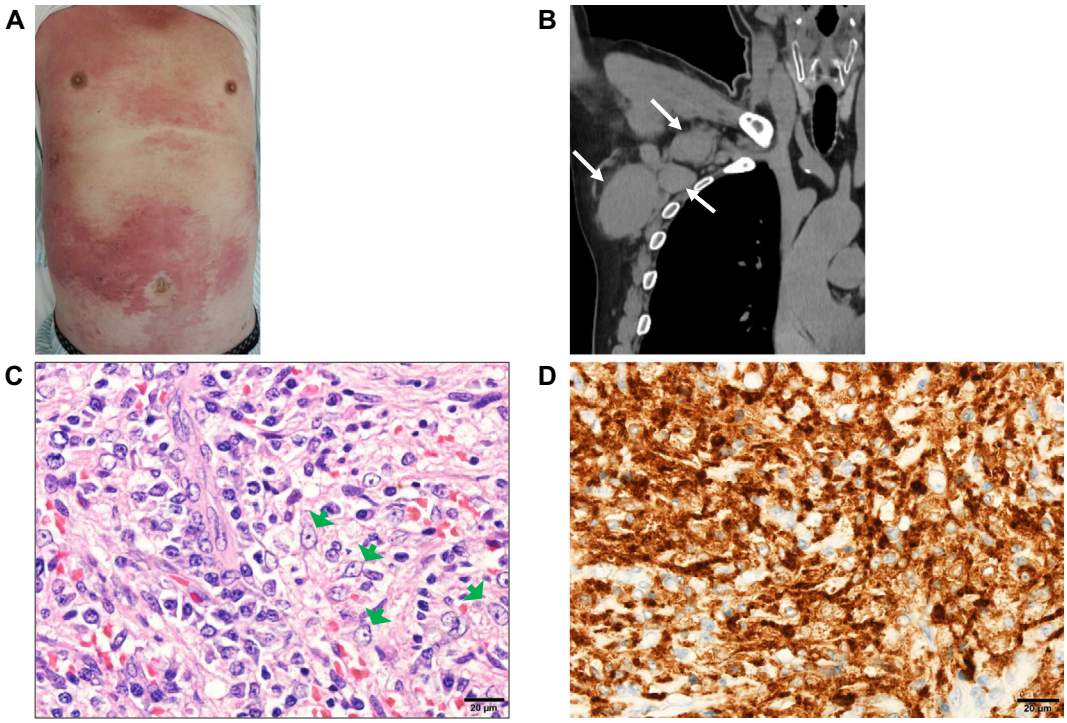

Picture.

A 67-year-old man presented with myalgia and proximal muscle weakness. We observed extensive edematous erythema on the trunk (Picture A) and Gottron's sign on the dorsum of the hands. Creatinine phosphokinase and C-reactive protein levels were elevated (887 U/L and 0.66 mg/dL, respectively). He met the Japanese criteria for the diagnosis of dermatomyositis. Anti-transcriptional intermediary factor 1-γ antibodies were positive, and cancer-associated dermatomyositis was suspected. Sagittal computed tomography revealed axillary lymph node swelling (Picture B, arrows). Histopathology of a lymph node specimen revealed abnormal cells (Picture C, arrows). Immunohistochemistry confirmed the absence of CD3, CD20, CD1a, langerin, CD 13, CD33, and myeloperoxidase as well as follicular dendritic cell markers. Neoplastic cells expressed CD163 (Picture D) and mildly expressed CD68. We therefore confirmed histiocytic sarcoma. Combination chemotherapy improved the axillary lymph node swelling with amelioration of dermatomyositis. Histiocytic sarcoma is a sporadic non-Langerhans cell disorder, and complication with dermatomyositis is rarely reported (1, 2).

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