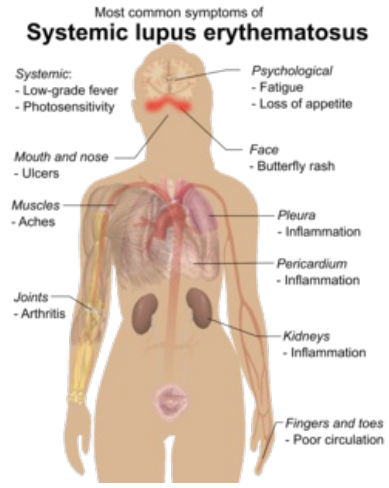
# Pulmonary manifestations in systemic connective tissue diseases

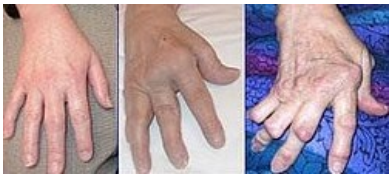
**Systemic connective tissue diseases** are autoimmune diseases with multiorgan impairment due to vasculitis; frequent arthritis, muscle and skin damage. The onset of *fibrosing alveolitis* is a response to immunocomplexes deposited in the pulmonary capillaries. The treatment is corticotherapy.[1]



Affected organs in lupus

### 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.[1]


Rheumatoid arthritis of the hand

### 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).[1]

### Scleroderma (progressive systemic sclerosis)

- ILD in up to 80% of patients [1]

**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 • Sjorgen's syndrome

### Source


- CHILD, P., et al. *Internal Medicine.* 2nd edition. Prague: Galén, 2007. ISBN 978-80-7262-496-6 .

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