Baluta B. Y.

PARANEOPLASTIC MYOSITES

Kharkiv national medical university, Kharkiv, Ukraine
Neurology department

Introduction. The Idiopathic Inflammatory Myopathies (IIM) – the group of inflammatory diseases of striated muscles, the main which clinical manifestations is muscular weakness. It includes polymyositis/dermatomyositis (PM/DM); juvenile DM; myositis, associating with diseases of connecting tissue; paraneoplastic (PNP) myositis – and other nosological forms. It is considered that the frequency of identification of malignant new growths at PM/DM is about 12 times higher, than in population. Ratio of men and women is 1:1. According to literature data, it is established that the frequency of identification of a tumor at DM makes 9,4%, while at PM – 4,4%. Probability of identification of a tumor at PM/DM directly increases with age. After 50 years it reaches 71% at women and 24% at men. PNP-myositis can manifestate before emergence of local symptoms of a tumor, at the same time or after their detection. This problem is actual, in our opinion, because this pathology meets at many patients with malignant new growths, but today, many oncologists aren't inform concerning this problem and quite often neglect it. This in turn leads to deterioration of a condition and disablement, and without that, heavy patients.

Aim. Our aim is to analyze literature and clinical data concerning this disorder, and make a conclusion.

Results. PNP-myosite is included into the structure of paraneoplastic neurologic syndrome (PNS) which include, besides PNP-myositis, extensive group of neurologic violations. In the base of development of paraneoplastic damage of nervous system are immunological processes, which are provoked by existence, at tumor cells and nervous system cells, a cross reacting anti-genes. Also significant role is played by the following pathogenetic mechanisms: production by tumor biologically active substances causing toxic influence, violation of exchange processes, and also consumption by a tumor of the substances necessary for normal functioning of healthy cages. Clinical and laboratorial features of PNP-myosite. One of the most specific features of clinic of PNP-myosite is expressed and heavy current of vasculitis. Vasculitis, in turn, causes polymorphism of a skin. Also for PNP-myosite it is characteristic the development of the so-called bulbar muscular syndrome originate not at the expense of damage of cranial nerves, but directly damages of muscles. Expressiveness of muscular deficiency at PNP-myosites and other IIM is almost identical. Muscular pain at PNP-myositis has permanent character, gives in to NSAID treatment bad, and has increasing character in time that demands from doctors of various specialties of oncological suspicion. At a biochemical blood test of patients with PNP-myositis, in comparison with patients with other IIM, the maintenance of CPK, LDH, AST and ALT is lower, however ESR is, as a rule, higher. Some researchers pronounce the opinion relational a role of antibodies to a protein 155/140 as a specific marker of PNP-myosites, because it wasn't detected at patients with other IIM.

Conclusion. Summing up the aforesaid, it is possible to say that the main differences of PNP-myosites from other IIM consist, generally in laboratory indicators. Besides, data of some researches allow to discuss a role of antibodies to a protein-155/140 as specific markers of a tumoral myositis, that allows to carry out screening diagnostics. However today messages concerning this problem, aren't that's why this question needs to be additional studied.