



A CASE OF RHEUMATOID ARTHRITIS OVERLAPPING PRIMARY SJOGREN'S SYNDROME

Rheumatology

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ABSTRACT

This case study describes a 44-year-old right-handed female presenting with a complex medical history spanning several years. She complained of chronic bilateral joint pain and swelling for 18 years, accompanied by tooth discoloration and gum swelling for 10 years, recurrent swelling below the left ear for 8 years, and persistent dryness of skin, mouth, and eyes for 8 years (1). Additionally, she experienced exertional breathlessness for 2 years. Clinical examination revealed symmetrical, progressive arthritis affecting multiple joints, salivary and lacrimal gland dysfunction, and characteristic musculoskeletal deformities (2). Past medical history included chikungunya fever in 2005, with no significant comorbidities or family history except for maternal arthritis (3). After extensive investigations and history taking finally, she was diagnosed to be a case of rheumatoid arthritis overlapping primary Sjogren's syndrome (4). Treatment focused on managing symptoms of Sjogren's syndrome with medications such as cyclosporine, pilocarpine, hydroxychloroquine, and methotrexate, along with potential surgical interventions for symptom relief (5).

KEYWORDS

CASE HISTORY

A 44 year old female came with
C/o bilateral multiple small and large joints pain and swelling which was on and off since 18 years
C/o blackish discoloration of the teeth associated with swollen gums and tooth pain since 10 years
C/o swelling at below ear on left side which was on and off since 8 years.
C/o dryness of skin, mouth and eyes since 8 years.
C/o breathlessness on exertion since last 2 years.

History of presenting illness

Patient was apparently asymptomatic before 18 years after then she had Chief complaint of right sided first and second finger stiffness in form of difficulty in extension of fingers which was gradually progress in multiple small and large joints of body within one to two years of duration, associated with pain ,redness, morning stiffness (1-2 hours) and low grade fever for which patient had taken ayurvedic analgesics for irregular period of time.

C/o blackish discoloration of teeth a/w tooth pain , swollen gums, multiple cavitary formation and loose teeth since 10 years for which analgesics local applicants and tooth extraction was done.

C/o firm to hard mass like lesion at below ear region on left side a/w pain, redness and tenderness since 8 years for that ayurvedic local application was used for two years of duration without any medications

C/o dryness of mouth, crackles lips and tongue a/w difficulty in swallowing and speaking, loss of taste sensation since 8 years

C/o dryness of eyes, redness of upper eye lids a/w difficulty in near vision, blurring of objects since 8 years C/o breathlessness on exertion since last 2 years (MMRC grade 3)

Negative history :

No c/o ulceration, blue or blackish discoloration of fingers, numbness or tingling sensations, rashes photosensitivity, alopecia .

No c/o bleeding gums, mouth ulcer, tonsillitis, colour vision loss, redness of eyes. No c/o chest pain, diarrhoea, constipation, vomiting, palpitations.

Clinical diagnosis:

A 44-year-old female previously having nil comorbidity presented within 18 years history of progressive, symmetrical, bilateral upper limb and lower limb multiple joint arthritis. (small joints and large joints) with salivary and lacrimal gland dysfunction.

Past history:

Chikungunya fever in 2005
No history of hypertension, diabetes mellitus, thyroid disease, surgery, trauma, infection

Family history:

Mother - history of arthritis for 25 years.
No other family members have same presentation.

Personal history:

Patient was vegetarian by diet with decreased appetite and normal sleep pattern, normally passage of urine stool.

Obstetric history:

Patient had h/o 3 normal delivery in 2002, 2004 and 2008 without any h/o Pih, abortion or congenital anomalies of any children

Examination:

I have examined my patient in adequate light and exposure and my patient was conscious oriented to time place and person.

In general examination patient's temperature was normal pulse was 76 beats per minutes with normal rate, rhythm, volume and force of contraction. Blood pressure was 110 by 70 mm hg in left sided brachial artery in sitting position.

On examination patient had no pallor, icterus, cyanosis, clubbing or lymphadenopathy at present In systemic examination - rs, cvs examination and cns status was normal.

Swollen joint count – 4/ 28

Tender joint count -14 /28

Range of motion –decreased at b/l shoulder abduction, flexion and extension of knee, ankle, wrist, mcp and ip joints



Swan neck deformity – 5th mcp and ip joint
Boutonniere deformity – 1st mcp and ip joint
Ulnar deviation – 2nd & 3rd mcp and ip joint



Cracked lips and tongue, blackish discoloration of teeth, swollen gums, and loose teeth

Investigation Chart

Reports throughout the course of admission in hospital

HB	11.3	10.5	10	12	10.6	10.6	11.0	11.6	10.2	11.3	10.5	10.88	10.3
WB	420	480	540	350	540	500	580	700	580	580	560	760	630
C	0	0	0	0	0	0	0	0	0	0	0	0	0
PLT	207	163	215	200	153	175	181	170	140	207	226	246	116
N/L/E	64/25/05	50/42/4	68/27/01	34/60/4	42/51/4	65/30/2	66/28/2	64/31/2	60/35/2	67/26/3	71/20/2	62/30/3	55/36/4
MCV/RDW	84.2/15.3	91.4/14.5	93.8/-	86.9/16.4	90.9/-	95.2/-	90.3/-	96.5/-	97.6/-	89.3/-	96.9/-	91.2/13	93.8/-
HCT	35.3	31.7		35.8	33.2	31.9	30	33.2	33.1	33.6	34.2	32.2	32
UREA			22.4					32.8		34.6			
CREAT	0.63		1.2	0.66	0.92	0.78		0.78	0.84	0.63	0.8	0.6	
ALT/AST	16/22.7		40.3/27.2	13/-	30.4/145.3	26.8/41.3	26.3/40.3	57.4/	15.2/-	41.8/65.9	61.9/	23.6/-	18.6/-
CRP						2.5	1.8	1.23	1.69	1.35	0.88		4.15
ESR	70				108			72	43				

Fnac-left parotid swelling - Plenty of acute inflammatory cells and few degenerated cell debris. Rest nad

Usg parotid gland- left parotid appears bulky with altered and hypoechoic echotexture-s/o inflammatory pathology Few enlarged lymph nodes -largest 22*7 mm in left submandibular region

Ct- oral cavity and neck with contrast Mass(40*30*39mm-23cc) in left superficial lobe of parotid gland with central necrosis and irregular margins as described , likely benign Ddx-warthin's tumour > pleomorphic adenoma with/without superadded infection, Multiple calculi in left submandibular salivary gland(sialolithiasis)

Pus swab cs- mrsa - sensitive to linezolid and doxycycline Gene xpert mtb-not detected

Ana by if-dilution-1:100 and 1:200

Speckled pattern

Intensity +++

Antigen-sm,nrnp,ss-a,ss-b

Ana by immunodot-

Positive-shows specific band of antibodies for ssa/ro 60 kd,ssa/ro 52 kd,ssb ,m2 recombinant ,m2 native.

Treatment for Sjogren's syndrome :

Medications :

Decrease eye inflammation : cyclosporine (Restasis) or lifitegrast (Xiidra) eye drops

Increase production of saliva : pilocarpine

Immunosuppressant : Hydroxychloroquine methotrexate

Surgery :

A minor procedure to seal the tear ducts that drain tears from your eyes (punctal occlusion) might help relieve your dry eyes.

Collagen or silicone plugs are inserted into the ducts to help preserve your tears.

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