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**A 57-year-Old Woman with
arthralgias, skin changes and
pulmonary interstitial infiltrates**



**EUROPEAN SCHOOL OF
INTERNAL MEDICINE, 4th-10th july,
Brighton**



A 57-year-old woman was admitted to hospital because of arthralgias on shoulders and legs

- **Hypertension**
- **Sjögren Syndrome** 3 years earlier.
- **Seronegative arthritis** (diffuse arthralgias without swelling (RF and ACPA +))

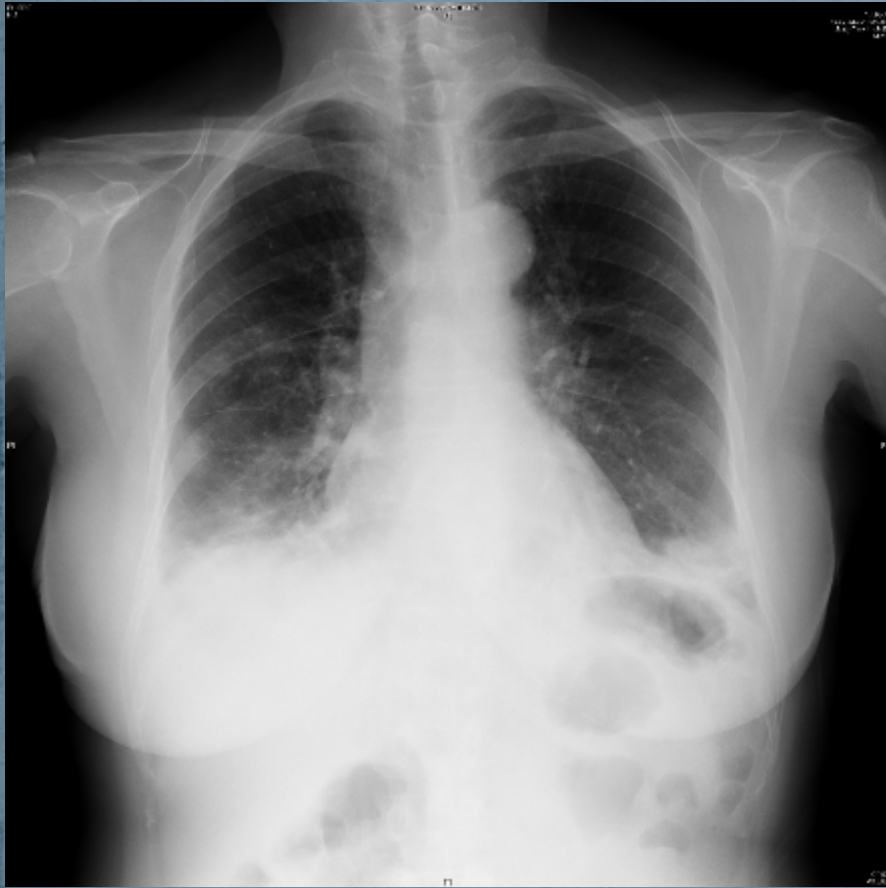
She complaint of **arthralgias** on shoulders, hips , and knees, and severe fatigue for two months.

Swelling was noted on DIP and **bilateral crackles** .

