European Respiratory Society Annual Congress 2012

Abstract Number: 2404

Publication Number: P681

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Interstitial lung disease (connective tissue disease) Keyword 2: Imaging Keyword 3: No

keyword

Title: Pulmonary findings of the patients with Sjogren syndrome

Dr. Serife 17329 Savas Bozbas serifesb@gmail.com MD ¹, Dr. Esma Sevil 17330 Akkurt esma.sevil@hotmail.com MD ¹, Dr. Zeynep 17331 Erayman Özen zeynep_erayman@yahoo.com MD ¹ and Prof. Dr Sule 17332 Akcay msuleakcay@gmail.com MD ¹. ¹ Pulmonary Medicine, Baskeny University Faculty of Medicine, Ankara, Turkey, 06490 .

Body: Background: Sjogren syndrome is a chronic and autoimmune disease characterized by lymphocytic infiltrates in all exocrine glands. Dryness of the eyes and mouth are the most common symptoms of this syndrome. Primary pulmonary manifestations of Sjogren syndrome are diffuse lung and airway diseases. Aim: 131 patients were included in our study between the years 2000-2011 who were diagnosed with Sjogren syndome. Of these patients, 31 were examined who admitted to pulmonary diseases clinic and had Thorax computed tomography (CT). We aimed to evaluate demographic characteristics, respiratory symptoms, pulmonary function test parameters and Thorax CT findings of patients who have Sjogren Syndrome. Results: The mean age was 57.3 years and 30 (%96.8) were women. Pulmonary function test was normal in %45.2 of the patients. 7 patients (%22.6) were smoker. 2 patients had COPD and 4 had asthma. 11 patients suffered from dyspnea and 5 from coughing. Thorax CT revealed pathological findings in 22 patients (%71.0). In Thorax CT examination 8 atelectasis, 8 pulmonary nodules, 5 pathological lymph nodules, 3 bullae formation, 2 bronchiectasis, 2 pulmonary embolism, 2 fibrosis, 2 infiltration, 2 ground glass appearence and 2 pleural effusion were reported. Of the 23 patients who underwent echocardiographic evaluation 7 (%22.6) had elevated systolic pulmonary artery pressure (mean 63.3 +27.8mmHg). Conclusion: Respiratory disorders are common in patients with Sjogren syndrome even if the affected individuals are asymptomatic. Therefore, close follow up of these patients in pulmonary disease clinics are recommended and Thorax CT assessment for lung involvement should be considered for early diagnosis.