Original Research Paper

Volume-8 | Issue-3 | March-2018 | PRINT ISSN No 2249-555X

General Medicine

A CASE REPORT ON SJORGEN'S SYNDROME WITH SUBCLINICAL PANCREATITIS AND POLYSEROSITIS

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ABSTRACT Sjogren's syndrome is chronic, systemic autoimmune disease characterized by lymphocytic infiltration of the exocrine glands. It may occur in two forms - Primary and secondary, in which the primary form is characterized by dry eye conjunctiva and hyposalivation without underlying rheumatic disorder, the secondary form occurs in conjunction with other connective tissue diseases such as rheumatoid arthritis and lupus erythematosus or scleroderma. Most widely accepted are American and European group developed international classification criteria for Sjögrens syndrome. These criteria include ocular symptoms, oral symptoms, ocular signs, histopathology, salivary gland involvement and sialography.. Early diagnosis is important to prevent further complications. The aim of this paper is to emphasis on oral changes, advanced diagnosis, and management of Sjögren's syndrome. In this case the patient came with dryness of both eyes with left corneal ulcer and classically she was diagnosed as subclinical pancreatitis and with polyserositis which is a rare case that was diagnosed in our institution.

KEYWORDS :

INTRODUCTION:

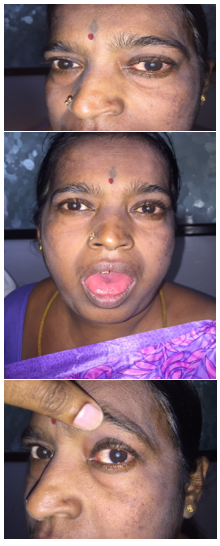
Sjogren's syndrome is a chronic, systemic autoimmune disease characterized by lymphocytic infiltration of the exocrine glands, which is most common in women in the fifth decade of life. It is a slowly progressive chronic disease, characterized by a lymphocytic infiltrate that affects the epithelium of exocrine (mainly salivary and tear) glands, leading to a decreased production of tears and saliva. It may occur in two forms - Primary and secondary, in which the primary form is characterized by dry eyes, conjunctiva and hyposalivation without underlying rheumatic disorder , the secondary form occurs in connection with other connective tissue diseases such as rheumatoid arthritis and Lupus erythematosus or scleroderma. It is characterized by both grandular manifestations like dry eyes ,dry mouth ,parotid gland enlargement and extra glandular manifestations like arthritis , Raynaurd's phenomenon ,Vasculitis, Renal tubular acidosis and lymphoma with elaborate involvement of the lacrimal and salivary glands, which eventually lead to keratoconjunctivitis sicca and xerostomia.

Numerous criteria were proposed for diagnosis of Sjögren syndrome. Most widely accepted are American and European group developed international classification criteria for Sjogren's syndrome. These criteria include six different criteria:

1. Ocular symptoms (minimum one of the following points) - daily, persistent, troublesome dry eyes for not <3 months.
2. Oral symptoms - (minimum one of the following symptoms) - Daily filling of dry mouth for not <3 months, recurrent salivary glands swelling, needs to drink water persistently.
3. Ocular signs – Schirmer's test, Rose Bengal dye test.
4. Positive histopathology : Salivary gland involvement – Whole salivary flow collection when not stimulated (<1.5 ml in 15 min,)
5. Sialography – Shows the presence of diffuse sialectasia ,Salivary scintigraphy shows uptake is delayed, reduced concentration of tracer and its delayed excretion.
6. Antibodies to anti-SS-A/RO & anti SS-B/LA antigens are present. The classification requires four of the six criteria, one of which must be positive – biopsy of minor salivary gland or antibody test.

Case presentation:

A middle aged 45 year women presented to the medicine opd of PESIMSR Kuppam, with complaint of dryness of mouth since 5 months with difficulty in swallowing the food when she takes hard substance. She complaints of burning sensation of left eye and mouth since 4 months. Pain abdomen and diarrhea occasionally and with joint pains all over the body. Complaints of pain durig sex. Family history suggested of non consanguinous marriage. Patient had no history of Hypetension, Diabetes mellitus, Asthama, Tuberculosis and Epilepsy.



These are the pictures of the patient Mrs. Radhamma 47 yrs female visited to Pesimsr kuppam opd with pictures of dry eyes with left corneal ulcer and dry mouth .

On general physical examination shows dry erythematous sticky oral mucosa .Ocular involvement of left eye showing corneal ulcer with dryness of both eyes. Decreased secretion of the tear in both eyes. Patient had dry skin.

Gynecology consultation was taken for pain during sex , On examination they found dryness of vagina and diagnosed as dyspareunia.

Ophthalmologist opinion was also taken for dry eyes and left cornel ulcer.They observed dryness of eyes without congestion and with left corneal ulcer.

Respective investigations were done to rule the patient condition like CBC, RFT, LFT, ANA, Anti Ro and Anti LA , usg abdomen & pelvis, Usg neck , schimer's test and rose Bengal staining was done.

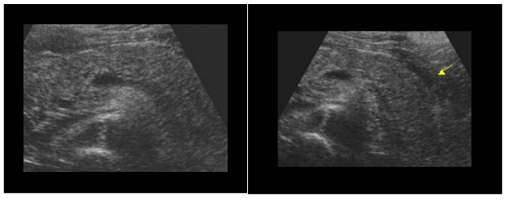
CBC showing normocytic and normochromic anemia with

leucopenia, ESR is raised , LFT showing with raised serum amylase and lipase levels Viral markers like HIV ,HBsAg and HCV are negative .

RA factor was positive and ANA was positive
Strongly positive ANTIBODY TO SS-A (RO) and positive ANTIBODY TO SS-B (LA) .

Schimer's test was done without anesthesia showing positive with less than 5 mm wet after 5 minutes.

USG abdomen showing calcified lesions suggesting of subclinical pancreatitis with peripancreatic collection of fluid and calcification with no evidience of lymphoma or squamous cell carcinoma.



CONCLUSION

Within the limitations of this case report, with the above findings we can suggest the patients with Sjogren's syndrome associated with manifestations of subclinical pancreatitis with polyserositis , although the triad of xerostomia, xerophthalmia and rheumatoid arthritis considered cardinal signs of Sjorgen's syndrome. Patient presented with dyspareunia. 2 levels of presentation include systemic and glandular among which systemic with arthritis and myalgias, glandular with pancreatitis. It was confirmed by Anti Ro/La.

It is frequently associated with other connective tissue disease. With no evidence of neuropathy, thyroiditis, interstitial lung disease, chronic atrophic gastritis, celiac disease, primary biliary cirrhosis and other liver manifestations, vasculitis, glomerulonephritis, hearing troubles, and interstitial cystitis.

Based on the clinical and laboratory diagnois we diagnosed as sjorgen's syndrome and managed with Low dose steroids, Mycofenolate mofetil and Artifical tear drops was given. Hormone replacement therapy was given.

Case guided by Dr.Nagarajan who already submitted a case report on snake bite with recurrent pulmonary thromboembolism with deep vien thrombosis and manage with ASV with heparin .

Kindly consider this case for publication.

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