Interstitial lung disease due to underlying Sjogren's syndrome

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Background

- Interstitial Lung Disease (ILD) refers to a large, heterogenous group of disorders that are classified together due to similar clinical, physiologic, radiographic and/or pathologic manifestations.
- ILD is unique in that many potential causes exist, but in 20% to 50% of ILD cases a cause is never determined.

Case Presentation

- We present a 70-year-old female patient who initially presented with worsening shortness of breath on minimal exertion, lower extremity pain and weakness, and diarrhea.
- On presentation to the ED her vital signs showed respiratory rate of 22 and oxygen saturation of 94% on room air. Other vital signs were normal.
- She was admitted to another hospital the week prior for the same symptoms and had a negative cardiac workup including EKG, echocardiography and stress testing
- She was a never smoker but worked with livestock and cattle her whole life.
- COVID-19 and testing for other common viral respiratory pathogens was negative.
- CTA chest revealed bilateral ground glass opacities and band-like consolidations favoring the lung periphery.
- She was empirically treated with broad spectrum antibiotics and prednisone. Bronchoscopy with BAL was performed.
- The BAL fluid specimen was composed of mixed inflammatory cells, macrophages and reactive bronchial epithelial cells.
- Rheumatologic workup found positive ANA and SSA/Ro antibodies, indicating ILD secondary to Sjogren's Syndrome (SS).

Images

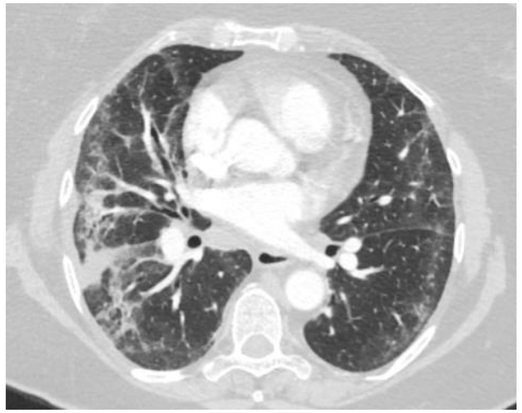

Figure 1. Bilateral ground glass opacities and irregular bandlike consolidations favoring the periphery of the lungs.

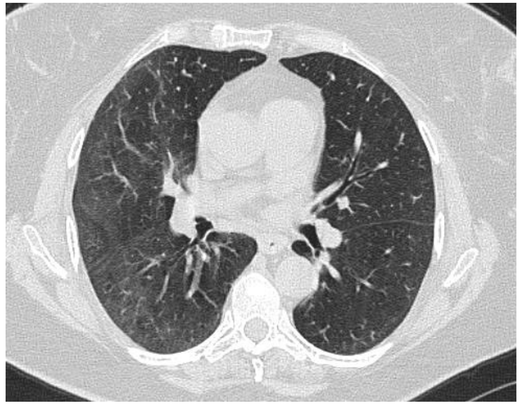

Figure 2. When compared to the previous study, there appears to be improved aeration of the lung bases and lung apices with minimal ground glass densities now identified within the midlung fields.

Discussion

- Only 10% to 20% of patients with SS develop ILD and even fewer have pulmonary symptoms as the presenting complaint
- The rarity of our patient's clinical presentation was our motivation for writing up this case.
- She is currently being treated with mycophenolate mofetil for immune suppression, pilocarpine for xerostomia and was recently weened off of systemic steroids.
- She has demonstrated clinical improvement of lung function, and her latest chest CT demonstrated improved aeration of the lungs as well as minimal ground glass opacities when compared to previous imaging.

Conclusion

- ILD secondary to connective tissue diseases like Sjogren's Syndrome should be considered in patients with unexplained ILD.
- Prompt diagnosis and treatment will improve the lives of patients afflicted by ILD secondary to Sjogren's Syndrome.

References

- https://www.uptodate.com/contents/interstitial-lung-disease-associated-with-sjogren-syndrome-clinical-manifestations-evaluation-and-diagnosis?search=sjogrens%20interstitial%20lung%20disease&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
- https://www.uptodate.com/contents/interstitial-lung-disease-associated-with-sjogren-syndrome-management-and-prognosis?search=sjogrens%20interstitial%20lung%20disease&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

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