

Violaceous Macules on the Auricles: a Clinical Sign of Dermatomyositis

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Citation: Corbella-Bagot L, Alamon-Reig F, Morgado-Carrasco D. Violaceous Macules on the Auricles: A Clinical Sign of Dermatomyositis. *Dermatol Pract Concept*. 2023;13(2):e2023111. DOI: <https://doi.org/10.5826/dpc.1302a111>

Accepted: October 26, 2022; **Published:** April 2023

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Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

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Case Presentation

A 66-year-old male with a recently diagnosed metastatic bladder carcinoma presented with muscle weakness and generalized pruritic rash. Physical examination revealed heliotrope erythema, V-neck sign, shawl sign, Gottron papules and dilated nailfold capillary loops. Interestingly, several purpuric macules, together with ulcers and crusting were observed in both auricles (Figure 1). Blood tests showed high muscle enzymes (creatinine-kinase 5954 U/l [normal value <300 U/l] and aldolase 43.5 U/l [normal range 0.3-6.0 U/l]), and anti-transcriptional intermediary factor 1 gamma (TIF1- γ) antibody positivity. The remaining myositis-specific antibodies were negative. Skin and muscle biopsies confirmed the diagnosis of dermatomyositis. Treatment with prednisone 120 mg/day (1 mg/kg/day) and hydroxychloroquine 400 mg/day was initiated with progressive improvement of muscle weakness and cutaneous involvement. The patient also started chemotherapy with gemcitabine and cisplatin and is currently under follow-up in the Oncology and Dermatology departments.

Teaching Point

Dermatomyositis can present with a myriad of cutaneous manifestations. Violaceous macules on the ears have recently been described in anti-melanoma differentiation-associated gene 5 (MDA-5) dermatomyositis and may correlate with a poor prognosis [1]. As the violaceous macules and ulcers are predominantly located in anatomic protuberances in the auricle, a pressure-induced microangiopathy has been proposed as the pathogenic mechanism [2]. We have not found any described case presenting with positive anti-TIF1- γ antibodies, which have been associated with malignancies.

We report a case of a paraneoplastic anti-TIF1- γ positive dermatomyositis presenting with violaceous macules in both auricles. Clinicians should be aware of this recently described clinical sign since it may be related to a poor prognosis.

A written consent form signed by the patient has been obtained.



Figure 1. (A, B) Violaceous macules, crusting and ulcers on both auricles. The lesions are more evident in anatomical protuberances such as the helix and antihelix.

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