

Inverse Gottron's Papules

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Received: 11-Apr-2022
 Revised: 27-May-2022
 Accepted: 27-May-2022
 Published: 20-Sep-2022

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Key Words: Anti-MDA5 autoantibodies, dermatomyositis, Gottron's papules

A 40-year-old woman presented with facial edema and painful skin lesions involving the hands. On examination, heliotrope rash [Figure 1a], hyperkeratotic ulcerated papules on the knuckles [Figure 1b] and erythematous, flat-to-raised keratotic lesions involving the palmar aspect of the interphalangeal joints [Figure 1c] were noted. A diagnosis of dermatomyositis (DM) was made with clinical features and raised muscle enzymes.

Gottron's papules are pathognomonic of DM. Inverse Gottron's sign/papules [Figure 1c], due to vasculopathy are a rare but specific cutaneous finding in DM, usually associated with digital ulceration, interstitial lung disease, and anti-MDA5 autoantibodies.^[1-3]

Anti-MDA5-positive DM occurs in 7.2% of adults and 9.7% of children, respectively, in the Indian subcontinent. Cutaneous vasculopathic features such as cutaneous ulceration, and periorbital edema as seen in the index may indicate a worse poor prognosis in adults with anti-MDA-5 DM.^[4]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.



Figure 1: Clinical photograph showing heliotrope with periorbital edema (a) and Gottron's sign over dorsal aspect of hand (b), flat-to-raised lesions involving palmar aspect of the fingers in a distribution "inverse" of the classic Gottron's papules/sign (c, black arrow) and fingertip scars suggestive of healed ulcers (c, white arrow)

Access this article online	
Website: www.indianjrheumatol.com	Quick Response Code 
DOI: 10.4103/injr.injr_77_22	

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How to cite this article: Inamadar AC, Adya KA, Janagond AB. Inverse Gottron's papules. Indian J Rheumatol 2023;18:159-60.

References

1. Quinter SD, Chiu YE, Lyon VB, Holland KE, Ruggeri SY, Drolet BA. Inverse Gottron's papules: An unusual cutaneous manifestation of juvenile dermatomyositis. *Pediatr Dermatol* 2012;29:641-4.
2. Fiorentino D, Chung L, Zwerner J, Rosen A, Casciola-Rosen L. The mucocutaneous and systemic phenotype of dermatomyositis patients with antibodies to MDA5 (CADM-140): A retrospective study. *J Am Acad Dermatol* 2011;65:25-34.
3. Jain S, Sharma A. Inverse Gottron's sign in anti-MDA5 antibody-associated dermatomyositis. *Rheumatology (Oxford)* 2020;59:10.
4. Dunga SK, Kavachanda C, Gupta L, Naveen R, Agarwal V, Negi VS. Disease characteristics and clinical outcomes of adults and children with anti-MDA-5 antibody-associated myositis: a prospective observational bicentric study. *Rheumatol Int.* 2021. doi: 10.1007/s00296-021-04897-1. Epub ahead of print. PMID: 34050793.