Palmar erythema: a diagnostic clue

Question

An 11-year-old girl presented with a 3-month history of myalgia of the upper and lower limbs, progressive severe asthenia and positive Gower's sign. Erythema overlying the palmar surfaces of both hands (Fig. 1) had appeared in the last month without other skin signs. Blood tests showed elevated Creatine Kinase (1988 U/L), Aspartate Aminotransferase (112 U/L), aldolase (80 U/L) and Erythrocyte Sedimentation Rate (61 mm/h), with normal blood count, lactic acid and thyroid function. Echocardiography, abdominal ultrasound and eye examination were normal. Electromyography showed an inflammatory pattern. Capillaroscopy showed a subversion of the capillary architecture of the nail bed and microvascular alterations (Fig. 2).

What is the most likely diagnosis? (Answer on page 1161).

Fig. 1 Palmar vasculitic erythema of both hands.

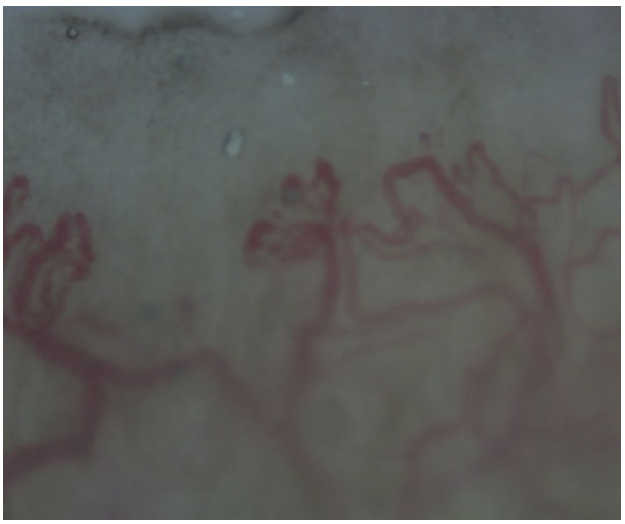

Fig. 2 Capillaroscopy showing neoangiogenesis and subversion of the capillary architecture of the nail bed.

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