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Clinical case of paraneoplastic syndrome

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Aim. Studying of the clinical course of secondary (paraneoplastic) dermatomyositis, (DM) as manifestation of cervical cancer.

Materials and methods. The patient was cared for inpatient treatment in the rheumatology department of the Kharkov Regional Clinical Hospital (RCH).

Results. Patient K., 53 y.o., was admitted to RCH on 5.10.17 with complaints on sharp weakness and expressed restriction of movements in the upper and lower extremities; weakness in the neck muscles; pain in the muscles of the shoulder girdle, thighs; swelling of the hands, forearms; rashes in the face, décollete zone; inability to swallow food (including liquid); saliva swelling; hoarseness; cough; increased hair loss; occasional ulcerative rashes in the mouth; feeling of lack of air developing in a horizontal position; weight loss of 8 kg in the last 4 months. From the anamnesis of the disease it is known that she considers herself to be sick from 24.08.2017, than rashes appeared in the décolletage area after the insolation, body temperature increased into 37.7 C. She was consulted by dermatologist and allergic dermatitis was diagnosed. The symptoms of dermatitis regressed by taking of dexamethasone 4 mg im and rheosorbilact. After stop treatment the pain, densities and progressive weakness in the proximal parts of the hands, legs, a swallowing disorder appeared. She was directed to the dermatomyositis was suspected (KFK 7787 U/1). The Cervical cancer (T1vNxM0 (1st century) II clino group) was diagnosed in Clinical hospital No. 28 and patient was transferred to the Kharkiv regional oncology center, but specific treatment there was not performed because the patient's condition was severe due to manifestations of dermatomyositis. The patient was directed to a rheumatology department RCH. There Cervical cancer, T1v,NxMx (Ict), II clinical group. Intoxication syndrome. Secondary (paraneoplastic) DM, acute course, active phase, activity 3 stage with defeat: skin - erythema in the forehead, hyperpigmentation of the décollete zone, Livedo reticularis

in the thighs, muscles of the upper and lower extremities, JFD III stage; muscles of the digestive system - dysphagia, violation of the act of swallowing. Hemorrhagic syndrome: vasculopathy, macrohematuria, metrorrhagia were diagnosed. Pathogenetic and symptomatic therapy was provided, unfortunately, without significant effect. The patient was transferred to Emergency care department, but the condition progressively worsened, hemorrhagic syndrome joined. Despite the ongoing therapy, the patient died, resuscitation was ineffective.

Conclusion. Its manifestation in this case in the form of DM, on the one side, helped to find the true cause of this condition, and on the other side, the severity of the manifestations of DM led to a fatal outcome. In order to avoid negative consequences of PNS, if a tumor is detected with PNS, it should immediately, if possible, resort to radical treatment.