

Adult Idiopathic Inflammatory Myositis Reading List

(updated in 2007 by Dr. Shirley Wang & Dr. Ira Targoff)

CLASSIFICATION

1. [Bohan A, Peter JB](#). Polymyositis and dermatomyositis (parts 1 and 2). N Engl J Med 292:344-347, and 403-407, 1975
A classic report that defined practical operational criteria and suggested the major clinical divisions still in use today.
2. [Love LA, Leff RL, Fraser DD, et al](#). A new approach to the classification of idiopathic inflammatory myopathy: myositis-specific autoantibodies. Distinct clinical features, prognoses, HLA associations, and responses define useful homogeneous patient groups. Medicine 70: 360-374, 1991
Analysis of patient subsets by the antibodies seen only in myositis patient(anti-synthetase, ant-SRP, Mi-2 antibodies). Distinct clinical features, prognoses, HLA associations, and responses to treatment suggest that these serologic groups are likely to be different diseases.
3. [Beyenburg S, Zierz S, Jerusalem F](#). Inclusion body myositis: clinical and histopathological features of 36 patients. Clin Investig 71:351-61, 1993
A study of 36 adult patients with IBM on characterization of clinical features, laboratory findings and histopathological and electrophysiological features.
4. [Tawil R, Griggs R](#). Inclusion body myositis. Curr Opin in Rheum 14:653-657, 2002
A concise summary of clinical and pathologic description of IBM as well as treatment options for IBM.
5. [Trojanov Y, Targoff Ira, et al](#). Novel classification of idiopathic inflammatory myopathies based on overlap syndrome features and autoantibodies: analysis of 100 French Canadian patients. Medicine 84:231-49, 2005
Re-examined the existing Bohan and Peter classification of idiopathic myositis and proposed the use of a new classification system utilizing autoantibodies in addition to clinical manifestations through a longitudinal study of 100 adult French Canadian patients. Focused on overlapped myositis spectrum.

PATHOGENESIS

1. [Reed AM, Yttenberg SR](#). Genetic and environmental risk factors for idiopathic inflammatory myopathies. Rheum Dis Clin North Am 28:891-916, 2002
Summary of reported genetic and environmental factors possibly disposing individuals to idiopathic inflammatory myopathies. The part on environmental risk factors is especially a good read. Included 207 references.

2. [Salomonsson S, Lundberg IE](#). Cytokines in idiopathic inflammatory myopathies. *Autoimmunity* 39(3):177-190, May 2006
A review article discussing upregulation of several cytokines found in myositis patients, including TNF alpha, IL-1, and etc. Also include a brief summary of cytokine-targeting therapy.
3. [Dorph C, Englund P, Lundberg IE](#). Signs of inflammation in both symptomatic and asymptomatic muscles from patients with polymyositis and dermatomyositis. *Ann Rheum Dis* 65:1565-71, 2006
A study of 11 patients with DM and PM to determine whether muscle weakness is correlated with inflammation and cytokine expression on muscle biopsies.
4. [O'Hanlon TP, Carrick DM, Targoff IN, et al](#), Immunogenetic risk and protective factors for the idiopathic inflammatory myopathies: distinct HLA-A,-B,-Cw,-DRB1, and -DQA1 allelic profiles distinguish European American patients with different myositis autoantibodies. *Medicine* 85:111-127, 2006
Description of immunogenetics in idiopathic inflammatory myopathies with respect to association with each disease entity and associated autoantibodies.

EXTRA-MUSCULAR MANIFESTATIONS

1. [Hirakata M and Nagai S](#): Interstitial Lung Diseases in Polymyositis and Dermatomyositis. *Curr Opin Rheum*, 12:501-508, 2000
Update on diagnosis and treatment of ILD in polymyositis and dermatomyositis.
2. [Hill CL, Zhang Y, Sigurgeirsson B, et al](#), Frequency of specific cancer types in dermatomyositis and polymyositis: a population-based study. *Lancet* 357:96-100, 2001
Retrospective study of 618 (largest yet) cases of dermatomyositis and polymyositis investigates the risk of specific cancer types in DM and PM.
3. [Buchbinder R, Forbes A, Hall S, et al](#): Incidence of Malignant Disease in Biopsy-Proven Inflammatory Myopathy. A Population-Based Cohort Study. *Ann Intern Med* 134:1087-1095, 2001.
A retrospective cohort study of 537 patients with idiopathic inflammatory myopathy. One hundred and four patients were found to have malignancy. This study shows increased risk of malignancy in dermatomyositis and polymyositis. The risk was highest in the first 3 years after diagnosis of myositis.
4. [Schnabel A, Reuter M, et al](#). Interstitial lung disease in polymyositis and dermatomyositis: clinical course and response to treatment. *Semi Arthritis and Rheum* 32:273-84, 2003
A study of 63 patients with PM/DM in which 20 of them developed ILD. Prospective follow-up in clinical, radiographic and pulmonary aspects before and after

treatments. *Progressive and Non-progressive ILD groups were characterized in this study.*

5. [Gerami P, Schope JM, et al.](#) A systematic review of adult-onset clinically amyopathic dermatomyositis (dermatomyositis sine myositis): a missing link within the spectrum of the idiopathic inflammatory myopathies. *J Am Acad Dermatol* 54:597-613, 2006
A review and analysis of world literatures regarding amyotrophic dermatomyositis in its prevalence, association with interstitial lung disease, internal malignancy and autoantibodies.

