

The Effects of Therapeutic Intervention on a Case of Dermatomyositis

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Abstract

Dermatomyositis is a condition that presents with fatigue, proximal weakness, muscle tenderness and a characteristic rash. Dysphagia is a known complication of this condition, occurring in 10% to 73% of patients, and it primarily affects the skeletal muscle-activated oropharyngeal phase of swallowing. With the consent of the patient, who has full capacity, we present the case of a 58-year-old female who was admitted to hospital with worsening muscle weakness, dysphagia and aspiration pneumonia. Our findings reflect the outcomes from admission to date, a time frame of 20 weeks. In close discussion with the rheumatology team and the neurologist no intervention was implemented in the early stages of the disease due to the extent of the inflammatory process. Following homeostasis of the condition, an initial video fluoroscopy was conducted, which revealed a severe oropharyngeal dysphagia with risk of silent aspiration. An intensive dysphagia therapy program was commenced, which included daily repetitions of modified Shaker and effortful swallow. Using the Australian Therapy Outcome Measures (AusTOMs), levels of impairment, activity limitation and distress/wellbeing were recorded from acute hospital admission through to specialist neurorehabilitation. At impairment level, scores improved from 0 to 3 over the course of her rehabilitation. Activity limitation reflected an improvement in scores from 0 to 2, and distress levels significantly improved from high and consistent levels of distress to mild concern. This case study reflects the value of intensive dysphagia rehabilitation, which can be implemented at an early stage of disease presentation, resulting in a positive impact on all outcome domains.

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