

# A Clue in Hand: Synthesizing a Complex Rheumatologic Presentation

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Internal Medicine-Pediatrics  
Residency Program

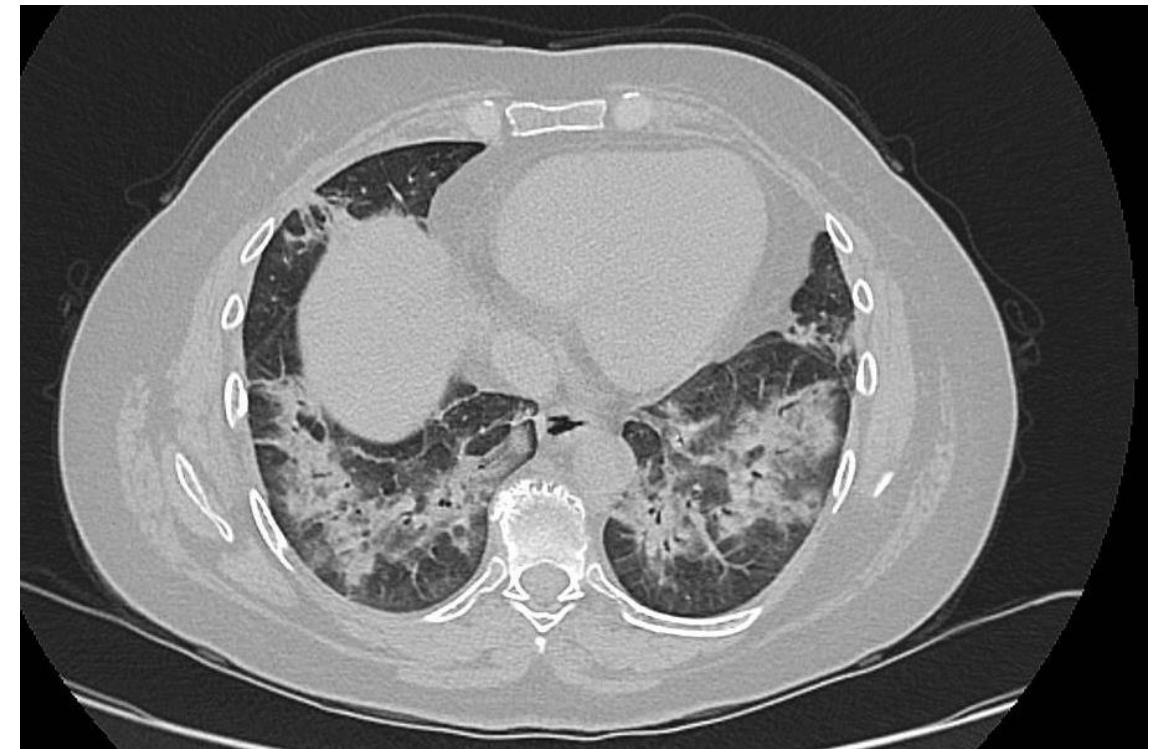
# New Patient Visit at 4:00pm on Friday

ML is a 58 year-old woman with GERD and a recent hospitalization for lipid pneumonia re-presents to primary care for chronic bilateral wrist pain, hand swelling, and subjective weakness.

