

## Rapidly Progressive Rheumatoid Lung Disease

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# Rapidly Progressive Rheumatoid Lung Disease

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## Introduction

### Rheumatoid Arthritis-Associated Interstitial Lung Disease (RA-ILD)

- Usually does not progress and remains subclinical
- If progression occurs, it is typically insidious with rapid progression being uncommon

## Case Description

### History of Present Illness

- 65-year-old female with history of rheumatoid arthritis presents with dyspnea

### Labs, Imaging, and Procedures

- Anti-CCP and ESR were elevated
- CTA of the Chest revealed cavitory lesions concerning for rheumatoid nodules and interstitial changes
- Bronchoalveolar lavage was negative for infection
- Biopsy of cavitory lesion revealed features of organizing pneumonia and reactive lymphocytes

### Progression

- Found to have worsening hypoxia and flares of her arthritis
- Required supplemental oxygen, chronic steroids, increased doses of adalimumab, and a trial of tocilizumab
- High resolution CT of the Chest six months later revealed progression of ILD with worsening lung function on PFT's

## Treatment

- Patient was started on mycophenolate mofetil and rituximab
- Referred to lung transplant center with lung function currently stable

## Discussion

- RA-ILD and rheumatoid nodules are more commonly seen in men
- Organizing pneumonia on biopsy is rare but is associated with a better prognosis and is usually steroid responsive
- RA-ILD is infrequently associated with rapid progression and inadequate response to steroids

## Conclusion

- Importance of recognizing the pulmonary complications associated with RA
- Understanding the potential of RA-ILD to atypically progress and worsen over time
- Necessity of adequate treatment and early referral to a transplant center

## References

<sup>1</sup>Brown KK. Rheumatoid lung disease. *Proc Am Thorac Soc*. 2007;4(5):443-8.

<sup>2</sup>Mori S, Koga Y, Sugimoto M. Organizing Pneumonia in Rheumatoid Arthritis Patients: A Case-Based Review. *Clin Med Insights Circ Respir Pulm Med*. 2015;9(Suppl 1):69-80.



Image 1. CT of the chest on presentation showing a cavitory lesion in the left upper lobe and interstitial changes.

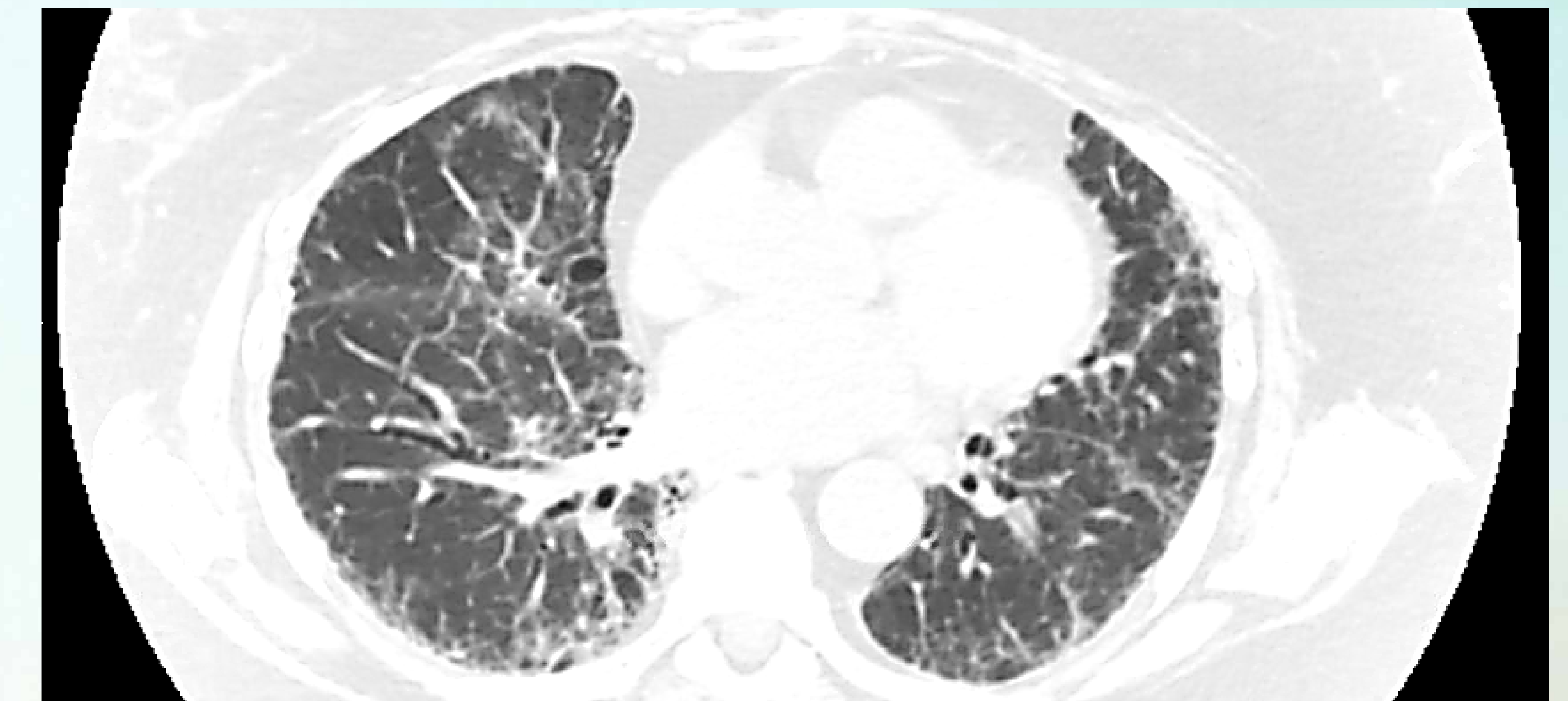


Image 2. High Resolution CT of the chest at 6 months from original presentation with a reticular pattern and predominance toward the lung bases without overt honeycombing demonstrating extensive progression of ILD.

