CONDITION

Myositis

Myositis is inflammation that can damage muscles and cause weakness.

WHAT IT IS
Inflammation that damages and weakens muscles

BODY SYSTEM
Muscles, sometimes skin, lungs, joints, and heart

MAIN SYMPTOMS
Muscle weakness, fatigue, muscle pain, swallowing difficulty

WHAT CAUSES IT
Usually immune-related; sometimes infection, medicines, injury, or unknown

HOW IT IS DIAGNOSED
Blood tests, MRI, electromyography, sometimes muscle or skin biopsy

MAIN TREATMENT
Immune-suppressing medicines, rehabilitation, and supportive care

CAN IT BE CURED?
Sometimes - some trigger-related forms may resolve

IS IT AN EMERGENCY?
Sometimes - severe breathing or swallowing difficulty

LONG-TERM OUTLOOK
Often manageable, but weakness may persist or relapse

Overview

Myositis means inflammation of muscle. It is the name for a group of conditions rather than one single problem. The inflammation may damage muscle fibres and make muscles weaker.

Several types of myositis exist. Dermatomyositis causes muscle inflammation and a distinctive skin rash. Immune-mediated necrotizing myopathy can cause marked weakness and muscle damage. Inclusion body myositis usually develops slowly, often affecting the thighs, fingers, and swallowing muscles. Polymyositis is now diagnosed less often because many cases can be placed in a more specific group.

Some people have myositis as part of another autoimmune condition, such as systemic sclerosis or lupus. "Autoimmune" means the immune system mistakenly attacks the body's own tissues. Infection, medicines, or injury can also cause muscle inflammation.

Myositis matters because weakness can affect walking, lifting, swallowing, and breathing. Some forms also affect the skin, lungs, joints, or heart. Early assessment can identify the type and guide treatment, but muscle weakness has many possible causes and does not always mean myositis.

Symptoms

The main symptom is muscle weakness. In many immune-related forms, weakness affects both sides of the body and is most noticeable in muscles close to the trunk.

You may find it difficult to:

Muscle pain or tenderness can occur, but some people have little or no pain. Fatigue is also common. Symptoms may develop over weeks or months, although some forms progress more slowly.

Dermatomyositis can cause red, purple, or darker patches on the eyelids, face, chest, back, elbows, knees, or knuckles. The rash may itch or worsen after sunlight. Skin changes can be harder to recognize on brown or black skin.

Inclusion body myositis often causes uneven weakness. The muscles at the front of the thighs may shrink, leading to falls or difficulty standing. Weak finger muscles can make gripping difficult. Swallowing problems are common.

Other possible symptoms include breathlessness, a dry cough, joint pain, fever, or unintended weight loss. These may point to inflammation outside the muscles or another condition and need medical assessment.

- Rise from a low chair or the floor
- Climb stairs or walk uphill
- Lift objects onto a shelf
- Wash or brush your hair
- Hold your head upright
- Swallow food, drinks, or saliva

Causes and risk factors

Most persistent forms of myositis involve an abnormal immune response. Why this begins is often unclear. Genes may affect susceptibility, but the common autoimmune forms are not

usually inherited directly from a parent.

The pattern differs by type and age. Dermatomyositis can occur in children or adults. Inclusion body myositis mainly affects older adults and is more common in men. These are associations, not proof that someone will develop the condition.

Certain infections can inflame muscles. In these cases, symptoms may be short-lived, but the course depends on the infection and the amount of muscle injury.

Medicines can also injure muscles or, rarely, trigger an autoimmune muscle condition. Cholesterol-lowering statins like atorvastatin or simvastatin are one possible trigger, although ordinary statin-related muscle symptoms are much more common than autoimmune myositis. Do not stop a prescribed medicine without medical advice unless you are having a severe reaction that needs emergency care.

Heavy exercise, trauma, thyroid problems, vitamin deficiencies, and inherited muscle conditions can cause symptoms or blood-test changes that resemble myositis. Tests are needed to tell these problems apart.

Diagnosis

There is no single test that confirms every form of myositis. Diagnosis usually combines your symptoms, examination findings, blood tests, imaging, electrical muscle testing, and sometimes a biopsy.

A clinician may check which muscles are weak, whether both sides are affected, and whether there are rashes, joint changes, breathing symptoms, or swallowing problems.

Blood tests may measure creatine kinase, often called CK. This enzyme leaks into the blood when muscle fibres are damaged. A high CK supports muscle injury but does not show its cause. CK can also be normal in some people with myositis, especially certain cases of dermatomyositis or inclusion body myositis.

Blood tests may look for autoantibodies, which are immune proteins associated with particular myositis patterns. These results can help estimate whether the lungs or other organs may be involved, but they do not confirm or exclude myositis by themselves.

Other tests may include:

Because some muscle changes are patchy, biopsy results must be considered alongside the other findings. Diagnosis and classification may change as symptoms and test results become clearer.

Adults with dermatomyositis have a higher-than-average association with certain cancers.

This does not mean that most people with a rash or muscle weakness have cancer. A clinician may recommend age-appropriate and risk-based cancer checks after considering the myositis type and other factors.

- MRI scans to identify inflammation and damaged muscle
- Electromyography, or EMG, to measure electrical activity in muscles
- A muscle biopsy to examine a small tissue sample under a microscope
- A skin biopsy when dermatomyositis is suspected
- Breathing tests or chest imaging if lung involvement is possible
- Swallowing assessment if food or drink is difficult to manage

Treatment and management

Treatment depends on the type, severity, organs involved, and likely cause. The goals are to control inflammation, preserve muscle function, support swallowing and breathing, and reduce complications.

