Excellence in Rheumatic & Autoimmune Diseases
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THE OFFICIAL JOURNAL OF INSTITUTE OF RHEUMATIC AND AUTOIMMUNE DISEASES

Clinical image

Anti-synthetase syndrome with interstitial lung disease

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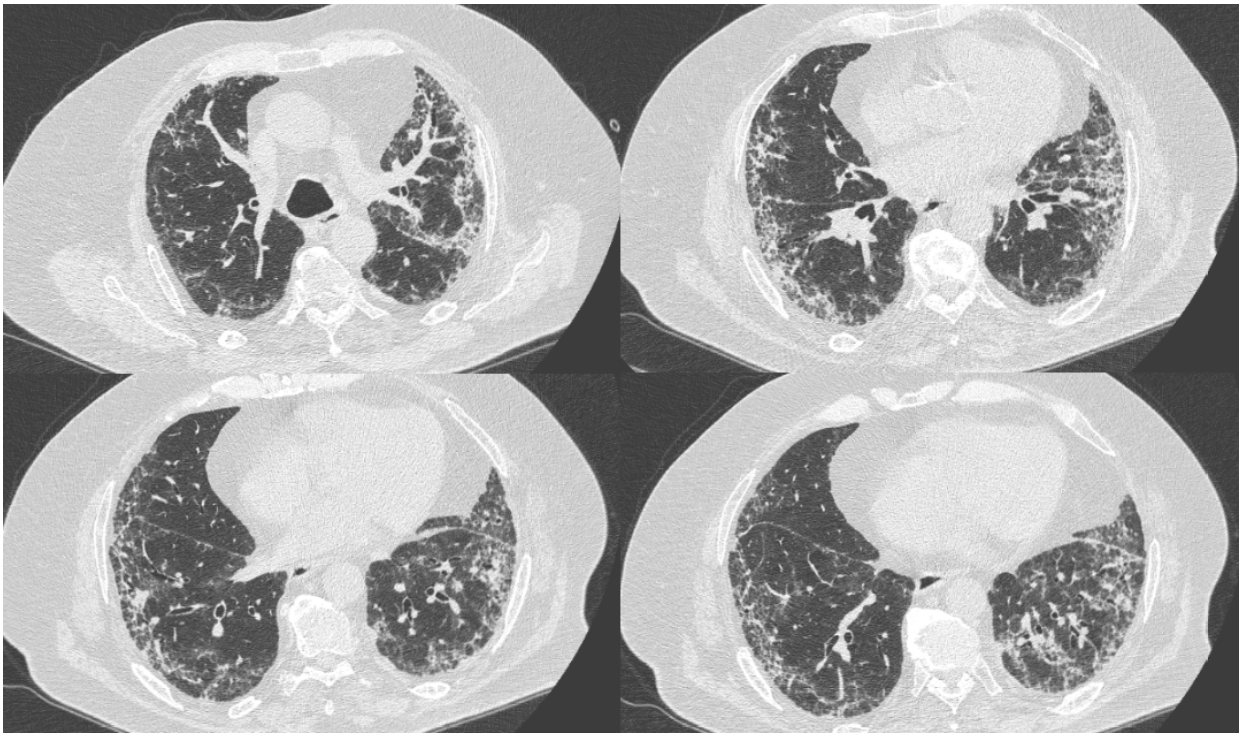

A 76-year-old male patient presented to the emergency department complaining of persistent fever and dyspnea. His symptoms started two months ago and he was hospitalized and supported with nasal oxygen and intravenous antibiotics. Initial treatment with broad spectrum antibiotics lead to no improvement and steroids were added. His symptoms initially improved, however his fever and dyspnea relapsed when steroids were tapered. Physical examination revealed bilateral crackles and laboratory investigation showed increased inflammation markers. Chest imaging demonstrated interstitial changes consistent with interstitial lung disease (ILD). Pulmonary function tests confirmed a restrictive pattern. Taking into consideration the lack of response to multiple antibiotic regimens, non-infectious causes were considered. The patient had no muscle weakness, rash or arthritis however he mentions Raynaud's. Serological testing revealed a high titer of anti-EJ antibodies. This autoantibody profile along with the clinical presentation supported a diagnosis of anti-synthetase syndrome. The patient was started on corticosteroids and mycophenolate mofetil.