

Letter to the Editor

Eosinophilic myositis can be associated with fasciitis and involvement of other organs

Josef Finsterer ^{1*}

¹Neurology Dpt., Neurology Neurophysiology Centre, Vienna, Austria.

*Corresponding author: fifigs1@yahoo.de


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We were interested to read the article by Fang Jin et al. about a 25-year-old woman who had been suffering from intermittent swelling of the right forearm for 4 years, which was accompanied by redness and resolved with glucocorticosteroids [1]. Magnetic resonance imaging of the right forearm showed a voluminous flexor pollicis longus muscle with swelling and diffuse edema involving fascia and subcutaneous fat [1]. Muscle biopsy revealed a strong inflammatory cellular infiltrate with predominantly eosinophilic cells [1]. The study is noteworthy, but several ambiguities should be addressed.

The first issue is that the cause of eosinophilic myositis was not reported [1]. Was the patient evaluated for malignancy with computed tomography of the thorax and abdomen, gastroscopy and colonoscopy, mammography and gynecologic examination, radiography of the bones, and determination of paraneoplastic antibodies?

The second point is that the results of the electrophysiological examinations were not reported [1]. Were the nerve conduction studies normal and did the needle EMG of the affected muscle show polyphasic action potentials of the motor units, spontaneous activity and a dense interference pattern even at submaximal effort?

The third point is that eosinophilic fasciitis [2] was not considered as an additional diagnosis [1]. Since the fascia was affected according to the MRI image, it would be interesting to know whether the fascia was examined histologically and whether there was evidence of eosinophilic fasciitis [2]. In rare cases, eosinophilic fasciitis can be associated with eosinophilic myositis [3].

The fourth point is that the patient has not been investigated for subclinical multisystem disease. Eosinophilic myositis may be associated with infiltration of organs other than muscle or fascia with eosinophils. Was there any evidence of eosinophilic cardiomyopathy [4]?

The fifth point is that the current medication that the index patient was taking regularly since the development of myositis four years ago was not reported [1]. Knowing the full medication list is crucial as some medications have been reported to trigger eosinophilic myositis [5]. These include statins such as atorvastatin, lovastatin and simvastatin, as well as zidovudine (an antiretroviral agent for HIV/AIDS) [5].

In summary, the study has limitations that put the results and their interpretation into perspective. Removing these limitations could strengthen the conclusions and reinforce the study's message.

Declarations

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