For many autoimmune forms, treatment begins with corticosteroids like prednisone or hydrocortisone . These medicines reduce immune activity and inflammation. Because long-term steroid use can cause problems such as bone thinning, high blood pressure, changes in blood sugar, and infection risk, monitoring is important.

Other medicines that reduce immune activity may be used with or instead of corticosteroids. Options include conventional immune-suppressing medicines, intravenous immunoglobulin, and selected biologic treatments. The choice is based on the myositis pattern, response to earlier treatment, other health conditions, and whether the lungs, skin, or swallowing muscles are affected.

Inclusion body myositis usually responds poorly to standard immune-suppressing treatment. Management often focuses on maintaining mobility, preventing falls, adapting daily activities, and treating swallowing problems.

Rehabilitation is an important part of care. A physiotherapist can help develop a gradual strength and aerobic activity plan. Exercise is generally useful when it is matched to your current ability and adjusted during active inflammation. Pushing through marked weakness or severe pain is not helpful.

An occupational therapist can suggest equipment or changes that make dressing, cooking, bathing, and work safer. Speech and language therapists assess swallowing and may recommend safer food textures or swallowing techniques.

For dermatomyositis, protecting the skin from sunlight may reduce rash flares. This can include shade, protective clothing, and suitable sunscreen.

If a medicine or infection is responsible, treating the trigger may allow the inflammation to settle. Any suspected medicine change should be discussed with the prescriber.

Complications

Weak leg muscles can increase the risk of falls, fractures, and loss of mobility. Long periods of reduced activity may also lead to further loss of strength.

Weak swallowing muscles can cause dehydration, poor nutrition, or aspiration. Aspiration means food, drink, or saliva enters the airway. This can lead to choking or a lung infection.

Some autoimmune forms cause interstitial lung disease, in which inflammation or scarring affects the tissue around the lung's air sacs. This may cause a dry cough, breathlessness, and reduced oxygen levels. Heart inflammation or rhythm problems are less common but possible.

Long-term inflammation can leave lasting muscle damage. Treatment itself can also increase infection risk and affect bones, blood pressure, or blood sugar, which is why regular monitoring matters.

Prevention

Most autoimmune forms of myositis cannot currently be prevented. They are not caused by a lack of exercise or something you did wrong.

Some cases related to infection, medicines, or muscle injury may be preventable, but not all are predictable. Use medicines as directed and report new, persistent weakness or dark urine after starting a medicine. Do not stop treatment without advice unless urgent symptoms require immediate care.

If you already have myositis, following monitoring plans, staying active within safe limits, and addressing swallowing or breathing changes early may reduce complications. These steps manage risk; they do not guarantee that the condition will remain inactive.

Living with it and what to expect

The course of myositis differs among types. Some trigger-related cases settle once the cause is removed or treated. Autoimmune forms may improve with treatment but can flare again.

Others remain active at a low level or leave lasting weakness after inflammation is controlled.

Recovery of strength usually takes longer than improvement in blood tests. Muscles need time and rehabilitation to rebuild. Some people return to most usual activities, while others need lasting changes at home or work.

Inclusion body myositis commonly progresses over years. Walking, gripping, and swallowing may gradually become harder, and mobility aids can improve safety and independence. Current treatments do not reliably reverse this type.

Follow-up may include strength testing, blood tests, medicine monitoring, and checks of the lungs or swallowing when relevant. Report changes rather than waiting for a scheduled visit, especially if everyday tasks are becoming harder.

Living with a long-term, unpredictable condition can affect mood, relationships, and work. Practical support, rehabilitation, workplace adjustments, and mental health care can all form part of treatment.

When to get medical help

Arrange a routine medical appointment if you develop gradual, unexplained muscle weakness, especially if it affects climbing stairs, standing from a chair, lifting your arms, or gripping objects. A new rash with weakness, repeated falls, persistent muscle pain, or ongoing fatigue also deserves assessment.

Seek prompt medical advice if you have:

Call emergency services for severe trouble breathing, inability to swallow saliva, choking that does not clear, blue or grey lips, sudden collapse, or severe chest pain. These symptoms require immediate help regardless of whether myositis has been diagnosed.

- New coughing or choking while eating or drinking
- Food repeatedly feeling stuck
- Increasing breathlessness or a persistent dry cough
- Rapidly worsening weakness
- Fever or signs of infection while taking immune-suppressing medicine
- Dark or cola-coloured urine with severe muscle pain or weakness

Common questions

Is myositis an autoimmune condition?

Many long-term forms are autoimmune, including dermatomyositis and immune-mediated necrotizing myopathy. However, infection, medicines, or injury can also cause muscle inflammation. Inclusion body myositis involves both inflammatory and degenerative muscle changes.

Can myositis go away?

Some infection-related or medicine-triggered cases may resolve. Autoimmune myositis often needs long-term monitoring because it can improve, remain active, or return after a period of control. Inclusion body myositis is usually progressive.

Does myositis always cause muscle pain?

No. Weakness may be much more noticeable than pain. Some people have aching or tender muscles, while others have little discomfort despite significant weakness.

Can I exercise with myositis?

Many people benefit from planned, gradual exercise. The amount and intensity should match current muscle strength, inflammation, heart and lung health, and fall risk. A physiotherapist familiar with muscle conditions can help make activity safer.

Is myositis a form of cancer?

No. Myositis is not cancer. However, adult dermatomyositis can sometimes be associated with an underlying cancer, so additional screening may be advised based on age, symptoms, and individual risk.

What is the difference between myositis and fibromyalgia?

Myositis involves muscle inflammation or damage and often causes measurable weakness. Fibromyalgia causes widespread pain, fatigue, and increased pain sensitivity without inflammatory muscle damage. Symptoms can overlap, so testing may be needed.

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