#### 此處刷卡用

### 台中榮民總醫院 內部過敏免疫風濕科

皮肌炎特別紀錄表

 健保榮民
 健保員工
 健
 保
 健保員養
 民
 双

 姓名
 病房
 床位
 年齡
 病歷號

#### Special chart for Dermatmyositis-Polymyositis (I)

Fulfillment of diagnostic criteria (Bohan A., et Peter J., B. 1975)
1. Symmetric weakness of the limb-girdle muscles and anterior neck flexors, progressing over weeks to
months, with or without dysphagia or respiratory muscle involvement.
with basophilia, large vesicular sarcolemmal nuclei and prominent nuceoli, atrophy in
a perifascicular distribution, variation in fiber size, an inflammatory exudates,often
perivascular
3. Elevation in serum of skeletal-muscle enzymes, particularly creatine phosphokinase, and often
adolase, serum glutamate oxaloacetate, and pyruvate transaminase, and lactate
dehydrogenase
4. Electromyographic triad of short, small, polyphasic motor units, fibrillations positive sharp
waves and insertional irritability, bizarre ,high-frequency repetitive discharge
5. Dermatologic features including a lilac discoloration of the eyelids (heliotrope) with periorbital
edema, a scaly. erythematous dermatitis over the dorsum of the hands (especially the
metacarpophalangeal and proximal interphalangeal joints, Gottron's sign), and involvement
of the kness, elbows, and medial malleoli, as well as the face, neck,
and upper torso (this type of distribution is considered by many to be virtually pathognomonic
of dermatomyositis)
*Definite dermatomyositis: consisting of three or four criteria (plus the rash)
Probable dermatomyositis: comprising two critieria (plus the rash)
Probable dermatomyositis: including one criterion (plus the rash)
Definite polymyositis: consisting of four criteria (without the rash)
Probable polymyositis: comprising three criteria(without the rash)
Possible polymyositis : including two criteria(without the rash)

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# 台中榮民總醫院內部過敏免疫風濕科

皮肌炎特别紀錄表

						-	<i>&gt;</i>	11 111 10 111	<b>7</b> -
	健保榮民	健保員工	健保	健保員眷	民 眾	Ci		(1)	
女	生名			病房	床位		年龄	病歷號	

Special chart for Dermatmyositis-Polymyositis (I)

## CRITERIA TO DEFINE POLYMYOSITIS (PM) AND DERMATOMYOSITIS (DM) PROPOSED BY BOHAN AND PETER

 1. Symmetric weakness of find girdle muscles and affector neck nexors, progressing over weeks to
months, with or without dysphagia or respiratory muscle involvement.
 2. Skeletal muscle histologic examination showing evidence of necrosis of types I and II muscle fibers,
phagocytosis, regeneration with basophilia, large sarcolemmal nuclei and prominent nucleoli,
atrophy in a perifascicular distribution, variation in fiber size, and an inflammatory exudate.
 3. Elevation of levels of serum skeletal muscle enzymes (CK, aldolase, ALT, AST, and LDH).
 4. Electromyographic (EMG) triad of short, small polyphasic motor units; fibrillations, positive waves,
and insertional irritability; and bizarre high-frequency discharges.
 5. Dermatologic features including a lilac (heliotrope) discoloration of the eyelids with periorbital
edema; a scaly, erythematous dermatitis over the dorsa of the hands, especially over the
metacarpophalangeal and proximal interphalangeal joints (Gottron's sign); and involvement of the
knees, elbows, medial malleoli, face, neck, and upper torso.

Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; CK, creatine kinase; LDH, lactate dehydrogenase.

Data from Bohan A, Peter JB: **Polymyositis** and dermatomyositis (first of two parts). N Engl J Med 292:344, 1975.

Additional classification schemes have been proposed based on newer studies of patients with idiopathic inflammatory myopathy. The group of inclusion body myositis (IBM) emerged from studies of patients who fulfilled **criteria** for PM but were generally resistant to therapy. **Criteria** for the diagnosis of IBM have been proposed and employed for investigation of this diagnostic group [5] ( <u>Table 80-3</u> ). The application of **criteria** for the diagnosis of PM, DM, and IBM has proved quite useful, but these **criteria** have not been validated in a fashion similar to that proposed by the American College of Rheumatology for the diagnosis of rheumatoid arthritis (RA) or systemic lupus erythematosus (SLE).

## 台中榮民總醫院內部過敏免疫風濕科

皮肌炎特別紀錄表

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健保勢	榮民	健保員工	健	保	健保員眷	民	眾	<u>.</u>				(2	)				
姓名				浜	房		床位		年龄		ÿ	<b>房歷</b>	號				

Special chart for Dermatmyositis-Polymyositis (II)

Grading of muscle ewakness

Date									
Grade*									

<sup>\*</sup> After Rose A., L., et Walton J., N. (Brain 1966)

- 1.No abnormality on examination
- 2.No abnormality on examination, but easy fatigability and decreased exercise tolerance
- 3. Minimal degree of atrophy of one or more muscle group without functional. Impairment
- 4. Waddling gait; unstable to run but able to climb stairs without needing arm support
- 5.marked waddling gait, accentuated lordosis; unable to climb stairs or rise from a standard chair without arm support
- 6.Unable to walk without assistance

Classific	ation(Bohan A., et Pater J.,B.: New Engl. J. Med. 292: 344.1975)
	Group 1: Primary idiopathic polymyositis
	Group 2: Primary idiopathic dermatomyositis
	Group 3: Dermatomyositis (or polymyositis) associated with neoplasis
	Group 4 : Childhood dermatomysitis(or polymyositis) associated with vasculitis
	Group 5: Polymyositis or dermatomyositis associated with collagen-vascular disease
	(overlap group)
Date:	Signature:

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## 台中榮民總醫院 內部過敏免疫風濕科

					 	血力性则。	47 4年 丰
健保榮民	健保員工	健 保	健保員眷	民 眾	肌	無力特別	紀錄表
姓名		y	<b></b>	床位	年龄	病歷號	

	Functional grading scale in muscle weakness								
Score	Activity								
	Transfe	er from supine to sitting							
	Sitting								
	Transfer from sitting to standing:								
	Low chair								
	Standard chair								
	Standin	ng							
	Stair climbing								
	Ascending								
	Descending								
	Care of head and face(hair, tooth brushing)								
	Dressing								
	Donning jacket or buttoning shire								
	Donning pants								
	Lifting objects above shoulder level (clbow extended):								
	Light household								
	Heavy								
Total									
Scoring	0	Cannot do							
	1	Requires help from a pe	rson						
	2	Helper not needed but d (uses aids such as a cane	oes with marked difficulty e, railing, or mechanical device)						
	3	Helper not needed but d	oes with some difficulty, may useaid						
	4	Cando alone without difficulty							
Maximal total score: 48									
		Date:	Signature:						