

### Transcript Details

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### A Visual Guide to Cutaneous Dermatomyositis

#### Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, we'll learn about manifestations of cutaneous dermatomyositis with Dr. Avery H. LaChance, who spoke on this topic at the 2026 Congress of Clinical Rheumatology East.

Dr. LaChance is Director of the Connective Tissue Disease Clinic, Director of the Advanced Psoriasis Therapeutics Clinic, Director of Health Policy and Advocacy, and Program Director of the Dermatology-Rheumatology Fellowship at Brigham and Women's Hospital. She's also an Associate Professor of Dermatology at Harvard Medical School. Here's Dr. LaChance now.

#### Dr. LaChance:

What are we looking for in cutaneous dermatomyositis and the cutaneous findings of dermatomyositis? You're going to start with the hands and work your way up. We're going to look for cuticular dystrophy and a periungual erythema. So a lot of times, it looks like someone took a little red or purple marker and drew rims right around those nail folds.

You're going to take a dermatoscope—if you have one—or grossly, you're going to look at those nail folds, and you may even see, grossly, these dilated nail fold capillaries that get ballooned out, and sometimes some hemorrhage and bleeding into the cuticles themselves.

As you work your way back up on the hands, you're going to see red to erythematous to violaceous papules and plaques—that sometimes can be atrophic and sometimes can be hypertrophic—that are hugging over the MCPs. And those are those gottron papules.

Then, also, as we go further up on the exam, you can see on the face this mid-facial erythema and heliotrope eruption. And here, we see redness and violaceous skin color change that can either be macular or papular and can be associated with edema as well. But when we differentiate between the cutaneous features on the face of dermatomyositis versus lupus, dermatomyositis often goes over that nasolabial fold, which can be a distinguishing factor for cutaneous lupus.

We're going to look at the elbows and knees for what we call gottron sign, which can be violaceous to red macules to plaques and can sometimes ulcerate.

And then you're going to look for v-neck erythema and shawl sign. And these can either be erythema to orange hue that goes in this v-neck distribution on the chest, or a shawl distribution on the back, like someone draped a shawl over someone's neck.

And then you're going to look, also, sometimes for a poikilodermatous change. And so that almost looks like someone's had chronic sun exposure in these areas, but there will be a background, often violaceous hue that's indicative of activity in dermatomyositis.

And then finally, you're going to look for holster sign, which is either an almost eczematous-looking poikilodermatous look on the lateral thighs of a patient, and then scalp erythema as well.

So really, there's no other skin disease that's going to have the exact pattern of findings that we just described in dermatomyositis. So if you see this distribution anatomically that we just covered in a patient, you're going to be thinking about dermatomyositis for these patients.

#### Announcer:

That was Dr. Avery H. LaChance explaining what to look for when diagnosing cutaneous dermatomyositis, which she spoke about at the 2026 Congress of Clinical Rheumatology East. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!