

Rapid Improvement of Severe and Recalcitrant Dermatomyositis with Anifrolumab: A Novel Treatment Consideration

Emily Parks, M.D., Robert W. Thiel M.D., Marissa T. Rizzo M.D.,
Haley F. Pate M.D., Zachary E. Holcomb M.D.

Initial Presentation to Carilion Dermatology

- 23 year old female
- 3-year history of dermatomyositis
- Wheel-chair bound
- Multiple hospitalizations due to inability to ambulate and dysphagia



Current Treatment



Updated Treatment Plan

- Azathioprine 150mg QD
- Hydroxychloroquine 200mg BID
- Prednisone 20mg QD (taper)
- IVIG monthly
- IV Rituximab every 6 months

- **START** Anifrolumab 300mg IV every 4 weeks
- **START** Methotrexate 25mg weekly
- **STOP** Azathioprine
- CONT Hydroxychloroquine 200mg BID
- CONT Prednisone, slow taper
- CONT IVIG
- CONT IV Rituximab

Anifrolumab

- Type 1 interferon alpha receptor antagonist
- Approved for SLE
- Short infusion time (30 min)

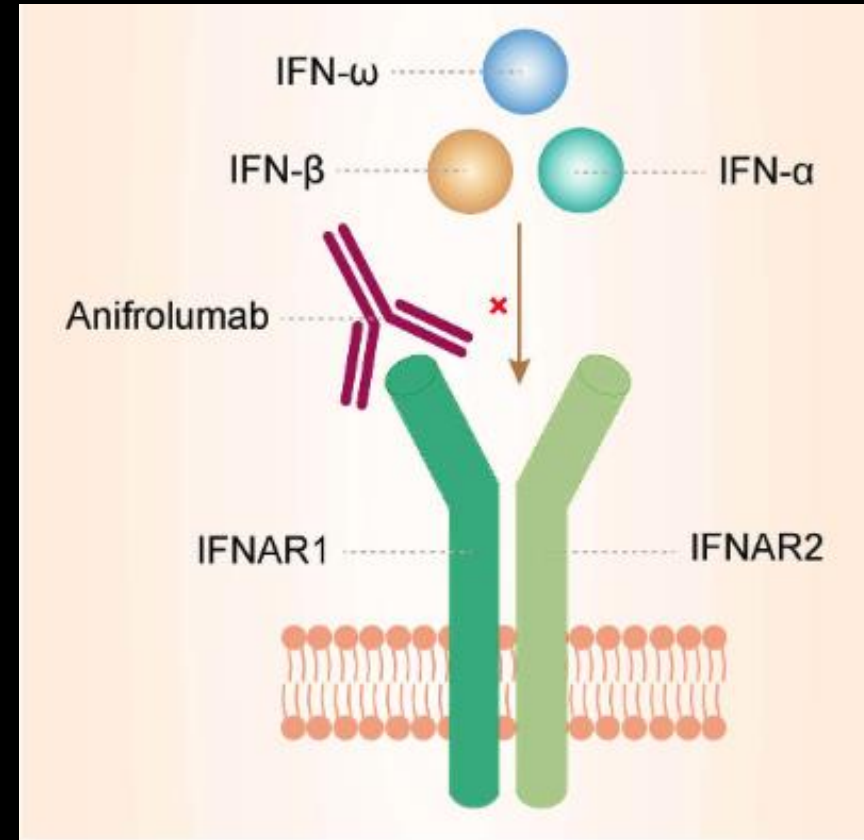


Figure from: *Anifrolumab Overview*. Recombinant Antibodies, Single Domain Antibodies, Biosimilars. <https://www.creativebiolabs.net/anifrolumab-overview.htm>



On presentation



After 1 infusion



After 3 infusions



On presentation



After 1 infusion



On presentation



After 3 infusions



On presentation



After 3 infusions



After 3 infusions



Conclusion

- Anifrolumab has demonstrated efficacy in treating cutaneous symptoms of dermatomyositis in at least 10 patients globally ¹⁻⁴
- Additional research is needed to understand the potential of anifrolumab in treating refractory muscle disease

References

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