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REALIZAÇÃO

SPONTANEOUS PNEUMOMEDIASTINUM AND PNEUMOTHORAX: A RARE BUT POTENTIALLY LIFE-THREATENING COMPLICATION OF DERMATOMYOSITIS

Marília Bulhões Calheiros (Universidade Estadual de Campinas, Campinas, SP, Brasil), Alisson Aliel Vigano Pugliesi (Universidade Estadual de Campinas, Campinas, SP, Brasil), Vani Abreu de Souza Filho (Universidade Estadual de Campinas, Campinas, SP, Brasil), Aloma Guinami Scabora (Universidade Estadual de Campinas, Campinas, SC, Brasil), Camille Constanza Condogno Postigo Castro (Universidade Estadual de Campinas, Campinas, SP, Brasil), Lilian Tereza Lavras Costallat (Universidade Estadual de Campinas, Campinas, SP, Brasil)

BACKGROUND

The most common pulmonary manifestations of dermatomyositis (DM) are interstitial lung disease and dyspnea from myopathy of the diaphragm and thoracic muscles. However, few (but consistent) reports from the literature point to an association of the disease with the possibility of spontaneous pneumomediastinum and pneumothorax. Young age, previous use of glucocorticoid, normal or slightly elevated muscle enzymes levels and the presence of cutaneous vascular phenomena seem to be the main risk factors.

CASE REPORT

A 20-year-old male patient newly diagnosed with DM (proximal muscle weakness, CPK elevation, Gottron's papules, and compatible electromyograph). He evolved with sudden onset of dyspnea and thoracic pain; computed tomography of the chest showing left pneumothorax and adjacent pulmonary atelectasis; signs of right lung interstitial disease and pneumomediastinum (Figure 1). It was inserted a chest tube with pneumothorax resolution, and it was decided for conservative treatment of pneumomediastinum and subcutaneous emphysema (Figure 2). Considering he has already been in immunosuppressive therapy for myopathy (glucocorticoid, immunoglobulin, and azathioprine), we choose not to add another treatment in the context of acute complications.

CONCLUSION

Although rare, the potential severity of pneumomediastinum and pneumothorax should alert the rheumatologists to these possibilities in patients with DM and sudden respiratory complaint.