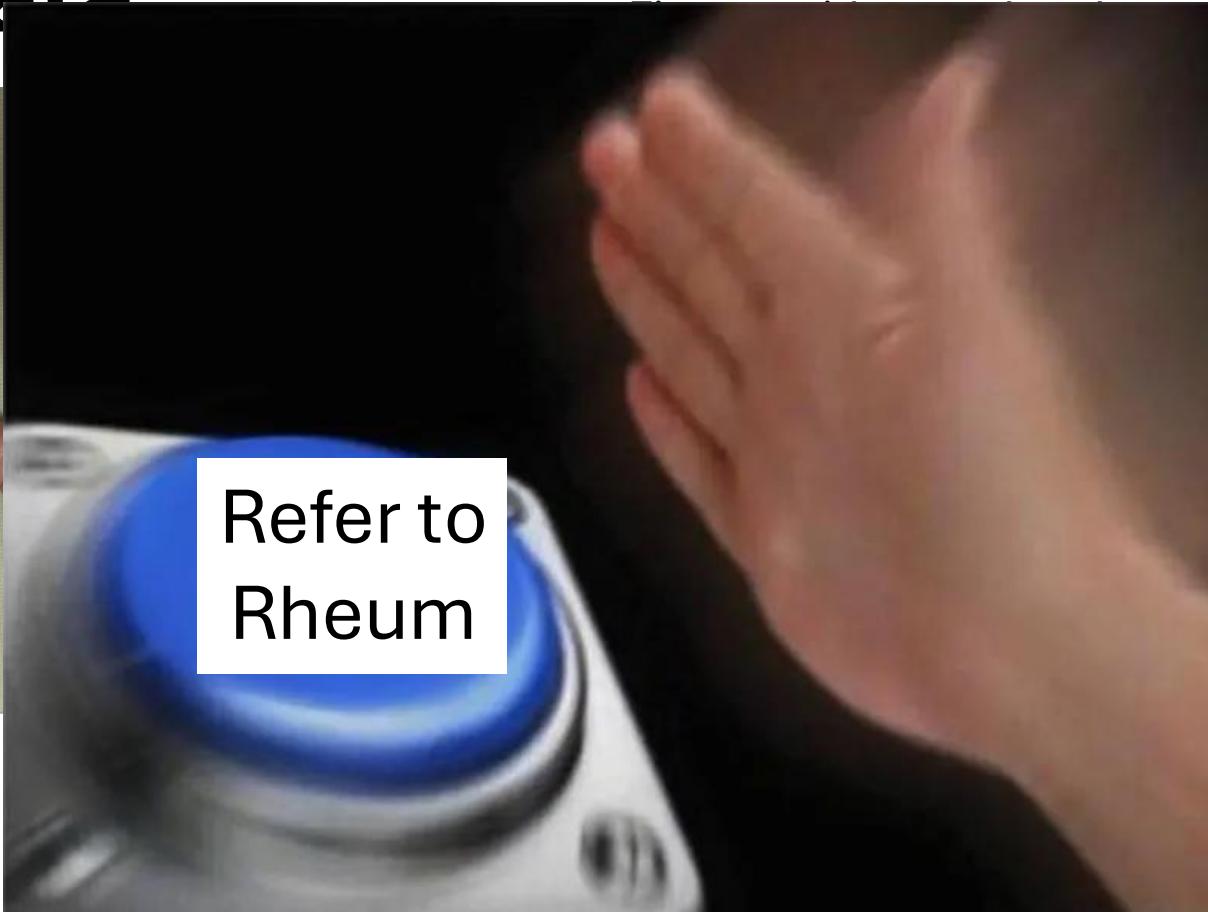
## Preceding workup:

Normal/negative: CBC/d, CMP, CRP, ESR, PCT, ANA, RF, anti-CCP, anti-dsDNA, SSA/SSB, TSH, C3/C4, hypersensitivity pneumonitis panel, RCx, HCV, urine protein, EMG, TTE, and bilateral hand xrays.

Abnormal: CT-ILD



# Clinic Data



**MRI R hand:** Mild proximal and flexor tenosynovitis

**Labs:** CBC/differential, CMP, CRP/ESR, Smith Ab, RNP Ab, CK, aldolase, centromere, and IgG negative

## Hx:

- Bilateral PIP/wrist arthralgias and stiffness, worst in morning. but are dry, cracked
- proved after hospitalization.
- somewhat better with PPI.
- /post-exercise myalgias.

6 SpO2 94% RA Wt 63 kg BMI 23.8

lateral aspects of 1st/2<sup>nd</sup> digits.  
l hands.

l/medium joint effusions across  
warmth, erythema.

crackles

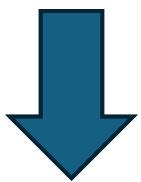
bow flexion/extension, hip flexion,  
extension limited by

swelling/pain. Normal grip strength, gait.

# Problem Representation

A 58 year-old woman with GERD and a recent hospitalization for lipid pneumonia re-presents to primary care for **chronic bilateral wrist pain**, **hand swelling**, and **subjective weakness**.

Google



Timecourse

Associated symptoms/data/problems

A 58 year-old  
**polyarticular**

The combination of mild-moderate polyarticular arthritis, interstitial lung disease (ILD), cracked/dry hand swelling, and myopathy is a classic presentation of **anti-synthetase syndrome (ASS)**.

