

## HALL A Nov 24, afternoon

- 1) Essential to perform both histopathology and myositis-specific immunohistochemical (IHC) panels, including markers like MAC, MxA, and MHC.
- 2) **Rimmed Vacuoles:** Represent autophagic vacuoles with abnormal membranous deposits. Seen in IBM, lupus myopathy, drug-induced myopathy (e.g., hydroxychloroquine), and some muscular dystrophies.
- 3) TDP-43 and p62 confirm inclusion body myositis (IBM) when rimmed vacuoles and inclusions are observed.
- 4) KLRG1 and CD57 indicate clonal expansion of CD8+ T-cells, a hallmark of IBM.
- 5) **Lupus Myositis:** Muscle biopsy from cohort studies shows: Necrotizing myositis (50%)  
Dermatomyositis-like pathology (30%).
- 6) **MxA Overexpression:** The most sensitive marker in muscle biopsy for dermatomyositis, outperforming perifascicular atrophy and MAC deposition.
- 7) **Prognostic Markers:** Muscle biopsy findings currently lack predictive value compared to myositis-specific antibodies.
- 8) **Mitochondrial Stains:** Features like ragged red/blue fibers and COX-2 deficient SDH are seen in juvenile dermatomyositis.
- 9) **Emerging Markers:** ISG15 is highly sensitive for dermatomyositis
- 10) Myositis autoantibodies co-localize with their target proteins (e.g., PM/Scl, Mi2, and anti-synthetase antibodies), suggesting possible functional disruption.
- 11) Personalized treatment strategies in AxSpA emphasize the need to consider comorbidities, patient weight, and prior biologic response history
- 12) **ASAS-EULAR Recommendations:** Stress on physiotherapy, regular exercise, smoking cessation, and patient education alongside pharmacotherapy
- 13) Tapering of bDMARDs possible after 6 months of sustained remission.
- 14) Comorbidities: Fibromyalgia may explain treatment non-response.
- 15) TNFi for recurrent uveitis and active IBD & IL-17i for associated psoriasis.
- 16) High weight predicts lower response to infliximab.
- 17) Primary non-response to TNFi warrants switching the class of biological
- 18) **MRI Limitations:** Challenges in identifying structural lesions. Deep learning can create 3D MRI for CT-like imaging without radiation

**19)** AI-driven synthetic CT offers radiation-free, high-quality imaging for structural lesions.

**20) LDCT:** A promising alternative with significantly reduced radiation (0.6–0.7 mSv vs. 6–7 mSv in conventional CT

**21) LDCT -** Detects structural changes earlier (within 3 months of symptom onset

## **Rapporteurs**

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