AUTOANTIBODY

1. [Brouwer R, Hengstman GJD, et al.](#) Autoantibody profiles in the sera of European patients with myositis. *Ann Rheum Dis* 60:116-23, 2001
An analysis of 417 patients with idiopathic inflammatory myositis from 11 European countries examining the prevalence and association with myositis autoantibodies.
2. [Targoff IN.](#) Laboratory testing in the diagnosis and management of idiopathic inflammatory myopathies. *Rheum Dis Clin N Am* 28:859-890, 2002
Comprehensive review on laboratory assessment of muscle injury, clinical significance of myositis-specific and myositis-associated autoantibody, HLA association and treatment response and prognoses. Includes 3-page autoantibody summary chart.
3. [Kao AH, Lacomis D, et al.](#) Anti-signal recognition particle autoantibody in patients with and patients without idiopathic inflammatory myopathy. *Arth Rheum* 50:209-15, 2004
A prospective study comparing/constrasting myositis patients with and without anti-SRP antibody in their clinical characteristics including extramuscular involvement, response to therapy and survival.
4. [Hengstman GJD, Laak HJ, et al.](#) Anti-signal recognition particle autoantibodies: marker of a necrotizing myopathy. *Ann Rheum Dis* 65:1635-38, 2006
Retrospective study of 23 patients with + anti-SRP antibody with examination on clinical course, and biopsy findings.
5. [Koenig M, Fritzler M, et al.](#) Heterogeneity of autoantibodies in 100 patients with autoimmune myositis: insights into clinical features and outcomes. *Arth Res Thera* 9:R78, 2007
A cross sectional serum study of 100 adults with idiopathic inflammatory myositis with description of prevalence and clinical characteristics with myositis autoantibodies.

DIAGNOSIS

1. [Studynkova JT, Charvat F, et al.](#) The role of MRI in the assessment of polymyositis and dermatomyositis. *Rheumatology* 46:1174-79, 2007
A study of 29 patients with idiopathic inflammatory myositis receiving MRI to demonstrate any correlation of MRI intensity and extent with disease activity. The study also compared the histologic findings before and after treatments in correspondence to MRI finding.
2. [Blijham PJ, Hengstman GJ, et al.](#) Needle electromyographic findings in 98 patients with myositis. *Eur Neurol* 55:183-188, 2006
A study of 98 patients with idiopathic inflammatory myositis whose EMG patterns were analyzed. Resulted in 87% concordance with final diagnosis of myositis.

TREATMENTS & PROGNOSIS

1. [Dalakas MC, Illa I, et al.](#) A controlled trial of high-dose intravenous immune globulin infusions as treatment for dermatomyositis. *New England J of Medicine* 329:1993-2000, 1993
A nice study looking at use of IVIgG in treatment-refractory DM patient. A double-blind placebo-controlled trial, with muscle biopsy performed before and after IVIgG infusions.
2. [Oddis CV.](#) Idiopathic inflammatory myopathy: management and prognosis. *Rheum Dis Clin N Am* 28:979-1001, 2002
A good review article summarizing IIM treatments and prognosis, giving readers a sense of how treatments have evolved over time.
3. [Oddis CV.](#) Idiopathic inflammatory myopathies: A treatment update. *Curr Rheum Rep* 5:431-436, 2003
A concise summary of current therapeutics in idiopathic inflammatory myopathies, including a section on biologic therapies. References indented for recommended reading.
4. [Levine TD.](#) Rituximab in the treatment of dermatomyositis: an open-label pilot study. *Arth Rheum* 52:601-7, 2005
Open-label uncontrolled study of 7 adult patients with DM received weekly rituximab. Muscle strength was assessed and shown to improve significantly as early as 12 weeks. All patients tolerated treatment well.
5. [Alexanderson H, Lundberg IE.](#) The role of exercise in the rehabilitation of idiopathic inflammatory myopathies. *Curr Opin Rheumatol* 17:164-171, 2005
A review article providing an update on exercise and clinical assessment in idiopathic inflammatory myopathies.

6. [Briani C, Doria A, Dalakas MC](#). Update on Idiopathic inflammatory myopathies. *Autoimmunity* 39:161-70, 2006
Review article on polymyositis, dermatomyositis and inclusion body myositis, from epidemiology to diagnoses and treatments. Included 87 references.
7. [Bronner IM, van der Meulen MFG, et al](#). Long-term outcome in polymyositis and dermatomyositis. *Ann Rheum Dis* 65:1456-61, 2006
A study of 165 patients with polymyositis or dermatomyositis to examine the prognostic outcome of the diseases. It was found to have at least 10% disease-related death, 20% remaining in remission after 5 years and anti-Jo-1 predicted persistent drug use.
8. [Mok CC, Ho LY, To CH](#). Rituximab for refractory polymyositis: an open label prospective study. *J Rheum* 34:1864-8, 2007
A study of 4 adult patients with refractory PM received 4 weekly rituximab infusions. All showed significant improvement of muscle strength and decline of CK by week 28.