

Systemic Sclerosis Associated With Hashimotos Thyroiditis - A Rare Case Report

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1. Introduction

Systemic Sclerosis (Ssc) is a chronic multisystem disease of unknown etiology characterized by skin induration, thickening, accompanied by fibrosis and chronic inflammatory infiltration of internal organs, microvascular damage and immune dysfunction.

Several epidemiological studies have revealed the co-occurrence of other autoimmune diseases (AIDs) within patients with Ssc. The most prevalent associated AIDs were autoimmune thyroid disease (10.4%) followed by Sjogren's syndrome (7.7%) and dermatopolymyositis/ polymyositis (5.6%). (1)

2. Case Report

A 45 year old female patient presented with complaints of tightness of skin over face and extremities since 8 months, difficulty in opening mouth since 7 months. There was history of easy fatiguability and joint pain affecting her daily routine with history of numbness and pain in the upper limbs which aggravated on exposure to cold and stress. On examination, skin over face, upper limbs and lower limbs were tight, indurated and shiny. Multiple digital pitted scars were present. Pinched appearance of nose, microstomia, salt pepper appearance were noted. ANA antibodies were positive. Skin biopsy was done and was suggestive of systemic sclerosis. Investigations - haemoglobin -8.9g/dl. Liver function tests were mildly impaired, Thyroid profile was done which showed elevated TSH levels and decreased T3 and T4 levels. FNAC of thyroid swelling of left lobe was done. Cytological features were suggestive of Hashimotos thyroiditis. Antimicrosomal antibodies (180 IU/mL) and anti thyroglobulin antibodies (1635 IU/mL) were positive.





Clinical pictures showing thyroid swelling (figure 1). Salt and pepper appearance of skin (figure 2)

H & E stained section of skin showing dense collagen bundles

3. Conclusion

A knowledge of this association is of fundamental importance to the clinician that, in treating an autoimmune disease, remains alert to other ones. The Ssc subjects with anti-TPO antibodies, a higher frequency of HLA-DR 15 allele is seen than the patients without these antibodies. (2)

Thus, associations of AIDs and autoimmune background in Ssc have to be considered for further therapeutic and biological investigations in Ssc. (3)

References

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