

Orbital Myositis as a Rare Extra-Intestinal Manifestation of Ulcerative Colitis

Miosite Orbitária como Manifestação Extra-intestinal Rara de Colite Ulcerosa

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Palavras-chave: Colite Ulcerosa/complicações; Manifestações Oculares; Miosite Orbitária

Dear Editor,

Myositis as an extraintestinal manifestation occurs in less than 1% of patients with inflammatory bowel disease, and it is even rarer in ulcerative colitis (UC).¹ To date, we found 15 published case reports of myositis associated with UC, with polymyositis being the most common clinical presentation and ocular involvement being reported in only one case.^{2,3}

We report the case of a previously healthy 35-year-old woman, who presented to the emergency department with four bloody diarrheal stools and left lower-quadrant abdominal pain. The rectosigmoidoscopy revealed congestive and friable mucosa with vascular pattern loss and scattered erosions in the distal (20 cm). Infectious causes were excluded and rectal biopsies confirmed UC. Treatment with oral and rectal mesalazine was initiated. One week later, despite gastrointestinal improvement, the patient developed left eyelid ptosis, conjunctival hyperemia, and ocular pain without discharge, pruritus, neurological deficits, or myalgia. Apart from the previous findings, the ophthalmological examination showed no abnormalities in the fundus, intraocular pressure, visual acuity or diplopia. Brain and orbital magnetic resonance imaging showed thickening and contrast enhancement of the left superior rectus muscle, predominantly at the tendinous insertion, supporting the diagnosis of orbital myositis (Fig. 1A and 1B). Autoimmunity, thyroid function and muscle enzymes blood tests were negative.

Prednisolone (0.8 mg/kg/day), with a tapering schedule over six months, and dexamethasone eye drops were initiated. At the five-month follow-up, an orbital magnetic resonance imaging (MRI) scan showed marked improvement of myositis (Fig. 1C and 1D). By the same time, the ulcerative colitis was in clinical and endoscopic remission. However, due to ocular relapse during corticosteroid tapering, azathioprine (2 mg/kg/day) was introduced, allowing successful discontinuation of corticosteroids. The patient remains asymptomatic on azathioprine monotherapy after two years of follow-up.

Inflammatory bowel disease-associated myositis is thought to result from immune activation driven by intestinal inflammation. Antigens released from damaged gut tissue trigger systemic immune responses, leading to muscle inflammation.^{2,4}

Ocular manifestations of UC include keratopathy, episcleritis, scleritis, and uveitis, and are among the most common extraintestinal manifestations.⁵ Orbital myositis may mimic the more common thyroid orbitopathy, which typically spares the tendinous insertions of the extraocular muscles.¹

However, in this case, unlike thyroid orbitopathy, which typically spares the tendinous insertions of the extraocular muscles, the tendinous insertions were involved, a finding characteristic of orbital inflammatory disorders. The use of azathioprine as maintenance therapy in UC can sometimes be controversial. In this clinical case, despite the high efficacy of mesalazine in controlling UC, the need to escalate treatment for orbital myositis led to the introduction of azathioprine, which proved successful in treating both the myositis and the UC.^{4,5}

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AUTHOR CONTRIBUTIONS

MP: Planning and organization of the case report, data collection, literature research, planification of first draft, final approval of the version to be published.

NA, AMM, HMD: Image acquisition, data collection, literature research, improvement of the final draft and critical review.

TG: Improvement of the final draft and critical review.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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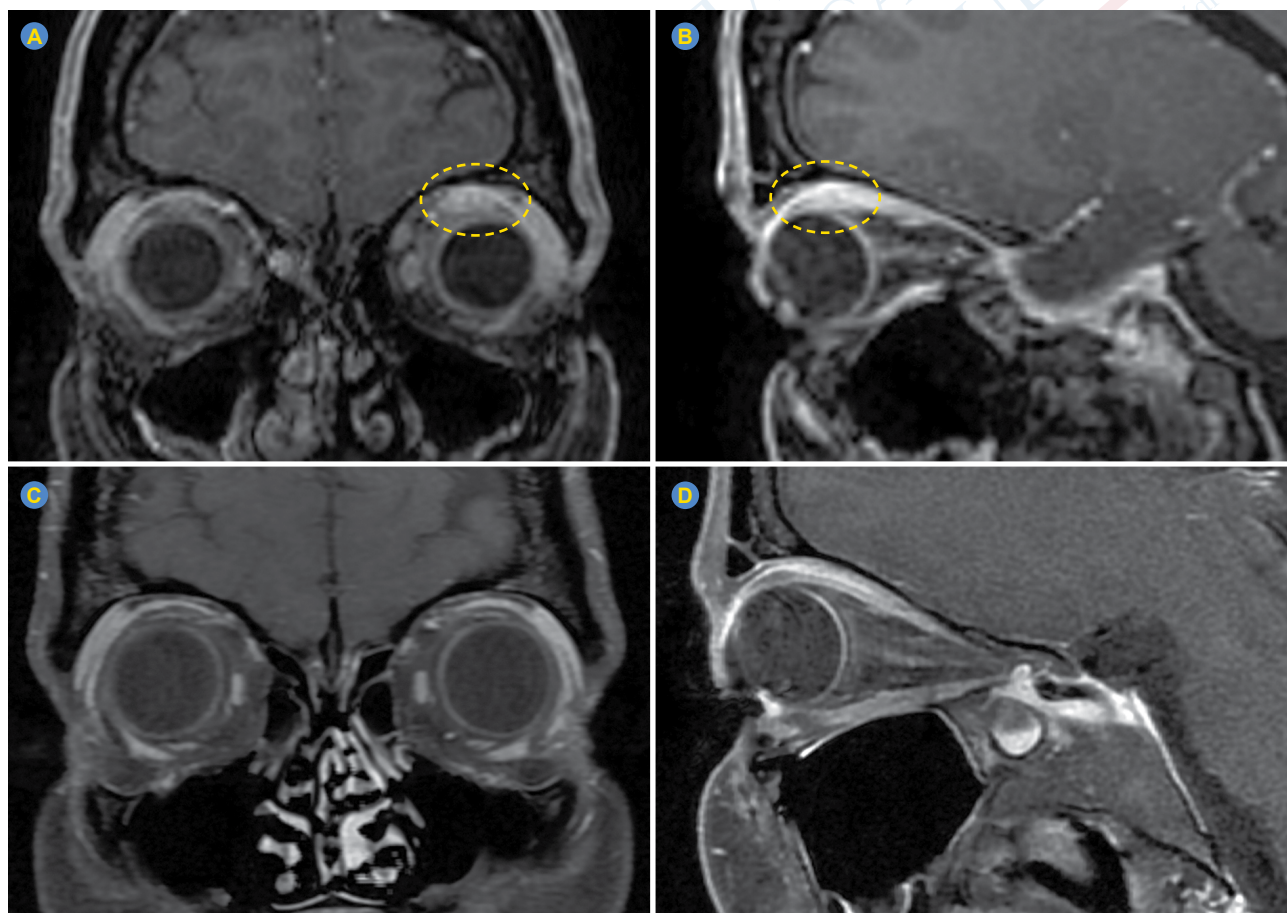


Figure 1 – MRI scans. Coronal (A and C) and sagittal (B and D) T1-weighted images with fat saturation after contrast administration. Images from the first MRI scan (A and B) show thickening and contrast enhancement of the tendinous insertion of the superior rectus muscle (circles), in keeping with myositis. Follow-up MRI scan at five months (C and D) showed marked improvement of said findings.

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