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Diffuse systemic sclerosis with digital ulcer

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Systemic sclerosis (SSc) is a systemic disease characterized by in durative skin thickening, occurrence of fibro proliferative vasculopathy and immune system disorders, followed by varying degrees of fibrosis. This disease has many clinical manifestations, but almost all cases occurred with skin involvement. The disease progression varies; it can progress rapidly or even slowly until many years later. The diffuse systemic sclerosis is a progressive form of SSc that cause fibrosis and chronic inflammation in various internal organs. Digital ulcer is a manifestation of vasculopathy and fibrosis which presents in half of the SSc cases and is often associated with Raynaud's phenomenon. Management for SSc varies because its clinical manifestations are very fast, thus the treatment is based on the specific organs involved. Reported a 53 years old woman, came with sclerodactyly macular hyperpigmentation lesions almost throughout her body and ulcer in digiti III manus sinistra. The biopsy examination result showed extensive connective tissue of eosinophilic collagen, with skin adnexa without certain abnormalities, infiltration of lymphocyte inflammation in perivascular capillary blood vessel with scleroderma conclusion, positive ANA test result (nucleolid pattern), ANA profile also obtained antigen Scl- 70+3 and RF (-). Chest X-ray examination result showed an impression of bilateral bronchopneumonia and cardiomegaly. The patient was given 8 mg tablets methylprednisolon every 8 hours, Neurodex® tablets every 24 hours, ranitidine tablets every 12 hours, betamethasone cream (for the stiffness), NaCl 0.9% compresses on wounded finger then rubbing it with gentamicin cream both in the morning and afternoon. On day 7, the patient showed improvement.

Biography

Evelyn Aryani Pranowo is a student in Dermatology and Venereology Department in Hasanuddin University, Indonesia.

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