Table 3. Dermatomyositis and Polymyositis

	Dermatomyositis	Polymyositis
Pathophysiology	Humoral attack against muscle capillaries and small arterioles.	T-cell mediated cytotoxic process against unidentified muscle antigens
Clinical presentation	• Symmetric, proximal muscle weakness • Arthralgia • Dyspnea, dysphagia, dysphonia • Arrhythmia	• Symmetric, proximal muscle weakness • No- or mild pain or muscle tenderness • Systemic symptoms
Skin findings	• Gottron's papules • Heliotrope rash	Absent
Diagnostic tests	• **Elevated creatinine kinase (CK)** • anti-Mi-2 (typical rash) • anti-MDA5 (lung disease) • anti–TIF1γ (risk for malignancy)	• Elevated CPK, aldolase • ANA • anti-Jo-1 • Leukocytosis, thrombocytosis
Muscle biopsy	• Perivascular and interfascicular inflammatory infiltrates • Perifascicular atrophy	• Intrafascicular (endomysial) mononuclear infiltrate with patchy necrosis
Treatment	• High-dose glucocorticoids **plus** glucocorticoid sparing agent • **Screening for malignancy**	• Systemic glucocorticoids • Glucocorticoid sparing agent (e.g., methotrexate, azathioprine)