Abstract

Immune mediated necrotizing myopathy (IMNM) is an autoimmunity mediated muscle disease where patients present with proximal muscle weakness, marked elevation in Creatinine phosphokinase (CPK) and muscle fiber necrosis with minimal inflammatory infiltrate in the muscle biopsy. Statin induced necrotizing myopathy is considered to be a rare variant which is newly reported in case series. (Marinos C. Dalakas, 2015) Statin induced necrotizing autoimmune myopathy (SINAM) is a type of immune mediated necrotizing myopathy (IMNM) and the disease manifestations can appear at any time following initiation of statin therapy.

Here we report a 60-year-old female with long standing diabetes and on statin therapy for the last 5 years presenting with gradually progressive generalizedbody weakness involving proximal more than distal muscle groups withassociated autonomic and bulbar involvement over 1 month duration. She wasdetected to have proximal more than distal weakness, reduced neck power andpalatal weakness. There was severe muscle tenderness with globally diminished reflexes. Evaluation suggested a mixed picture with nerve conduction studiesshowing evidence of axonal neuropathy and electromyography of myopathy. HerCPK levels were 4506 mcg/L with muscle biopsy showing necrotizing myositiswith minimal inflammatory cell infiltrate. Paraneoplastic screening, ANA wasnegative and cerebro-spinal fluid analysis did not show any protein-cellulardissociation to suggest Guillan-barre syndrome. In the Sri Lankan context, wewere unable to carry out HMG-CoA reductase antibodies, but with the exclusionof other possibilities of immune mediated necrotizing myopathy (IMNM), it wasconcluded to be a case IMNM with co-existing diabetic neuropathy. She wastreated with intravenous immunoglobulins for which she showed a poor response,but with intravenous methyl-prednisolone she showed a dramatic response withimprovement in muscle power within one day.

In patients presenting with evidence of necrotizing myopathy with autonomic andbulbar involvement with recent escalation of statin dose, it is always important toconsider statin induced IMNM, since statin has become a very common drug atuse for primaryand secondary prevention of cardiac morbidity.