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Internal Medicine Flashcard

The hand of respiratory failure

Federica De Giacomi[a], Narat Srivali[b,*]

[a] Respiratory Unit, Cardio-Thoracic-Vascular Department (FG), University of Milan-Bicocca, San Gerardo Hospital, Monza, Italy
[b] Division of Pulmonary Medicine (NS), St. Agnes Hosipital, Baltimore, Maryland 21229, USA

1. Case presentation

73-year-old man presented to our institution with shortness of breath, diffuses myalgia and noticed the significant change of his hands. Physical examination was remarkable for bilateral crackle at lung base and rough, cracked skin at the tips and lateral aspects of the fingers "mechanic's hands" (Fig. 1A). Complete blood count, comprehensive metabolic panel, erythrocyte sedimentation rate and C-reactive protein were unremarkable. Computerized tomography of chest demonstrated small consolidations with peribronchovascular and peripheral subpleural and non-subpleural distribution, some with air bronchogram, and perilobular opacities (Fig. 1B). What is the diagnosis?

2. Diagnosis

With high suspicious of Antisynthetase syndrome (AS) due to hand findings, Anti-Jo1 antibody was sent and came back positive. AS was diagnosed base on clinical and serology. Patient was started on prednisone and mycophenolate mofetil with marked clinically improvement.

AS is an inflammatory myopathy associated with pulmonary manifestations [1], especially interstitial lung diseases. Positive anti-RNA synthetase antibodies, most commonly anti-Jo1 [2], confirm the diagnosis. The manifestation of extra-thoracic presentations may suggest the diagnosis and "mechanic's hands" is one of the most important clinical clues for this disease [1]. Prognosis of this rare disease is determined by the extent of pulmonary involvement and progression [2]. Our patient had 6 months follow up without clinical or radiologic signs of progression or exacerbation of disease.

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Disclosure

None for all authors.

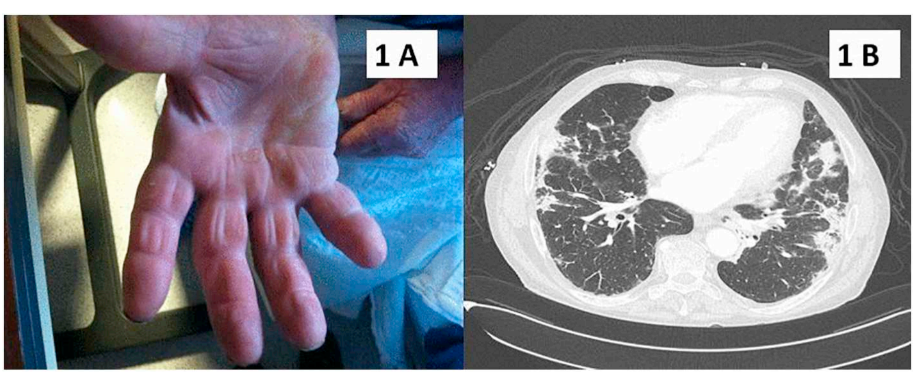

Fig. 1. A: Mechanic's hands, the cracking and/or fissuring of the lateral and palmar aspects. B: CT Chest demonstrated small consolidations with peribronchovascular and peripheral subpleural and non-subpleural distribution, some with air bronchogram, and perilobular opacities.

* Corresponding author.
E-mail address: nsrivali@gmail.com (N. Srivali).

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