Pediatric Rheumatology

Poster presentation

Gastroparesis associated with Juvenile Dermatomyositis

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Background

Gastrointestinal involvement is well recognised in juvenile dermatomyositis (JDM) Dysphagia due to pharyngeal and upper oesophageal dysmotility occurs in 33% of UK patients [1]. Gastrointestinal vasculitis with ulceration and intestinal perforation is also described. There is only one previous report highlighting gastric dysmotility associated with juvenile dermatomyositis [2].

Cases

We present two cases where gastroparesis was associated with JDM and improved with immunosuppression. Clinical features and investigations are summarised in table 1.

Conclusion

Gastric dysmotility may complicate JDM. In both these cases it presented with intractable vomiting and otherwise normal gastrointestinal investigations. Neither had evidence of otherwise active JDM at the time of onset of their vomiting but both responded to immunosuppression.

References

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2. Laskin BL, Choyke P, Keenan GF, Miller FW, Rider LG: **Novel gastrointestinal tract manifestations in juvenile dermatomyositis.** *Journal of Pediatrics* 1999, **135(3):**371-374.

Table 1: Clinical features and investigations

	Case 1	Case 2
Diagnosis	Juvenile dermatomyositis with overlap features	Juvenile dermatomyositis
Age at onset of gastric dysmotility symptoms	Seventeen	Thirteen
Age at diagnosis of connective tissue disorder	Eleven	Sixteen
Features of dermatomyositis	Rash, proximal weakness, raised muscle enzymes (CK 6926 units/l, ALT 126 units/l)	Rash, muscle pain, raised muscle enzymes (ALT 143 units/l LDH 1097 units); abnormal muscle MRI
Other clinical features	Sialadenitis Pulmonary fibrosis	Polyarthritis
Gastrointestinal features	Vomiting Abdominal pain Weight loss Required NJ feeding	Recurrent vomiting and abdominal pain
Autoantibodies	ANA, 1/640 RF, Anti Ro, La, Sm, RNP positive	ANA 1/640.
Gastrointestinal investigations	Gastric emptying study grossly delayed H. Pylori negative barium normal	Normal endoscopy Coeliac screen negative H. Pylori negative
Treatment	Prednisolone Mycophenolate Mofetil, Intravenous immunoglobulin	Methotrexate
Response to treatment	Normal gastric emptying study	Reduced frequency and severity of symptoms