

Systemic Sclerosis Presenting as Chest Pain

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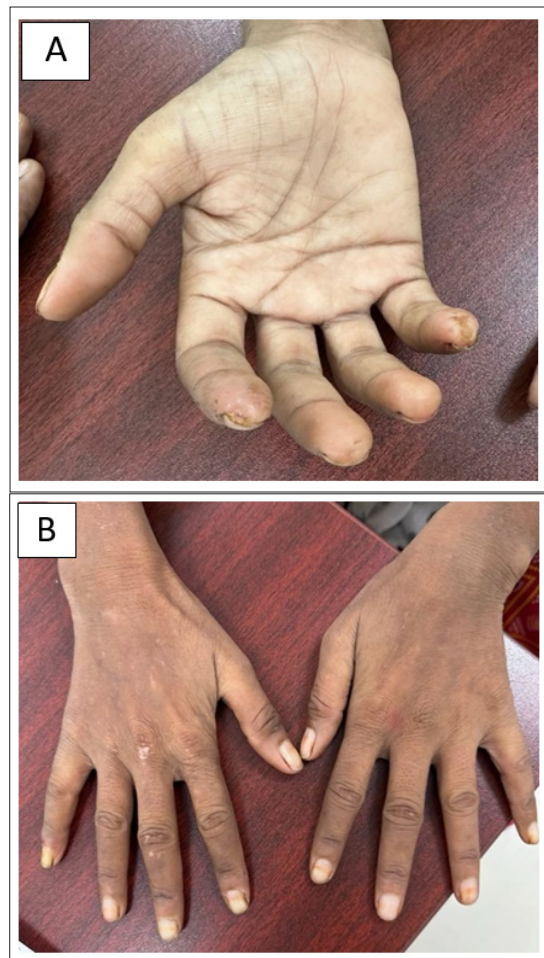
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Case summary

A 37-year-old lady presented with chest pain and dry cough for three months. Mitral valve prolapse (MVP) with moderate mitral regurgitation (MR) was noted on echocardiography. Physical examination showed digital tip scars (Figure. 1A) and hypopigmented lesions on dorsum of hand (Figure. 1B) and shin (Figure. 1C). Patient had reduced mouth opening, sclerodactyly and revealed a history of raynauds phenomenon during winters. Computed tomography of chest revealed esophageal dilatation without any features of interstitial lung disease. Patient was diagnosed with systemic sclerosis (SSc) based on positive anti scl -70 antibody and clinical profile. Oral administration of pantoprazole, nifedipine, and mycophenolate mofetil led to improvements in the patient's cough and dermatological manifestations. Given the patient's moderate MR, normal left ventricular systolic function, normal coronary angiography, and normal pulmonary artery pressures, six-monthly echocardiogram surveillance was recommended.

underscores the importance of history plus physical examination in clinical practice.



Discussion

SSc is a multisystem autoimmune disease characterized by vasculopathy and fibrosis in affected organs. Pulmonary hypertension and arrhythmias are the most frequent cardiac complications [1]. In contrast, valvular involvement is uncommon manifestation with prevalence rate being less than 20 % [2]. Mitral valve prolapse is increasingly being recognized in autoimmune diseases and has even been evaluated as index of autoimmunity. With literature suggesting that young patient with MVP should be screened for underlying connective tissue diseases (CTD) [3]. Prompt detection of underlying cause and its management can halt progression of valvular lesions. Our case brings out an uncommon presentation of SSc and also



Figure A: Digital tip ulcers and scars on right hand (black asterisk).

Figure B and C: Tapering of fingertips of hand with hypo and hyperpigmented lesion (salt and pepper appearance) on dorsum of hands (blue arrow) and shin.

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