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A case of near fatal statin induced necrotizing autoimmune myositis

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Statin use is highly prevalent. Common adverse effects on the musculoskeletal system are well documented. There is less understanding of a rarer phenomenon, statin autoimmune myositis (SAM). We present a near fatal case of SAM after prolonged statin therapy and highlight the key diagnostic tests and immunosuppressant therapies. An 82 year old male was admitted after being found lying on the floor for 36 hours. Prior to falling, he reported four months of gradual weakness affecting his proximal lower limbs and spine. This was preceded by 17 months of atorvastatin use, which was discontinued four months previously due muscle weakness. Creatinine kinase was elevated; needle electromyogram showed necrotizing myopathy and an autoantibody screen was positive for HMG-CoA reductase, consistent with SAM. The patient required intubation and ventilator support for respiratory failure, as well as percutaneous endoscopic gastrostomy (PEG) feeding for severe dysphagia. He was initially commenced on high dose intravenous methylprednisolone, followed by intravenous immunoglobulin, cyclophosphamide and tapering oral steroids. The patient showed a significant response to treatment, being able to self-ventilate, mobilize independently and orally feed without his PEG tube. He was transferred to neurohabilitation and subsequently discharged home. This is the first case to describe effective use of high dose steroids, immunoglobulin and cyclophosphamide for the treatment of near fatal SAM. It is important that clinicians are aware of this significant adverse effect from statins, which can develop after long-term use, so that investigations and treatment are initiated early to prevent progression to debilitating states.

Biography

Mathew Vithayathil is currently a Core Medical Trainee at Addenbrooke's Hospital, Cambridge, UK and Anita Phung is currently a General Practice Specialist Trainee at King's College Hospital, London, UK

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