

Contractures in Myopathies

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ABSTRACT

The [two videos](#) show physical examination of two patients with contractures. These questions will be answered in the next issue of [RRNMF Neuromuscular Journal](#), along with further discussion as to how to approach a case of muscle contracture and myopathy, as well as teaching points.

Keywords: *Contractures, Neuromuscular, Myopathy.*

Questions:

Q1/ A 34-year-old man who walked on his toes as a child and had Achilles tendon surgery. As he grew older, he developed weakness of the triceps and knee flexors and extensors. He had two healthy brothers and no family history of muscle disease. Examination findings are shown in the video number 1. CPK was: 477 IU/L, Electromyography (EMG) showed mixed long and short duration MUAPs in the tested proximal muscles. (see video 1)

Cardiac involvement is typically a feature of the following myopathy:

- A. Oculopharyngeal muscular dystrophy (OPMD)
- B. Emery-Dreifuss muscular dystrophy (EDMD)
- C. Facioscapulohumeral muscular dystrophy (FSHD)
- D. Collagen VI myopathies

Q2/ A 32-year-old woman who walked on tiptoes at age 5 years for which she had an elongation of the Achilles tendon bilaterally. She had one healthy sister and no family history of muscle disease. She developed a fixed mild proximal legs weakness since childhood. CPK level was slightly elevated and EMG was myopathic. Physical findings are shown in video 2.

Contractures are common in the following myopathies:

- A. Limb Girdle muscular dystrophy type 2 B (LGM-D2B)
- B. Myotonic dystrophy
- C. Bethlem myopathy
- D. FSHD