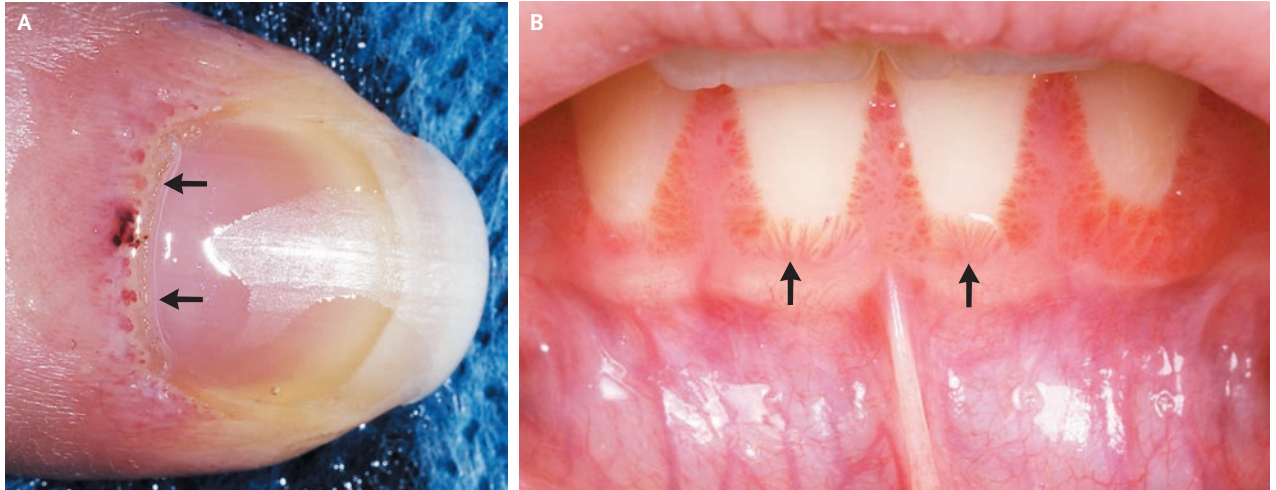


IMAGES IN CLINICAL MEDICINE

Gingival and Periungual Vasculopathy
of Juvenile Dermatomyositis

A 16-YEAR-OLD GIRL WITH LONG-STANDING JUVENILE DERMATOMYOSITIS had an illness marked by intermittent clinical flares, including increased muscle weakness, joint contractures, photosensitive rashes, and dysphagia, despite treatment with multiple immunosuppressive drugs. At presentation, Gottron's papules, a heliotrope rash, and periungual capillary changes were visible, including dilated and tortuous blood vessels with areas of atrophy, telangiectases, and bushy loop formation along the fingernail bed (Panel A, arrows). The patient reported having had bleeding gums that had not responded to traditional dental treatment. Close examination of the mouth revealed markedly dilated capillaries in the attached gingiva, with bushy loop formations that spread over the lower teeth (Panel B, arrows). These areas reflect the vasculopathy associated with dermatomyositis, particularly in its juvenile form. Periungual capillary changes have been reported frequently in patients with juvenile dermatomyositis, whereas the accompanying gingival changes are often present but not frequently recognized. Periungual capillary changes correlate with underlying disease activity, particularly in the skin, and persistent abnormalities are associated with a long course of illness.

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