INTRODUCTION
Systemic sclerosis is a multisystem disease characterized by fibrosis of the epidermis and dermis (scleroderma), Raynaud's phenomenon and fibrosis of other organs including the kidneys, lungs, heart, gastrointestinal tract and skeletal muscles. It occurs in 5-20 people per million per annum and is about three times more common in women than men. Pulmonary hypertension and pulmonary fibrosis can be idiopathic or may be due to other diseases, systemic sclerosis can also lead to development of both.

Case Presentation: A 50 years old female presented with progressive breathlessness, chest pain, easy fatigability, dysphagia, short mouth opening and lower limb swelling. On examination patient had sinus tachycardia, raised JVP, pedal oedema, loud P2 with pan systolic murmur and bilateral velcro crepitations.

Conclusion: This case illustrates the presentation of pulmonary hypertension and pulmonary fibrosis in systemic sclerosis.

KEYWORDS
Systemic Sclerosis, pulmonary hypertension, pulmonary fibrosis.

BACKGROUND
Systemic sclerosis is an inflammatory fibrotic disease that results in deposition of excessive extracellular matrix in the skin and several visceral organs including the lungs, heart, kidneys, and gastrointestinal tract. The peak incidence is between the ages of 20 and 60 and is about three times more common in women than men. Pulmonary hypertension and pulmonary fibrosis can be idiopathic or may be due to other diseases, systemic sclerosis can also lead to development of both.

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KEYWORDS
Systemic Sclerosis, pulmonary hypertension, pulmonary fibrosis.
Systemic sclerosis is a chronic connective tissue disease that typically affects skin and internal organs by widespread micro vascular damage and excessive deposition of collagens.

Interstitial lung disease, pulmonary hypertension, pleuritis, pleural effusion and aspiration pneumonia are the pulmonary manifestations of systemic sclerosis.

In terms of race/ethnicity, African-Americans have been reported to have earlier onset and more severe disease. In north India it is reported that pulmonary complications in systemic sclerosis may have severe clinical implications. Certainly HRCT, 2D-echo & immune serology have huge role in the diagnosis but a careful physical examination is of prime importance also.

This case report assert the fact that pulmonary complications in systemic sclerosis may have severe clinical implications. Certainly HRCT, 2D-echo & immune serology have huge role in the diagnosis but a careful physical examination is of prime importance also.

Despite the fact there is no absolute cure but early diagnosis and treatment can reduce the morbidity & mortality.

REFERENCES: