

The Answer in Your Hands

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Figure 1: Cutaneous telangiectasia on the palms of both hands and skin thickening of the fingers.

Clinical Image

71-year-old female patient with no relevant clinical history, who was referred to pulmonology consultation due to worsening, progressive dyspnea and dry cough.

Chest radiograph showed a diffuse reticular infiltrative pattern. CT scan confirmed diffused reticular opacities with traction bronchiectasis sparing the subpleural area, compatible with fibrotic non-specific interstitial pneumonia. She referred no exposure to organic or inorganic agents, suggestive of hypersensitivity pneumonitis. She also denied any personal or familial clinical history of connective tissue diseases and presented no symptoms suggestive of them either. She wasn't under no pharmacological treatment that could explain the radiologic pattern. Objective examination showed several cutaneous telangiectasia on the palms of both hands and skin thickening of the fingers (Figure 1), not extending to the Metacarpophalangeal joint and with no digital ulcers. Auto-immune laboratory studies confirmed positive Anti-topoisomerase I antibodies. This, added up to the remaining clinical features, confirmed the diagnosis of Systemic Sclerosis, according to the current classification criteria [1]. The patient started therapy with methotrexate, prednisolone and Nifedipine, showing clinical and functional stability (Figure 1) [2].

References

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