Case-based Approach for Diagnosis and Management of Connective Tissue Disease-associated Interstitial Lung Disease

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Interstitial lung diseases (ILD) are a heterogeneous group of parenchymal lung disorders with various radiological/histopathological findings and clinical courses. ILD is a common pulmonary involvement in many connective tissue diseases (CTD), including systemic sclerosis, polymyositis, dermatomyositis, systemic lupus erythematosus, and rheumatoid arthritis. ILD may be the presenting manifestation that precedes the symptoms of specific rheumatologic disease. Early recognition of pulmonary involvement of CTD is important for initiating appropriate therapy.

We presented a case of 52-year-old female with chronic progressive dyspnea and non-productive cough. She had no symptom and sign of specific connective tissue disease at presentation. The test for antinuclear antibodies (ANA) was borderline and other autoantibodies were negative, including anti-dsDNA, anti-Sm, anti-RNP, anti-Scl-70, and anti-Jo1. Her chest X-ray and high-resolution computed tomography of chest were compatible with interstitial pneumonia. Despite treatment with corticosteroid and immunosuppressant, her respiratory symptoms worsened rapidly and later developed proximal muscle weakness and skin rash.

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