Mrs QL

ARRM – Mat Reynolds (Middlemore)

Mrs QL

- 65F, Mandarin speaking, admitted 28.02.19-11.03.19, after referral from ADHB
- PMHx : shingles, recent dental extraction, likely OA knees.
- Presented with worsening back pain and change in posture. For 4-5 years, worsening over 6 months. Pain in shoulders, hips, knees.
- Early morning stiffness lasting up to hours.
- Associated LOW 6kg, SOB, cough.
- No alopecia, 1 mouth ulcer 1/12, no GCA Sx.

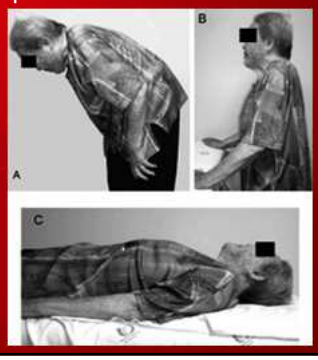
- No rashes (incl heliotrope), no Gotrons papules,
- No synovitis. Tender over T-spine and paraspinal muscles and L-spine on palpation.
- Difficulty rising with arms crossed.
- Prev seen ADHB Gen Med (03'18) for unsteadiness/poor balance
  - No falls, but 'weak all over', RUDAS 26/30
  - 'Normal power but 4+ throughout', no proximal weakness
- Saw private Ortho who recommended Rheum r'v...

- Ix:
- UEC 143 / 4.2 / 105 / Ur 5.8, Cr 55
- CK: 212 – 234 – 352 – 310 (Nov 18)
- CRP: 7 - 6
- MRI (Nov 18): incidental diffuse symmetric widespread T2 hyperintense signal of the paraspinal musculature is non-specific but raises the possibility of a myositis.

Camptocormia (bent spine syndrome)

- Forward flexion (>45º) of the spine exaggerated by standing or walking, but relieved by lying in the recumbent position (c'f kyphosis, OP, AS).
  - Weakness and atrophy of thoracic paraspinal muscles.
- 1º or 2º (neurological or muscular)
  - Neuro: PD, MND (incl ALS)
  - MSK: muscular dystrophy (incl FSHD, myotonic dys), NM disorders, IIM, drug-induced (olanzapine)
- Fx loss: driving, eye-contact, carrying objects, eating/swallowing/dyspnoea.

Camptocormia



Camptocormia-2

- Ix:
  - EMG (myopathic, myositic, neurogenic)
  - MRI (STIR for acute + T1 for atrophy, fatty degeneration)
  - Muscle Biopsy (of spine)
- Rx: treat the underlying process,
  - for PD can use botox, deep-brain stim, trans-spinal magnetic stim
  - If myositic, immunosuppress. But not IBM
  - PT: backpack, walking devices

IBM-1

- Rare. 1-70/million.
- Months-years onset, mostly commonly in 50+yo (M:F 3:1).
  - DDx: PM, DM
- Most common finger flexors and knee extensors
  - asymmetric
  - look for dysphagia (40-85%)
  - falls

IBM-2

- Investigations
  - CK (N or elevated)
  - EMG
  - Biopsy – 'rimmed vacuoles'
  - cN1A
- Treatment
  - Symptomatic
  - Steroids/anti-inflammatories, immunosuppression not effective
  - PT/OT
  - Falls prevention

IBM-2