

# Pulmonary manifestations in systemic connective tissue diseases

**Systemic connective tissue diseases** are autoimmune diseases with multiorgan impairment due to vasculitis; frequent arthritis, muscle and skin damage. The onset of *fibrosing alveolitis* is a response to immunocomplexes deposited in the pulmonary capillaries. The treatment is corticotherapy.<sup>[1]</sup>

## Rheumatoid arthritis

- Interstitial damage in 1.5 to 4.5%;
- clinically and histologically identical to KFA;
- **prognosis:** unfavorable in case of pulmonary changes;
- **therapy:** glucocorticoids + immunosuppressants.<sup>[1]</sup>

## Systemic lupus erythematosus

- Pulmonary impairment in 50 to 60%: most often pleurisy, ILD, rarely acute pneumonia;
- X-RAY: reticulonodular shadows with max. impairment of the lower lung fields;
- **therapy:** corticoids + penicillamine/cyclophosphamide;
- **survival** 10 to 14 years (cause of death renal failure, endarteritis or secondary pneumonia).<sup>[1]</sup>

## Scleroderma (progressive systemic sclerosis)

- ILD in up to 80% of patients<sup>[1]</sup>

## Polymyositis, dermatomyositis

## Sjogren's syndrome

## Bechterew's disease

## Crohn's disease

## Links

### Related articles

- Chronic lung diseases • Interstitial lung processes
- Rheumatoid arthritis • Systemic lupus erythematosus • Scleroderma • Sjögren's syndrome

### Source

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