6TH LUBLIN INTERNATIONAL MEDICAL CONGRESS FOR STUDENTS AND YOUNG DOCTORS

LUBLIN, 28TH - 30TH NOVEMBER 2019

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ANTISYNTHETASE SYNDROME: A CASE REPORT

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Background: Antisynthetase syndrome (AS) is a rare chronic autoimmune condition. Symptoms usually include interstitial lung disease, myositis, polyarthritis, Raynaud's phenomenon. The etiology is linked to the production of autoantibodies which attack certain enzymes. We present a case of AS which was diagnosed in a patient who at first was diagnosed and treated for pneumonia.
Case Report: 66-year-old woman was suffering from chronic dry cough, with slight sputum; shortness of breath after minor exercise; painful joints of hands, knees, elbow and left shoulder; dull pain on the both sides of the chest and cracked skin on hands. After two months from the onset of these symptoms a chest roentgenogram was performed. Pneumonia was diagnosed and it was treated with five different antibiotics with no success. The patient was admitted to the department of pulmonology, computer tomography was performed and signs of pneumonia were found. Bronchoscopy and bronchoalveolar lavage showed the signs of chronic bronchitis. Analysis of bronchoalveolar lavage did not show any significant pathological changes. After performing cryobiopsy of the lungs nonspecific interstitial pneumonia was diagnosed. One week after hospitalization dyspnea worsened, right-sided pneumothorax occurred and thoracic drain was inserted. Because of the pain and swelling of joints patient was consulted by a rheumatologist. Roentgenogram of hands showed periarticular osteoporosis of wrists and fingers. Rheumathoid factor was negative, however in ENA: Ro-52 and Anti-Jo-1 were found. Considering arthritis, muscle stiffness and weakness the patient was transferred to the department of rheumatology. Muscle biopsy was performed and it showed diffuse myositis. Creatinkinase, myoglobin, AST, CRP were increasing considerably; blood in the urine was observed. The patient's condition improved after pulse-therapy using Methylprednisolon (total dose 3000mgi/v). Patient continues taking 60-40 mg/day prednisolone and Methotrexate 10 mg/weekly is added.
Conclusions: In this case along with other clinical symptoms the positive anti-Jo-1 was the main laboratory marker for diagnosis of AS. Our patient had interstitial lung disease, polymyositis, arthritis and "mechanical hands" - 4 diagnostic criteria of AS syndrome which was successfully treated with methylprednisolone pulse therapy and high prednisolone doses, following methotrexate therapy.

Keywords: antisynthetase syndrome, interstitial lung disease, anti-Jo-1.