



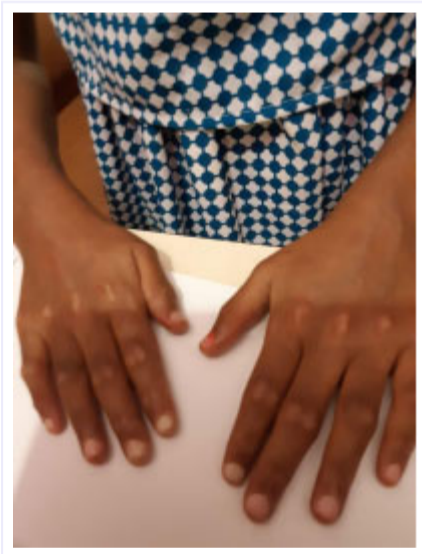
## IRA E-BULLETIN : ISSUE 2 | APRIL 2020

### STORY OF A JUVENILE SCLEROMYOSITIS

This 7-year little sweet girl came to me after several doctors had seen her but she and her mother had failed to find a solution.

She had a history of scattered polyarthritis and skin lesions over her knuckles for the last two years. She walked with a limp because of knee pain.

On examination, her skin on the face was glossy and she had somewhat puckered appearance around the mouth. No features of CREST by history or examination. She had Gottron's papules on her knuckles as shown in the picture. Her left knee joint was mildly swollen and warm indicative of synovitis. There was a mild proximal myopathy significant in lower limbs.



Investigations- CBC- N, ESR 40 mm, CRP positive. CPK level was 1850. ANA was positive by IF and Pm-ScL antibody was positive. An EMG was suggestive of inflammatory myositis and it was deemed by our team that a muscle biopsy was not going to add much to the picture except agony to the patient.

She was started on glucocorticoids which we had in mind to taper and take off within eight to ten weeks. Simultaneously, oral weekly methotrexate with folic acid supplement was initiated.

She responded well. Her joint pain went away, and GC was tapered and stopped after two months. Her skin over the face became softer and less taut. The Gottron's papules persisted but their overlying skin had also become softer.

She is doing well and has shown satisfactory growth in the last one year that I am treating. Her CPK level hovers between 250 and 350 units.

She spreads cheer around jumping noisily when she comes to my clinic and I simply feel happy watching her.



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