# Anti-Synthetase Syndrome

## Presentation

- ILD (90%)
- Myositis (39-80%, Ab-dependent)
- Non-erosive arthritis (50%)
- Mechanic's hands (29%), Raynaud (32%)
- Fever (26%)

## Path

- Anti-tRNA synthetases Abs: Anti-Jo-1, anti-OJ

Tx

- Steroids and DMARDs (MTX, MMF, rituximab)

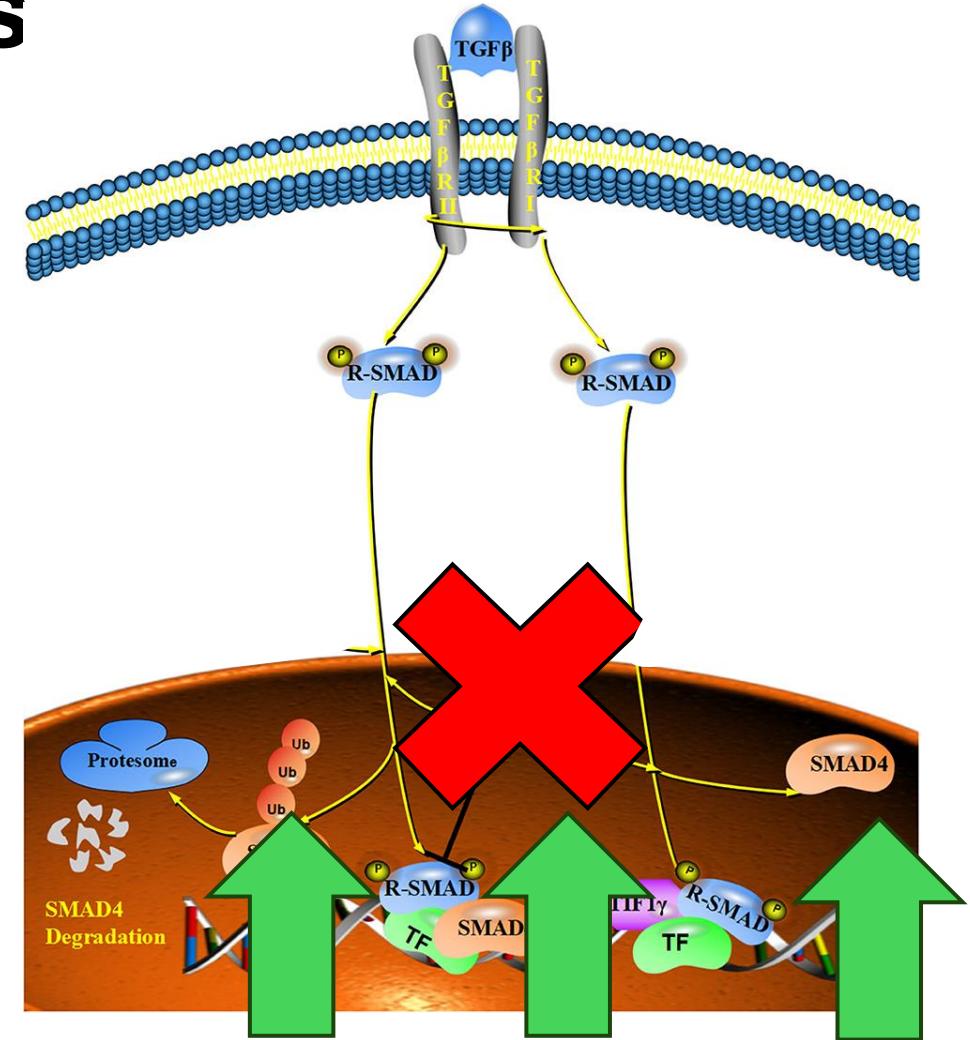
F/u

- Titers, CK, PFT, CT-ILD, muscle strength testing



# Aside: Anti-TIF $\gamma$ Antibodies

9.37



# Case Conclusion and Take Homes

- +Anti-TIF1γ, OJ, p155/140
- Offered rituximab and steroids
- 2yr monitoring with gradual improvement but incomplete resolution
- Age-appropriate cancer screening reassuring
- Importance of physical exam in 21<sup>st</sup> century medicine!
- Problem representation

# Acknowledgements



**Nicholas J. Breitnauer, MD FACP**

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## Rheumatology team:

- Daniel Carlson, MD and Asim Mohamed, MD
- Jennifer Stichman, MD, FACP and Lisa Davis, MD

## Pulmonology team

- Tanya Marvi MD and Michael Hanley, MD



# References

Advances in the classification and management of idiopathic inflammatory myopathies, Raaphorst, Joost et al., The Lancet Neurology, Volume 24, Issue 9, 776 - 788

Gallay, Laurea,b; Gayed, Catherinec; Hervier, Baptiste,d. Antisynthetase syndrome pathogenesis: knowledge and uncertainties. Current Opinion in Rheumatology 30(6):p 664-673, November 2018

# Thank You! Questions?

## A Clue in Hand: Synthesizing a Complex Presentation of Anti-Synthetase Syndrome

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