P_03

DOI: https://doi.org/10.5114/reum/219178

Pulmonary hypertension and interstitial lung disease of organising pneumonia morphology as primary manifestations of seropositive rheumatoid arthritis

Gabriela Gajo[1], Aleksandra Hus[2], Piotr Szczęsny[2], Maria Maślińska[2]

[1]Medical University of Warsaw, Poland

[2]Department of Rheumatology, National Institute of Geriatrics, Rheumatology and Rehabilitation, Warsaw, Poland

Key words: rheumatoid arthritis, rheumatoid arthritis-associated interstitial lung disease, pulmonary arterial hypertension

Introduction: Pulmonary involvement is a frequent and prognostically significant extra-articular manifestation of rheumatoid arthritis (RA). Rheumatoid arthritis-associated interstitial lung disease (RA-ILD) is the most common respiratory presentation and a major contributor to morbidity and mortality. Growing evidence suggests the lungs may be a site for initiating autoimmune processes preceding clinically overt RA.

Case description: A 54-year-old female with a 14-year history of idiopathic pulmonary arterial hypertension (iPAH) presented with an acute onset of polyarthritis following an emotional stress accompanied by infection. She exhibited high disease activity (DAS28: 6.74), significant systemic inflammation (erythrocyte sedimentation rate: 96 mm/h, C-reactive protein: 105 mg/l), and high titers of autoantibodies (rheumatoid factor: 58.44 IU/ml, anti-citrullinated protein antibodies: > 500 U/ml). High-resolution computed tomography (HRCT) and lung cryobiopsy confirmed an organising pneumonia (OP) pattern (Fig. 1). Pulmonary function tests showed forced vital capacity 88% and reduced diffusion capacity of the lungs for carbon monoxide 58%. Based on clinical, serological, and radiological findings, a diagnosis of RA-ILD was established. Treatment was initiated with intravenous methylprednisolone, followed by a regimen of methotrexate, hydroxychloroquine and tapering dose of oral methylprednisolone.

Conclusions: This case highlights the diagnostic challenges of RA with pulmonary involvement. The patient's ILD, characterised by an inflammatory OP pattern on HRCT, was preceded by long-standing iPAH. This clinical sequence suggests a possible gradual evolution from a subclinical pulmonary state, such as interstitial pneumonia with autoimmune features, to clinically defined RA. Early recog-

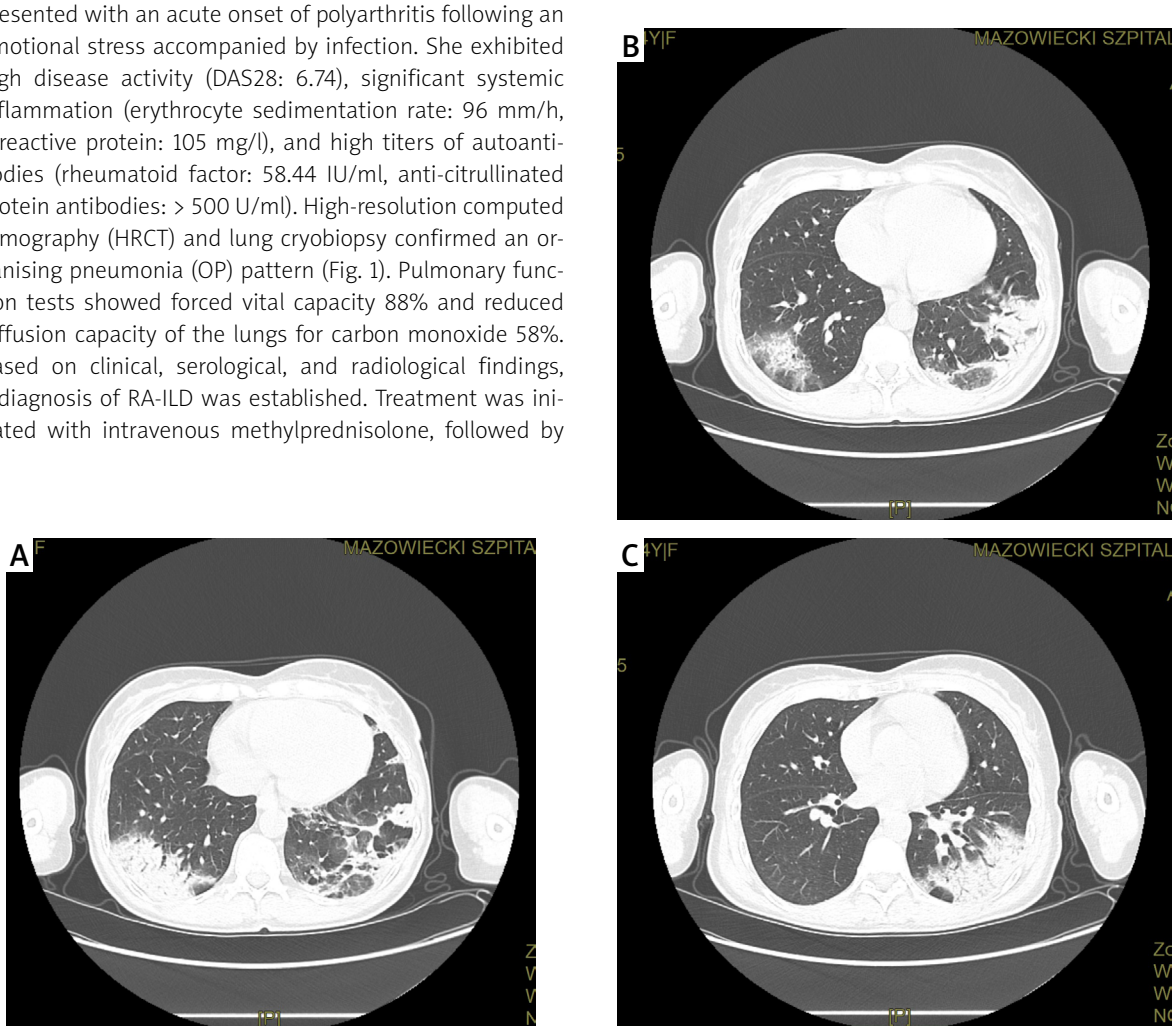

Fig. 1. High-resolution computed tomography of the chest showing extensive patchy consolidations and ground-glass opacities with air bronchograms accompanied by diffuse bronchial wall thickening and enlarged mediastinal and axillary lymph nodes.