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Figure 1. Purple discoloration of the eyelids, accompanied by periorbital edema (heliotrope rash) and diffuse erythematous violaceous rash of the face, affecting even the nasolabial folds.



Figure 3. Violaceous plaques over the extensor aspects of the knees (Gottron's sign).

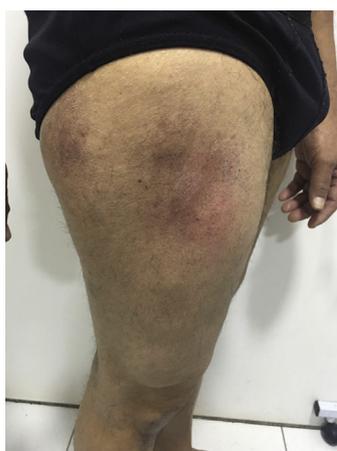


Figure 2. Macular violaceous rash over the right lateral thigh (holster sign).

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Figure 4. Flat-topped erythematous papules on the dorsa of the finger joints, occurring as linear streaking over the extensor tendon sheaths (Gottron's papules).

A 57-year-old previously healthy man presented with a 2-month history of an erythematous rash on the face, arms, and right thigh, associated with proximal muscular weakness. He also reported hematochezia. On physical examination, an erythematous to violaceous rash on the face (Figure 1), over the lateral arms, on the right thigh (Figure 2), on the knees (Figure 3), and on the metacarpal and interphalangeal joints (Figure 4) was observed. Laboratory testing results were remarkable for elevated creatine kinase level, at 2,417 U/L, and anemia (hemoglobin level 7.1 g/dL, hematocrit 26.4%); serology test results for hepatitis B (hepatitis B surface antigen and anti-hepatitis B e antigen) were positive and for hepatitis C and HIV were negative. Upper gastrointestinal endoscopy showed esophageal candidiasis and absence of hemorrhagic lesions; colonoscopy showed a stenosing hepatic lesion tumor. The tumor was excised by video laparoscopy and histopathology revealed adenocarcinoma. In tumor staging, a pulmonary metastasis was found. The patient was referred to oncology and rheumatology for follow-up.

For the diagnosis and teaching points, see page 362.

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6. Liu VX, Fielding-Singh V, Greene JD, et al. The timing of early antibiotics and hospital mortality in sepsis. *Am J Respir Crit Care Med*. 2017;196:856-863.
7. Alam N, Oskam E, Stassen PM, et al. Prehospital antibiotics in the ambulance for sepsis: a multicentre, open label, randomised trial. *Lancet Respir Med*. 2018;6:40-50.
8. Talan DA, Takhar SS, Krishnadasan A, et al. Fluoroquinolone-resistant and extended-spectrum β -lactamase-producing *Escherichia coli* in patients with pyelonephritis, United States. *Emerg Infect Dis*. 2016;22:1594-1603.
9. IDSA Sepsis Task Force. Infectious Diseases Society of America. (IDSA) position statement: why IDSA did not endorse the Surviving Sepsis Campaign guidelines. *Clin Infect Dis*. 2018;66:1631-1635.
10. Klompas M, Calandra T, Singer M. Antibiotics for sepsis—finding the equilibrium. *JAMA*. 2018;320:1433-1434.
11. Sundén-Cullberg J, Rylance R, Svefors J, et al. Fever in the emergency department predicts survival of patients with severe sepsis and septic shock admitted to the ICU. *Crit Care Med*. 2017;45:591-599.

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DIAGNOSIS:

Paraneoplastic dermatomyositis associated with colon adenocarcinoma and hepatitis B. Dermatomyositis is an uncommon autoimmune connective tissue disease that combines myopathy and distinctive cutaneous manifestations.¹ Patients usually present with progressive symmetric weakness of proximal limbs, associated with skin changes. Highly diagnostic lesions of dermatomyositis include heliotrope rash, Gottron's papules, and Gottron's sign.^{2,3} Other typical findings are holster sign, erythematous rash on the chest (V sign) and on the back of the neck and shoulders (shawl sign), and dilated and tortuous capillary loops of the nail folds, associated with thickening and roughness of the cuticles.^{1,4} These signs may alert clinicians to the presence of dermatomyositis and allow early diagnosis and treatment.

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REFERENCES

1. Bogdanov I, Kazandjieva J, Darlenski R, et al. Dermatomyositis: current concepts. *Clin Dermatol*. 2018;36:450-458.
2. Da Silva DM, Patel B, Werth VP. Dermatomyositis: a diagnostic dilemma. *J Am Acad Dermatol*. 2018;79:371-373.
3. Han J, Wang S, Kwong TNY, et al. Dermatomyositis as an extrahepatic manifestation of hepatitis B virus-related hepatocellular carcinoma: a case report and literature review. *Medicine (Baltimore)*. 2018;97:e11586.
4. Chou JW, Lin YL, Cheng KS, et al. Dermatomyositis induced by hepatitis B virus-related hepatocellular carcinoma: a case report and review of the literature. *Intern Med*. 2017;56:1831-1837.