UNILATERAL PULMONARY FIBROSIS ASSOCIATED WITH RHEUMATOID ARTHRITIS

Ítalo Magalhães Gusmão^{1,*}, Eduardo José do Rosário e Souza¹, Filipe Didier Maciel¹, Marcelo Rocha Scaramussa¹, Carolina Laís Ladeira Estefani¹, Juliana Cabrera Garrido¹

1.Santa Casa de Misericórdia de Belo Horizonte, Belo Horizonte (MG), Brazil.

*Corresponding author: italogusmao23@gmail.com

BACKGROUND

Unilateral pulmonary involvement presents wide differential diagnoses, with neoplasia, fungal, viral and bacterial infections, hemorrhage, thromboembolic events and fibrosis. Interstitial lung disease is rare and mostly related to ipsilateral vascular involvement and gastroesophageal reflux, but it is also reported in association with connective tissue diseases, such as systemic sclerosis and rheumatoid arthritis.

CASE REPORT

Female patient, 53 years old, with rheumatoid arthritis for 3 years, rheumatoid factor in high titers, using methotrexate 7.5 mg/week, hydroxychloroquine 400 mg/day and prednisone 5 mg/day, developed dry cough after one month of evolution, with progressive worsening, in addition to relapse of polyarthritis, night sweats, fever, hyporexia and weight loss of 3.5 kg in the period. Discarded hypothesis of COVID-19. She used several broad-spectrum antibiotics, maintained polyarthritis despite the increase in prednisone and methotrexate, cough and reduced oxygen saturation, but without dyspnea. Chest X-ray showed diffuse reticular opacity throughout the left hemithorax. He performed a molecular test for tuberculosis, bronchoalveolar lavage with culture and research for fungi and AFB, all negative. Transbronchial biopsy showed a mild and nonspecific chronic inflammatory process. Submitted to chest tomography: severe fibrocystic lung disease in the left lung, volumetric reduction of the hemithorax on this side and signs of pulmonary hyperinflation, characterizing nonspecific interstitial lung disease (NIBP) of unilateral involvement. The patient was treated with prednisone 1 mg/kg, with an excellent response. Opt for maintenance treatment with rituximab.

CONCLUSION

Unilateral interstitial lung disease is rare and its diagnosis can be exhaustive due to the great diversity of differential diagnoses. Treatment at early stages presents greater chances of response in relation to recovery of lung function, justifying further investigation in cases of suspicion.

KEYWORDS

Pulmonary fibrosis, Rheumatoid arthritis, Interstitial lung disease.