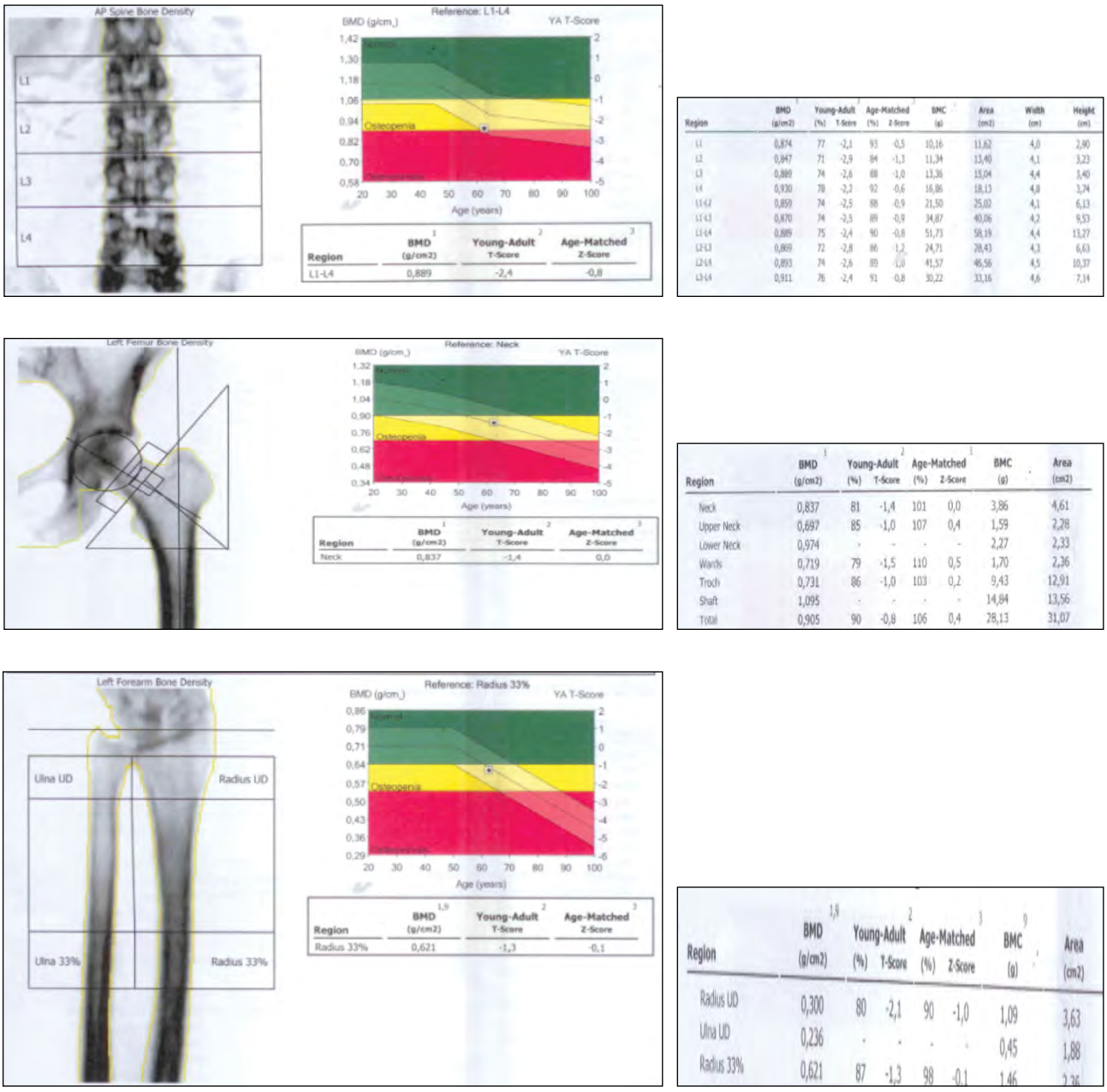

FIGURE 3. *Osteopenia at central DXA in menopausal woman at the beginning of glucocorticoid therapy for a dermatological autoimmune condition*

As particular observation the presence of autoimmune thyroid condition may increase the risk of a second autoimmune disease like dermatomyositis also the specific antibodies panel was negative. However, chronic Hashimoto thyroiditis has a an increased prevalence in general population being considered the most frequent autoimmune condition which may be related to other endocrine and non-endocrine disorders (poly-glandular autoimmune syndrome) or it may be overlapped with other diseases with a high prevalence in general female adult population like metabolic complications including obesity or mammary cancer (9,10,11).

The mentioned subject developed glucocorticoid induced osteoporosis, not the entire picture of iatrogenic Cushing's syndrome while she was priory hypertensive (12,13). Interestingly, some studies pointed that, independently of glucocorticoid iatrogenic exposure or immunosuppressive therapy, in dermatomyositis (as seen in polymyositis) there is a high risk of bone loss and osteoporotic fractures (14,15). A population-based study of cohort type showed that persons with dermatomyositis and polymyositis have a 2.99 time higher risk of osteoporosis than the subjects without this diagnosis (15). Another contributor to fall is hypovitaminosis D with a a high prevalence in general

population including in menopausal women (16). This is less likely to be related with DXA result at the therapy start and also, based on the therapy with cholecalciferol which was offered to the patient, is not a major contributor to fall at values above 20 ng/mL as seen here (17,18). Generally a patient under anti-osteoporotic medication may be non-responder in cases with very low levels of vitamin D (19). But in our case the levels of 25-hydroxyvitamin D was not so low, as contributors to fragility fracture is menopause-related estrogens deficiency, glucocorticoid exposure and the underling dermatological condition itself (20).

CONCLUSION

A multidisciplinary team needs to be involved in associated therapy for dermatomyositis and complications of glucocorticoids use.

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