



Therapies for Dermatomyositis with Scalp Involvement: An Updated Review

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Purpose

- To assess the efficacy and safety of conventional and novel therapies for scalp dermatomyositis (SD)
- To enhance clinical decision-making
- To identify potential research avenues in SD management

Design

- Narrative review of studies published from 2014-2024
- Focus on conventional therapies (ie corticosteroids, hydroxychloroquine, methotrexate)
- Highlight emerging treatments (ie, apremilast, IVIG, low-dose naltrexone, PRP, rituximab)

Findings

Traditional therapies

- Corticosteroids: Short-term relief, limited by side effects.
- Hydroxychloroquine: Minimal improvement, inconsistent results.
- Methotrexate: Marginal efficacy, often needs combination therapy for better outcomes.



Figure 1: Clinical and trichoscopic images of SD

Emerging therapies

- Apremilast: Significantly reduces scalp pruritus, improves cutaneous symptoms, especially in resistant cases
- IVIG: Promising in reducing inflammation and improving lesions, but data is limited
- Low-dose naltrexone: Shows anti-inflammatory benefits, but larger trials are needed
- PRP: Potential to enhance scalp healing, but efficacy varies across patients
- Rituximab: Improves scalp and systemic symptoms, but requires further validation for long-term use

Summary

- Emerging therapies (apremilast, IVIG, and rituximab) show promise
- Conventional treatments offer limited relief
- Future research should focus on large-scale trials to optimize therapy for SD

References

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