

Polymyositis and Dermatomyositis

Bohan and Peter, N Engl J Med 1975, 292:344

1. Symmetrical weakness of the limb girdle muscles and anterior neck flexors, progressing over weeks to months, with or without dysphagia or respiratory muscle involvement
2. Muscle biopsy evidence of necrosis of myofibers, phagocytosis, regeneration with basophils, large vesicular sarcolemmal nuclei, and prominent nucleoli, atrophy in a perifascicular distribution, variation in fiber size and an inflammatory exudate, often perivascular
3. Elevation in serum of skeletal-muscle enzymes, particularly the CK and often aldolase, aspartate aminotransferase (AST or SGOT), alanine aminotransferase (ALT or SGPT) and lactate dehydrogenase (LDH)
4. Electromyographic triad of short, small, polyphasic motor units, fibrillations, positive sharp waves and insertional irritability, and bizarre, high frequency repetitive discharges
5. Any one of the characteristic dermatologic features of the rash of DM

