May 16th, 1:45 PM

Dermatomyositis as Paraneoplastic Manifestation of Tonsillar Squamous Cell Carcinoma

Jatinder S. Patti
University of Massachusetts Medical School

Et al.

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

Part of the Musculoskeletal Diseases Commons, Neoplasms Commons, Nervous System Diseases Commons, Skin and Connective Tissue Diseases Commons, and the Translational Medical Research Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License. This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
DERMATOMYOSITIS AS PARANEOPLASTIC MANIFESTATION OF TONSILLAR SQUAMOUS CELL CARCINOMA

Jatinder S. Patti, MD, Kate Daniello, MD, Lan Qin, MD
Department of Neurology, University of Massachusetts Medical School

OBJECTIVE: Discussion of a rare case of dermatomyositis associated with tonsillar neoplasm in an African American woman.

BACKGROUND: Dermatomyositis is a syndrome of inflammatory myopathy with multiorgan manifestations which has been linked to immune dysregulation and neoplasia.

INTRODUCTION: Many studies have shown five to seven fold increased risk of developing malignancy with dermatomyositis within two years of presentation. Most common cancers reported are adenocarcinomas of lung, breast, ovaries, stomach, pancreas and bladder. Dermatomyositis as a paraneoplastic manifestation of tonsillar squamous cell carcinoma has not previously been described.

DESIGN: This is a case report of a 52 year old woman who presented for the evaluation of weakness, facial rash and burning pains. Diagnosis of dermatomyositis was made clinically and corroborated by EMG and muscle biopsy. She was started on prednisone but did not improve. CT chest, abdomen and pelvis along with panendoscopy was done to evaluate for malignancy. She developed swallowing problems, laryngopharyngeal reflux disease and esophageal dysmotility syndrome within 1 year of diagnosis. Approximately 1.5 years after dermatomyositis diagnosis, she developed a right sided neck mass. Biopsy of the mass found metastatic squamous cell carcinoma. Further work up revealed an ulcerating cavity under tonsillolith containing abnormal tissue and this was thought to be the primary malignancy.

RESULTS: Patient underwent right radical neck dissection and tonsillectomy followed by chemotherapy and radiation and her muscle strength, facial rash, burning pains and swallowing difficulties improved.

CONCLUSION: To our knowledge, this is the first case of dermatomyositis in the setting of tonsillar squamous cell carcinoma. High suspicion of nasopharyngeal carcinoma should be maintained in dermatomyositis patients with otherwise negative routine malignancy screening who exhibit any pharyngeal or esophageal complaints.

Contact:
Jatinder Singh Patti
Fellow, Clinical Neurophysiology
UMass Memorial Medical Center
jatinder.patti@umassmemorial.org