Postpartum-Onset Dermatomyositis Presenting with Malignant Pleural Effusion: A Case Report.

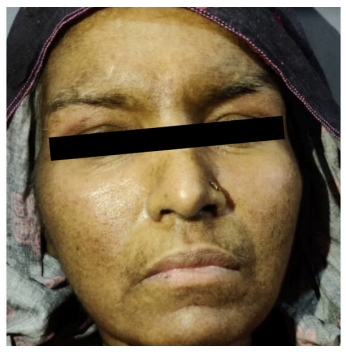
Eesha Zainab, Hamdia Gul Aslam, Ahmad Atif, Muhammad Imran
Allama Iqbal Medical College, Jinnah Hospital, Lahore.

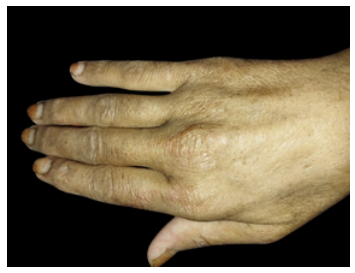
Background

- DM: Rare autoimmune myopathy (5–22/100,000).
- Postpartum DM: Very rare, maternal–fetal risk.
- Paraneoplastic: 25–32% cases; screen for cancer.
- Respiratory: Rare malignant pleural effusion.

Case Presentation

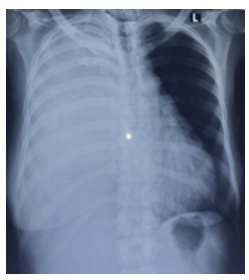
- 40-year-old, 15 days postpartum with heliotrope rash and swelling.
- Muscle weakness, dysphagia, joint pain → dermatomyositis.
- Family cancer history raised malignancy concern.

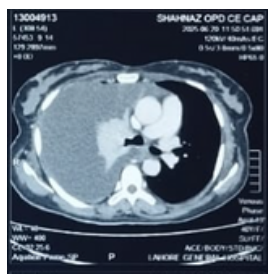




Onset of Respiratory Symptoms & Pleural Effusion

- Dyspnea, cough, weight loss developed.
- Absent right breath sounds.
- X-ray/CT: Large right pleural effusion with nodules.



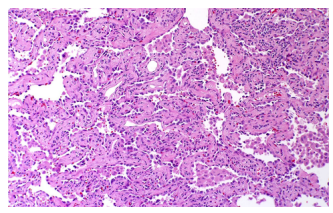


Clinical & Diagnostic Findings

- ↑ CK, LDH, aldolase.
- Autoantibodies negative.
- EMG: Proximal myopathy.
- MRI: Swollen thigh muscles polymyositis pattern.

Pleural Fluid & Biopsy

- Pleural fluid: Inflammatory, ↑cells, high protein/LDH, malignant cells.
- IHC: PAX8+, CK7+, TTF-1–, Napsin A– → gynecologic origin.
- Imaging: No primary tumor detected.



Outcomes and Limitations

- Improved with immunosuppression.
- Poor prognosis from metastasis.
- No PET-CT/staging due to constraints.

Discussion

Postpartum Trigger — Immune Modulation — **Paraneoplastic Dermatomyositis** — Occult Cancer

Case Timeline

Post-partum Onset Dermatomyositis → Malignant Pleural Effusion → Metastatic Adenocarcinoma → Gynecological Origin

Conclusion

- Rare: Postpartum DM with malignant effusion.
- Early care: Multidisciplinary approach key.

References

Williams K, Carmona-Gonzalez M. Dermatomyositis as a paraneoplastic syndrome in cases of aggressive cervical cancer.