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Gingival and Periungual Vasculopathy of Juvenile Dermatomyositis

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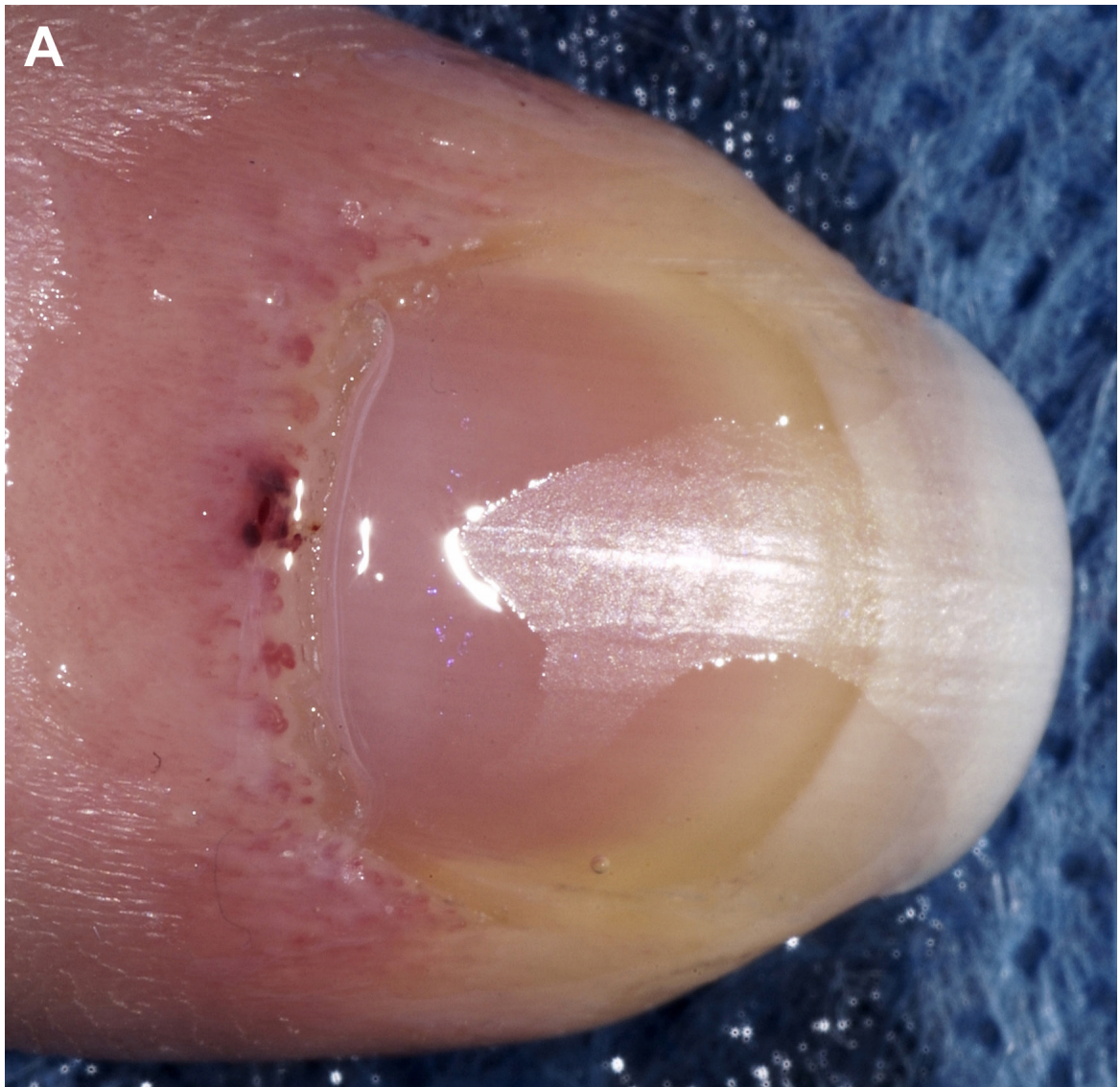
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A 16 year old female with long-standing juvenile dermatomyositis has had a course of illness marked by intermittent clinical flares, which have included increased muscle weakness, joint contractures, photosensitive skin rashes, and dysphagia. At this visit, Gottron's papules, a heliotrope rash, and periungual capillary changes were visible, including dilated and tortuous blood vessels with areas of atrophy, telangiectases, and bushy loop formation (panel A). She complained of bleeding gums that had not responded to traditional dental treatment. Close examination of the mouth revealed marked dilation of the capillaries of the attached gingiva with bushy loop formations that spread over the crowns of the teeth (panel B). These areas reflect the vasculopathy associated with dermatomyositis, particularly in its juvenile form. Periungual capillary changes have been reported frequently in patients with juvenile dermatomyositis, whereas the accompanying gingival changes are often present but rarely recognized.

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Panel A. Periungual capillary changes in a 16 year female with active juvenile dermatomyositis. Dilated and tortuous blood vessels with areas of atrophy, telangiectases, a central area of hemorrhage, and bushy loop formation (indicated by arrows) are pictured.



Panel B. Close examination of the mouth from the same patient revealed marked dilation of the capillaries of the attached gingiva with bushy loop formations (indicated by arrows) that spread over the crowns of the teeth.