Rheumatoid lung

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DESCRIPTION

Rheumatoid arthritis (RA) is one of the most common forms of chronic arthritis affecting, especially, the osteoarticular system. However, in about 40% of patients, there are also extra-articular manifestations.^{1 2}

The authors present the case of a 55-year-old man, a smoker, sent to the internal medicine outpatient clinic in 2007 with a symmetric polyarthritis developing over 4 months and left pleuritic chest pain for several weeks. Examination showed diminished chest breath sounds and hypoxia.

The investigation confirmed RA (rheumatoid factor and anticitrullinated protein antibody positive) and the lung images showed bilateral apical bullae, pulmonary nodules, pleural effusion and mediastinal adenopathies. The pleural effusion study revealed an exudate with low glycose. The cultures of sputum and pleural fluid (bacterial and MTB) were both negative. A biopsy of the mediastinal adenopathies and lung parenchyma revealed rheumatoid granuloma.

The patient was treated with prednisolone (maximum 60 mg/day) and methotrexate 10 mg/week for about a year, but his respiratory

capacity continued to decrease, with pulmonary fibrosis, worsening of pulmonary function tests and frequent infectious exacerbations needing hospitalisation and intravenous antibiotics. The methotrexate was substituted by sulfasalazine because of low compliance and possible lung side effects. The pleural effusion became refractory causing a hydropneumothorax (figure 1). Pleurodesis was successfully performed. The patient is now under home oxygen therapy and without specific treatment for the RA, as he stopped attending consultations.

The interest of this case lies in the fact that the extensive pulmonary involvement associated the weak therapeutic compliance worsens the prognosis of a potentially treatable disease.³

Learning points

- ▶ Rheumatoid arthritis (RA) is a multisystem disease affecting not only the osteoarticular system, but also capable of impairing multiple extra-articular sites, including the lungs.
- ▶ The pulmonary involvement in RA can be extensive, with parenchymal destruction caused by rheumatoid granulomas and evolving to fibrosis.

Competing interests None declared.

Patient consent Obtained.

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Figure 1 Rheumatoid lung, with different kinds of pulmonary involvement due to rheumatoid arthritis: fibrosis, hydropneumothorax and pleural effusion.

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