Abstract

Adermatopathic dermatomyositis is an unusual presentation of dermatomyositis without skin involvement. It is also called Dermatomyositis Sine Dermatitis (DMSD). The diagnostic criteria are based on the proximal muscle weakness with elevated creatine phosphokinase (CPK), electromyography (EMG) changes, and muscle biopsy suggestive of dermatomyositis. In this case, a 65-year-old diagnosed patient with Diabetes Mellitus (DM) presented with both bilateral upper and lower limbs proximal muscle weakness for 2 months. There was no history of fever, skin rashes, joint pain, or constitutional symptoms. His investigations revealed that the high level of CPK and the EMG of left deltoid muscle and right quadriceps muscle showed low amplitude which was suggested myopathy. The gluteal muscle biopsy confirmed the diagnosis of dermatomyositis. The diagnosis of dermatomyositis can be considered even in the absence of skin manifestations.