

Summary

Mrs S a diagnosed patient with Dermatomyositis was admitted from the routine clinic due to worsening features of proximal myopathy. This muscle weakness was not associated with speech or respiratory weakness. It affected her activities of daily living where she had to seek for assistance. She also had constitutional symptoms. Proximal muscle power was MRC grade 2/5. Distal muscle power and sensory were intact. Other systemic examination was normal. During her initial comprehensive geriatric assessment the Barthel's index was 14/20. She had high ESR and CPK. Her lung functions showed mild restrictive type lung disease. After investigating an exacerbation of proximal myopathy due to underlying Dermatomyositis was suspected and intravenous Methylprednisilone was initiated and continued for 5 days along with prednisolone and her routine medication. She showed significant improvement on discharge with a Barthel's index of 20/20.