



CORRELATIONS BETWEEN PULMONARY FUNCTION, TRANSTHORACIC ULTRASONOGRAPHY AND NAILFOLD CAPILLAROSCOPY FINDINGS IN SYSTEMIC SCLEROSIS PATIENTS

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Abstract

Systemic sclerosis is a complex autoimmune disorder, in which interstitial lung involvement represents an important complication. The aim of this study is represented by the assessment of the correlations between pulmonary functional tests and transthoracic lung ultrasonography parameters, and, between pulmonary functional tests and nailfold capillaroscopy parameters in patients with systemic sclerosis interstitial lung disease (SSc-ILD).

Material and methods: Twenty patients with SSc-ILD, twenty patients with idiopathic interstitial lung disease (ILD), and twenty healthy controls were included in this study. Pulmonary functional tests, transthoracic lung ultrasonography and nailfold capillaroscopy were performed in all the patients. Statistical analyses were performed using the Student's t-test and the Pearson's correlation, p < 0.05 being statistically significant.

Results: In patients with SSc-ILD and ILD, it was demonstrated a significant correlation between pulmonary functional tests and ultrasonographic findings (p < 0.00001). Besides these findings, in SSc-ILD patients, significant correlations between nailfold capillaroscopy parameters and ultrasonographic transthoracic findings (p < 0.00001), and between nailfold capillaroscopy parameters and pulmonary functional tests (p < 0.00001) were found.

Conclusion: In SSc-ILD, transthoracic lung ultrasonography offers a usefull tool for the assessment of degree of pulmonary involvement, correlated with the vascular involvement.

Key words: nailfold capillaroscopy, systemic sclerosis, transthoracic ultrasonography

References

- 1. Gargani L. Imaging of interstitial lung disease in systemic sclerosis:computed tomography versus ultrasound. Int J Clin Rheumatol 2011; **6**(1): 87–94
- Wigley FM, Boin F. Clinical Features and Treatment of Scleroderma. In: Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR. Kelley&firestein's Textbook of Rheumatology, 10th ed, Elsevier, Philadelphia, 2017, pp.1424-1460
- Cutolo M, Sulli A, Secchi M E, Paolino S, Pizzorni C. Nailfold capillaroscopy is useful for the diagnosis and follow-up of autoimmune rheumatic diseases. A future tool for the analysis of microvascular heart involvement? Rheumatology 2006; 45 (suppl 4): iv43-iv46
- Avouac J, Denton CP, Matucci-Cerinic M, Allanore Y. Systemic sclerosis. In: Bijlsma JWJ, Hachula E. EULAR Textbook of Rheumatic Diseases, 2nd edition, BMJ Publishing Group Ltd, London, 2015, pp. 606-635
- Matucci-Cerinic M, Steen V, Nash P, Hachulla E. The complexity of managing systemic sclerosis: screening and diagnosis. Rheumatology 2009; 48(Suppl. 3): iii8– iii13
- Pignone A, Matucci-Cerinic M, Lombardi A et al. High resolution computed tomography in systemic sclerosis. Real diagnostic utilities in the assessment of pulmonary involvement and comparison with other modalities of lung investigation. Clin Rheumatol 1992; 11: 465-472
- 7. Reissig A, Kroegel C. Transthoracic sonography of diffuse parenchymal lung disease: the role of comet tail artifacts. J Ultrasound Med 2003; 22 (2):173-180
- Sayed SS, Agmy GM, Said AF, Kasem AH. Assessment of transthoracic sonography in patients with interstitial lung diseases. Egyptian Journal of Bronchology 2016; 10: 105-112
- van den Hoogen F,Khanna D,Fransen J, et al. 2013 Classification Criteria for Systemic Sclerosis: an American College of Rheumatology/European League against Rheumatism collaborative initiative. *Ann Rheum Dis* 2013; 72(11): 1747-55
- Steen VD, Medsger TA. Changes in causes of death in systemic sclerosis, 1972-2002. Ann Rheum Dis 2007; 66: 940-944
- 11. Gargani L, Doveri M, D'Errico L, Frassi F, Bazzichi ML, Delle Sedie A, *et al.* Ultrasound lung comets in systemic sclerosis: A chest sonography hallmark of pulmonary interstitial fibrosis. Rheumatology 2009; 48: 1382-7
- 12. Hasan AA, Makhlouf HA. B-lines: Transthoracic chest ultrasound signs useful in assessment of interstitial lung diseases. Ann Thorac Med 2014; 9(2): 99-103
- Doveri M, Frassi F, Consensi A, Vesprini E, Gargani L, Tafuri M, *et al.* Ultrasound lung comets: New echographic sign of lung interstitial fibrosis in systemic sclerosis. Reumatismo 2008;60:180-4
- 14. Picano E, Matucci-Cerinic M. Unnecessary radiation exposure from medical imaging in the rheumatology patient. Rheumatology 2011; 50: 1537–1539
- Cappelli S, Randone Bellando S, Camiciottoli G, De Paulis A, Guiducci S, Matucci-Cerinic M. Interstitial lung disease in systemic sclerosis: where do we stand? Eur Respir Rev 2015; 24: 411–419

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- 16. Gigante A, Fanelli FR, Lucci S, Barilaro G, Quarta S, Barbano B, et al. Lung ultrasound in systemic sclerosis: correlation with high resolution computed tomography, pulmonary function tests and clinical variables of disease. Intern Emerg Med 2016; 11: 213-217
- 17. Jehangir M, Qayoom S, Jeelani S, Yousuf R. Nail fold capillaroscopy in patients of systemic sclerosis and its association with disease severity as evidenced by high resolution computed tomography lung: a hospital based cross sectional study. Int J Res Med Sci. 2015; 3(12): 3485-3489
- Corrado A, Carpagnano GE, Gaudio A, Foschino-Barbaro MP, Cantatore FP. Nailfold capillaroscopic findings in systemic sclerosis related lung fibrosis and in idiopathic lung fibrosis. Joint Bone Spine 2010;77:570-4
- Castellví I, Pilar Simeón-Aznar C, Sarmiento M, Fortuna A, Mayos M, Geli C, et al. Association between nailfold capillaroscopy findings and pulmonary function tests in patients with systemic sclerosis. J Rheumol 2015; 42: 222-227
- 20. Bredemeier M, Xavier RM, Capobianco KG, Restelli VG, Rohde LE, Pinotti AF, et al. Nailfold capillary microscopy can suggest pulmonary disease activity in systemic sclerosis. J Rheumatol 2004; 31: 286-94
- 21. Caramaschi P, Canestrini S, Martinelli N, Volpe A, Pieropan S, Ferrari M, et al. Scleroderma patients nailfold videocapillaroscopic patterns are associated with disease subset and disease severity. Rheumatology 2007; 46: 1566-9
- Sato LT, Kayser C, Andrade LE. Nailfold capillaroscopy abnormalities correlate with cutaneous and visceral involvement in systemic sclerosis patients. Acta Reumatol Port 2009; 34(2A): 219-27
- 23. Balbir-Gurman A, Braun-Moscovici Y. Scleroderma new aspects in pathogenesis and treatment. Best Pract Res Clin Rheumatol 2012; 26: 13-24
- 24. Smith V, Decuman S, Sulli A, Bonroy C, Piette Y, Deschepper E, et al. Do worsening scleroderma capillaroscopic patterns predict future severe organ involvement? a pilot study. Ann Rheum Dis 2012; 71: 1636-9.