

# Treatment of Refractory Scalp Dermatomyositis with Upadacitinib

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## Introduction

- **Dermatomyositis (DM)** is an autoimmune inflammatory myopathy with cutaneous, muscular, and systemic manifestations.
- **Scalp involvement:** Common in DM patients, presenting with scales, violaceous erythema, telangiectasias, and non-scarring alopecia.
- **Diagnostic challenge:** Often misdiagnosed as scalp psoriasis or seborrheic dermatitis.
- **Standard treatments:** Steroids, hydroxychloroquine, and methotrexate often fail to relieve scalp symptoms.



**Figure 1 (Initial presentation):** pink atrophic, scaling eruption over the right parietal and frontal portions of the scalp.



**Figure 2 (One month on upadacitinib):** Significant improvement of scalp pruritus and scaling.

## Discussion

- Cutaneous findings can be variable in DM, making diagnosis difficult.
- Although scalp symptoms can be the initial presenting complaint in patients with DM, patients are often misdiagnosed with other scalp dermatoses, which can negatively affect their quality of life and prognosis.
- Currently, there is not one superior treatment over another for DM with scalp involvement.
- Standard DM treatments include corticosteroids (topical, oral, or intralesional), hydroxychloroquine, and methotrexate, with no studies suggesting complete resolution of symptoms with any of these therapies.
- In the meta-analysis performed by Ma et al. that evaluated the efficacy of JAK inhibitors in the treatment of DM, they found that patients who exhibited extensive cutaneous symptoms had the most improvement in their disease when they used a JAK inhibitor.

## Case Presentation

- **Patient:** 73-year-old female with 20-year history of DM.
- **Chief Complaint:** Severe scalp pruritus and scaling
- **Previous Treatments:**
  - Hydroxychloroquine- no improvement
  - Topical clobetasol solution- no improvement
  - Doxycycline- no improvement
  - Intralesional steroids- Temporary relief only for the first week after injection
- **Physical Exam:** Pink, atrophic, scaling eruption over right parietal and frontal scalp.

## Treatment

- The patient was initiated on 15 mg of upadacitinib daily and noticed significant improvement in the scale and pruritus symptoms within 2 weeks of starting.
- Topical clobetasol 0.05% solution that was prescribed prior was continued in conjunction with the upadacitinib for maintenance.
- To date, the patient has continued on 15 mg of upadacitinib with no adverse side effects.

## References



## Conclusion

- Given our patient's rapid and significant improvement of her scalp symptoms, upadacitinib shows promising efficacy in the treatment of scalp DM.
- Because of its role in reducing the inflammatory response, upadacitinib likely played a role in significantly improving our patient's scalp symptoms, as well as her myopathy and overall quality of life.
- Further research is needed to determine the therapeutic benefit of upadacitinib on scalp DM.