

# Polymyositis Involving the Uvula

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**A** 34 year old white male presented with a sore throat and swollen tongue. One week prior to admission he experienced pain in the ankles, knees and arms. Upon admission the patient felt heaviness of the arms and pain in the lower extremities. Physical examination revealed edematous induration over the arms, forehands and thighs, and right ankle arthritis. Muscle weakness was noted over the quadriceps as well as the arms. Remarkable enlargement of the uvula was noted [Figure 1 A&B]. Blood work showed creatinine phosphokinase (CPK) 5057 IU/L (normal 40–150) and C-reactive protein 13 mg/dl (normal up to 0.5). Antinuclear antibody was negative.

Magnetic resonance imaging showed edematous enhancement of the oropharynx with noteworthy engorgement of the uvula [Figure 2 A&B], and edema of the triceps muscles [Figure 3] consistent with myositis.

The patient was treated with methylprednisolone 1000 mg daily for 3 days followed by hydrocortisone 300 mg daily. Significant clinical improvement was noticed, including reduction in the uvula engorgement [Figure 4] and regaining of full muscle strength. CPK level decreased to 764 IU/L and later normalized.

Most reports of edema of the uvula showed a variety of etiologies including allergy and consumption of various medications including non-steroidal anti-inflammatory drugs, angiotensin-converting enzyme inhibitor [1] and others [2]. Other causes were infection and trauma [3]. Polymyositis

is an uncommon autoimmune condition that involves proximal as well as neck muscles. Uvula involvement in this condition is extremely rare and has not been described in the English medical literature.

## Correspondence

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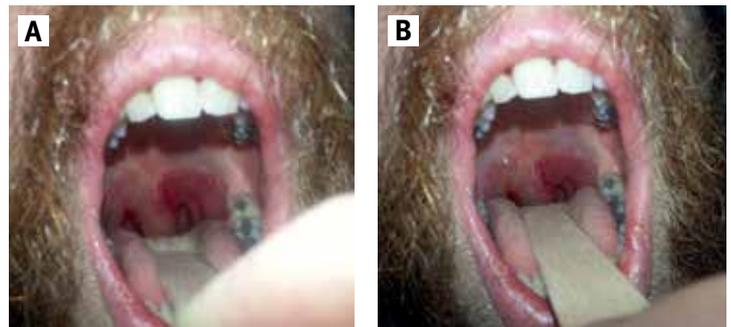
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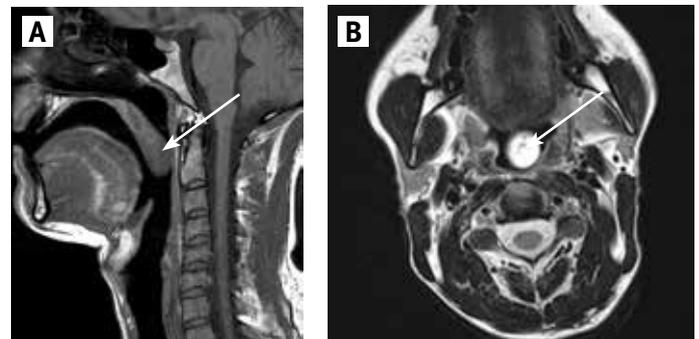
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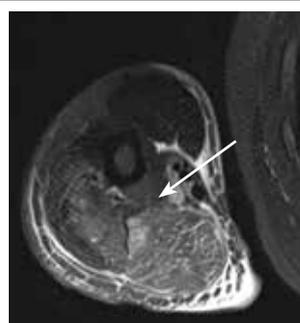
**Figure 1**



**Figure 2**



**Figure 3**



**Figure 4**

