

Introduction

Rhabdomyolysis is a syndrome of muscle necrosis and the release of intracellular muscle constituents into the circulation. It is characterized by myalgia, muscle weakness and red to brown urine due to myoglobinuria. The hallmark of rhabdomyolysis is elevated serum creatine kinase level. There are numerous causes for rhabdomyolysis. Here, we report a case of a 66 year old gentleman who developed rhabdomyolysis secondary to inflammatory myopathy.

Case report

A 66 year old patient with past history of type 2 diabetes mellitus, hypertension and stable chronic kidney disease presented with progressively worsening muscle pain and weakness, and dark coloured urine over 2 weeks duration. He had reduced urine output for one day's duration. Musculoskeletal and neurological examination revealed reduced muscle power in all four limbs with more proximal muscle group involvement. Muscle tenderness and reduced reflexes were present. Investigations were suggestive of rhabdomyolysis with acute kidney injury (AKI). Further evaluation revealed evidence of inflammatory myositis. He was managed with forced alkaline diuresis, hemodialysis, and other supportive management.

Conclusion

Clinicians should be aware of fatal complications and uncommon causes of rhabdomyolysis. Close monitoring and prompt supportive management should be carried out to prevent fatal complications. Thorough evaluation to identify the underlying cause should be carried out.