Anti-signal recognition particle autoantibodies in patient with cardiac ischemia. A case report.

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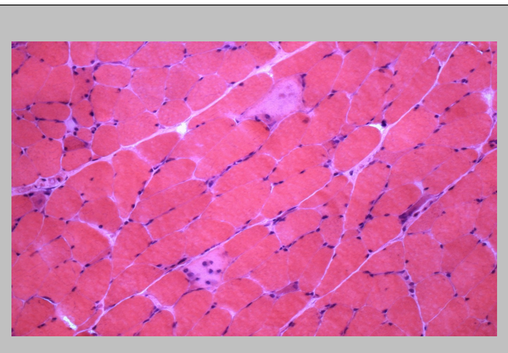
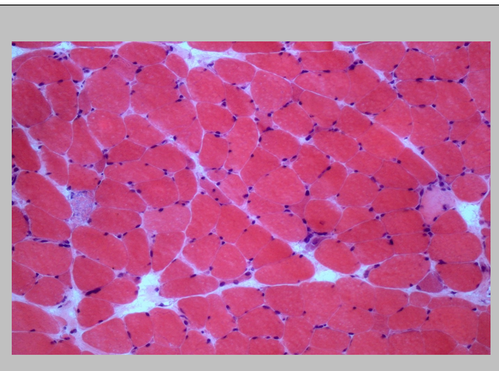
Introduction:

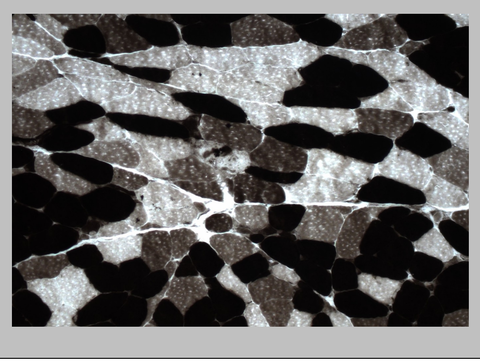
Autoantibodies directed against signal recognition particles (anti-SRP) are used as serological markers of necrotizing myopathy; they are present in a minority (4–6%) of patients with acquired inflammatory and/or necrotizing myopathies. Anti-SRP autoantibodies are generally associated with severe clinical forms of the disease, particularly those with heart and lung involvement and resistance to steroid therapy

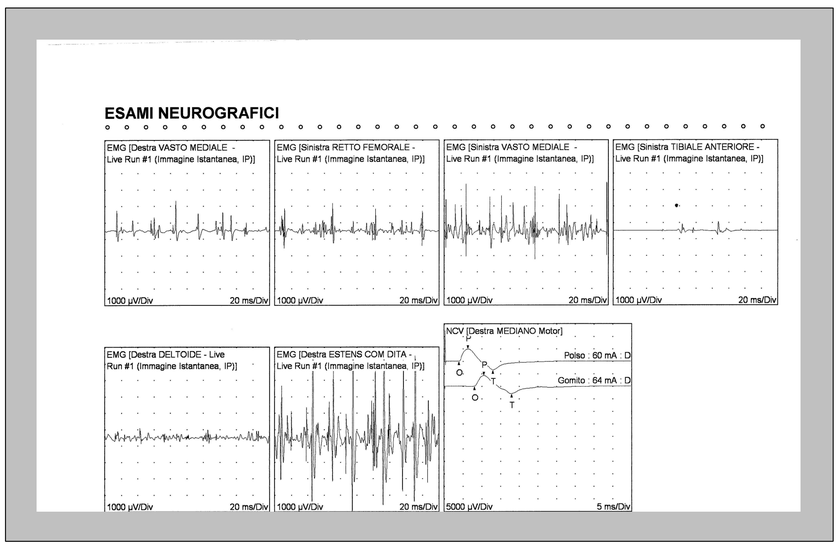
Case report

We report a 68-year-old woman with a 6 month history of proximal muscle weakness and gait difficulties. The patient was admitted to Cardiology Unit for acute coronary syndrome with minimal movement of troponin I and ECG changes compatible with anterior subepicardial ischemia. High values of creatine kinase (5079 IU/L), LDH (822 IU/L) and liver enzymes (200 IU /L) were found.
The patient was suffering from rheumatoid arthritis previously treated with methotrexate, suspended for 2 years, because chronic obstructive pulmonary disease and allergic asthma.
The diagnosis of inflammatory myopathy was based on the clinical, electrophysiological, and laboratoristic findings. Muscle biopsy showed the presence of a necrotising myopathy.
Myositis-specific auto-immune antibody panel was positive for anti-Signal recognition particle.
A total body PET excluded neoplastic and paraneoplastic causes of myopathy.
Chronic steroid therapy was prompted, leading to clinical recovery; residual proximal muscle weakness improved enough to allow gait without support.We observed a progressive reduction of Creatine Kinase value (< 1000 IU/ L)









Discussion

Anti-SRP antibodies are used as serological markers of necrotizing myopathy and are associated with different clinical courses and histological presentations. Often there is a association with the occurrence of extramuscolar signs and symptoms including interstitial lung disease and cardiac involvement. Growing pathologic evidence further suggests that anti-SRP–positive myopathy is a distinct form of myositis, characterized by many necrotic and regenerative muscle fibers without or with minimal inflammatory cell infiltration. The role of these autoantibodies remains elusive, and the evolution of anti-SRP levels over time is unknown.
A small proportion of patients with rheumatoid arthritis develop idiopathic inflammatory myopathies; however, the clinical and immunological characteristics of these patients have not been elucidated. No association was found with an increased risk of cardiac involvement.

References

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