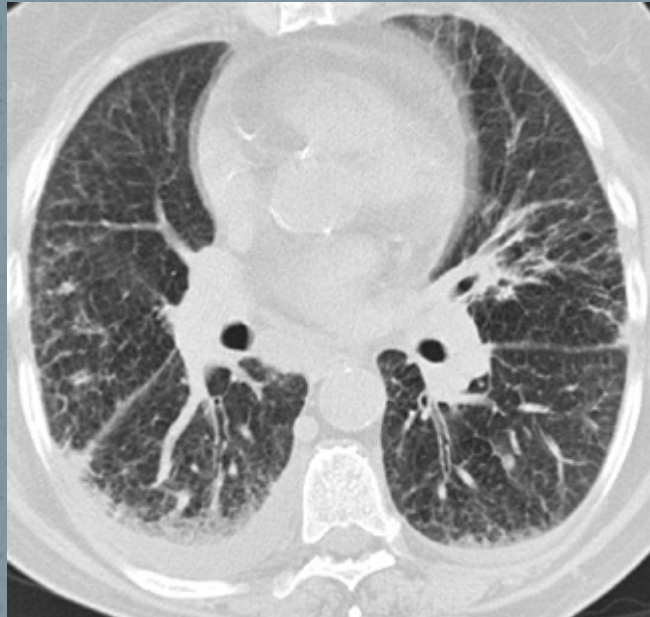
Normal hemogram and
coagulation

Normal biochemistry except for
GOT 192, GPT 274, GGT8, CK 4958

C₃ 98,9, C₄ 15,8, ANA 1/80,
anti la- anti ro-, **Anti Jo1 +**, anti
RNP, Sm, KLM-
anti CCCP 203, RF49.



The chest TC showed **diffuse alveoli – interstitial and ground –glass attenuation pattern** was seen at both bases.



- Spirometry: Normal parameters.
- Electromyogram: **Diffuse myopathy** signs affecting the **proximal** muscles.

A diagnostic test was performed.

Key points:

- ✓ Medium size articulation swelling.
- ✓ Hiperkeratosis on plants and soles and erythematous papules on the PIP surrounding skin.
- ✓ Diffuse alveoli – interstitial and ground – glass attenuation
- ✓ Elevated muscle enzymes and autoimmune positivity.



Differential diagnosis

1. Rheumatoid arthritis.

2. Systemic sclerosis

3. Idiopathic inflammatory myopathies .

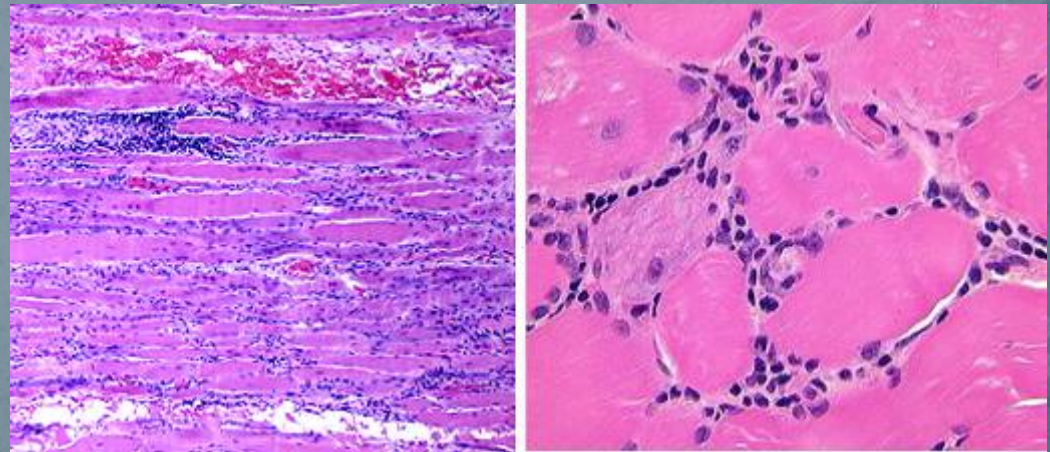
4. SLE

Curr Opin Pulm Med. 2000 Sep;6(5):424-9. Interstitial lung disease in systemic lupus erythematosus. [Cheema GS, Quismorio FP Jr.](#)

Curr Rheumatol Rep. 2010 Apr;12(2):156-61. [Imaging lung disease in systemic sclerosis](#). Strollo D, Goldin J.

Muscle biopsy

Diffuse **mononuclear** infiltrate affecting endomysium as well as perimysal septa and muscle fascicles.



ANTISYNTHETASE SYNDROME

No standard treatment.

Oral Corticoids at 1mg/Kg/day with tapering dose

New agents:

Mycophenolate Mophetil, Rituximab, Tacrolimus, IL-receptor antagonist.

In our case corticoids based treatment was started with dramatic improvement.

Azathioprine was added later because of relapse when tapering corticoids

KEY POINTS

1. Importance of a differential diagnosis of interstitial lung pattern.
2. Utility of skin changes in systemic diseases.
3. Laboratory markers.

THANK YOU

