Abstract Examples

HOW TO SUBMIT AN ABSTRACT FOR RDS 2023

John Doe[1,2], Norman Noname[1], Ursula Unknown[2]

[1]Department, University/Affiliation, City, Country

[2]Department, University/Affiliation, City, Country

Email: correspondingauthor@email.edu

Your abstract body here: 300 words maximum, single spaced, single paragraph, Times New Roman font, 12 pts size.

Teaching Point: Single sentence (Clinical Cases only)

Category: Example

REMISSION OF DERMATOMYOSITIS FOLLOWING ALLOGENEIC HEMATOPOETIC STEM CELL TRANSPLANT FOR CONCURRENT MYELODYSPLASTIC SYNDROME

Fatima Bawany[1], Irina Lerman[1], Bushra Tbakhi[2], Jason Mendler[2], Omar S. Aljitawi[2], John M. Bennett[3], and Christopher T. Richardson[4]

1 University of Rochester School of Medicine & Dentistry, Rochester, NY, USA

2 Department of Hematology and Oncology, University of Rochester Medical Center, Rochester, NY, USA

3 Department of Pathology and Laboratory Medicine, University of Rochester Medical Center, Rochester, NY, USA

4 Department of Dermatology, University of Rochester Medical Center, Rochester, NY, USA

Email: crichardson@urmc.rochester.edu

Dermatomyositis (DM) is an autoimmune inflammatory myopathy associated with malignancy in up to 30% of cases. We present the case of a 70-year-old male with anti-transcription intermediary factor-1 gamma (anti-TIF1γ) DM and myelodysplastic syndrome (MDS) who experienced dramatic improvement after a recent allogeneic hematopoietic stem cell transplant (allo-HCT). Given that there are only four published reports of anti-TIF1γ DM and MDS, this case offers new insights on managing patients with these rare but possibly life-threatening diseases. The patient initially presented with dramatic cutaneous features, including classic signs of DM, red-on-white patches, and psoriasiform dermatitis. Biopsy and antibody assays confirmed anti-TIF1γ DM. Further workup revealed pancytopenia, raising suspicion for malignancy. A bone marrow aspiration and biopsy uncovered MDS with excess blasts (13%). Combination azacitidine and pevonedistat was started, which initially led to significant improvement in DM and blast percentage (8%). However, his DM flared soon after, with worsening muscle weakness and a rise in blasts. After seven cycles of chemotherapy, he underwent allo-HCT. This resulted in remarkable improvement in both diseases. A mild DM recurrence was managed successfully with topical steroids, despite tapering of immunosuppressive tacrolimus. Currently, eight months post-transplant, his DM is in remission without any medications. This is the first report of a dramatically favorable outcome of DM post allo-HCT. Although autologous hematopoietic stem cell transplant has proven a favorable therapeutic approach for severe, resistant autoimmune diseases, the data on allo-HCT is scant given its inherent risks of transplant-related mortality and graft-versus-host disease. Our case demonstrates an increasingly recognized benefit of allo-HCT: graft-versus-autoimmunity (GvA), which involves engrafting alloreactive donor T-cells eradicating autoreactive host T-cells responsible for autoimmune disease. This was demonstrated in the resolution of his DM recurrence despite tacrolimus taper. This case provides insights into novel therapeutic approaches for patients with DM and associated hematologic malignancy.

Teaching Point: Allogeneic HCT may be an effective therapeutic option for dermatomyositis associated with hematologic malignancy or disease.

Category: Clinical Case