ANTI-SYNTHETASE SYNDROME VS RHEUMATOID ARTHRITIS: THE REAL CULPRIT IN A CASE OF ILD

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Introduction
Anti-Synthetase Syndrome (ASS) is a rare, multisystemic autoimmune entity which can manifest with myositis, arthritis, Raynaud’s phenomenon, and interstitial lung disease. ASS is supported by a positive anti-Jo1 antibody and muscle biopsy.

Patient Course
A 60-year-old male, presented to the office after an abnormal chest CT, showing subpleural reticulation and groundglass opacities.

A year prior to presentation, the patient was suffering from DIP/PIP swelling, and dry, flaky skin.

Rheumatologic work up was done which was positive for elevated Anti-Jo1, elevated rheumatoid factor, and CCP antibodies. He complained of increased joint swelling and stiffness.

He was diagnosed with Anti-Synthetase disorder after presenting with the classic “Mechanic’s hands” dermatitis specific to the diagnosis of ASS. (figure 1)

The patient was diagnosed with an overlap syndrome: Rheumatoid Arthritis and Anti-Synthetase Syndrome. High resolution CT of the lungs was repeated (figure 2), due to worsening SOB and medication non-compliance, which showed a progressive pulmonary fibrosis with Usual interstitial pneumonia (UIP). This UIP pattern is seen in both RA and ASS, and importantly, in an overlap syndrome of both disorders.

Discussion
Many patients with Anti-Synthetase Syndrome suffer from additional rheumatologic disorders, including Rheumatoid Arthritis (RA).

The diagnosis criteria for Anti-Synthetase Syndrome is outlined in Table 1.

Table 1. The Diagnosis and Treatment of Anti-Synthetase Syndrome; Witt,L, Curran,J

Although both syndromes can independently cause ILD, this case shows a rare overlap of two separate rheumatologic disorders resulting in a devastating pulmonary outcome.

Both disorders cause a similar UIP picture in this patient. Anti-Synthetase Syndrome, albeit a rare disorder, can be hidden behind the common diagnosis of RA.