**Abstract**

Polymyositis (PM) is a rare idiopathic form of inflammatory myopathy with the annual incidence of 0.41 to 0.75 per 100,000 persons. Myalgia only occur in less than thirty percent of patients with polymyositis. Even though electromyography (EMG) findings are not diagnostic, characteristic EMG findings will demonstrate changes of myositis. Myositis-specific autoantibodies present in 20 to 40 percent of patients with idiopathic inflammatory myopathies (IIMs) with variation according to the sub group category. Muscle biopsy may not be necessary in every patient suspected of IIMs, if the diagnosis can be established on the basis other clinical and serological findings.

Here we present a forty-seven year old male presenting with sub-acute onset progressive symmetrical proximal muscle weakness for two weeks duration without any cutaneous manifestations and negative metabolic and malignancy screening.

Even though he had normal muscle biopsy findings and negative muscle specific antibodies, he full filled 2017 EULAR/ACR revised classification criteria for probable idiopathic inflammatory myopathy with the score of 7.6 and 75% probability and fell into the polymyositis in the subgroup classification.

So extra vigilance is necessary in diagnosing this rare form of disorder especially with the back ground of normal muscle biopsy and negative myositis specific antibodies. . Timely diagnosis and early intervention will make a favorable outcome in such individuals.