Dermatomyositis Rashes in Patients of Color

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Health-care professionals have historically learned about dermatomyositis (DM) rashes from pictures illustrating mainly Caucasian patients. The paucity of dark skin in textbooks and journals has contributed to delayed diagnosis and increased morbidity and mortality in patients of color with dermatomyositis. Familiarization with the clinical appearance of dermatomyositis in darker skin is essential to decrease racial disparities in our practice.

Poikiloderma: Photosensitive erythema later develops into hypo- and hyperpigmentation with telangiectasias and skin atrophy

Facial rash: Violaceous erythema on forehead, nose and cheeks. Rash worsens with sun exposure

Scalp poikiloderma and alopecia: Initially presents with violaceous erythema and severe pruritus

Shawl and V-signs: Confluent violaceous erythema or hyperpigmentation on sun exposed areas of the upper back, anterior chest and neck

Gottron's sign: Violaceous erythema overlying extensor joints develops into hypo- and hyperpigmentation

Gottron's papules: Atrophic violaceous, hypo- or hyperpigmented papules and plaques on knuckles and extensor surfaces of fingers

Periungual telangiectasias: Dilated capillary loops with drop-out and ragged cuticles

Heliotrope: Purple or brown discoloration on eyelids and swelling around the eyes

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TMA’s Pantone Project

The skin signs of myositis can be hard to recognize in people of color. “Pantone” means “all colors” and TMA is committed to offering resources to help doctors become familiar with disease signs in skin of all colors.

References


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