中文題目：後腹腔血腫以近似皮肌炎急性惡化表現

英文題目：Retroperitoneal hematoma mimicking exacerbation of dermatomyositis

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**Case Presentation:** A 60-year-old woman with regular controlled dermatomyositis was admitted to the hospital for acute pulmonary embolism. On admission, her muscle strength was 4/5, and was the same as the baseline level. During anticoagulation with enoxaparin (1 mg/kg twice a day), she reported bilateral thigh myalgia and weakness. A physical examination revealed 3/5 muscle strength in both proximal lower extremities. Laboratory tests showed a creatine kinase (CK) level of 664 IU/L, lactic dehydrogenase (LDH) of 382 IU/L and hemoglobin of 10.7 g/dL. We started pulse therapy for exacerbated dermatomyositis. However, her myalgias and weakness detoriorated. She frequently asked her daughter to bend her left thigh upwards, but not her right thigh. She subsequently developed pallor, tachycardia and shock. A follow-up laboratory test showed a CK level of 955 IU/L, LDH of 522 IU/L and hemoglobin of 6.0 g/dL. Computed tomography showed a huge left retroperitoneal hematoma originated from the left psoas muscle. Transcatheter artery embolization revealed contrast extravasation, but failed to prevent hemorrhage. Despite agressive hemostatic resuscitation, she died on the next day.

**Discussion:** Patients with retroperitoneal hematomas may developed femoral neuropathy.(1) However, dermatomyositis is also characterized by muscle weakness and soreness.(2) Anticoagulation increases the risks of retroperitoneal hematomas in patients with dermatomyositis. A timely correct differential diagnosis is essential for ensuring the proper treatment of patients. Imaging modalities, such as ultrasound and computed tomography, are helpful whenever the diagnosis is ambiguous.

**References**

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