Patients with limited rheumatoid arthritis-related interstitial lung disease have a better prognosis than those with extensive disease

Sir, We read Koduri et al.’s [1] article with great interest. Since publishing our original study [2] we now have a 13-to-15-year follow-up on RA patients with interstitial lung disease (ILD) diagnosed by high-resolution CT (HRCT). As the paper looked at prognosis, we decided to evaluate our own data, looking at death as an outcome. The study had ethical approval from St Helens and Knowsley Research Ethics Committee for the original study and follow-up. We used the Goh et al. HRCT scoring system [3] that has been evaluated in scleroderma. The initial ILD has been converted from the Wells HRCT ILD scoring system [4] to the Goh et al. system as limited (0–20%), borderline (20–25%) or extensive (>25%) involvement.

Of the original 29 patients (5 extensive, 2 borderline, 22 limited) with ILD diagnosed by HRCT, 12 have now died. Interestingly, only four patients died from respiratory failure. These were reported in our original paper [2]. All of these were shown by HRCT to have extensive disease. Five patients died from a non-pulmonary cause after treatment of the ILD. Of these patients, four had limited and one borderline involvement. Three patients died of non-pulmonary causes without any specific treatment for their lung disease. Of these, two had limited and one extensive disease (non-typical non-specific interstitial pneumonia/usual interstitial pneumonia appearance). Four patients with limited disease have been lost to follow-up. Of the remaining 13 patients, 12 have limited disease, of which 9 are untreated, from a pulmonary point of view, aside from smoking cessation advice. One has borderline disease and has been treated for their ILD. Analysis with chi-squared test with Yates correction confirms statistical significance of extensive ILD with pulmonary death (P < 0.001).

Our data would suggest that for those RA patients shown to have extensive disease by HRCT using Goh et al. grading (>25% Wells et al. grading) the prognosis matches the published study and those before it [5, 6]. However, for those with limited disease the long-term prognosis is good, treatment does not seem essential and clinical progression is not inevitable. It is difficult to know if those patients who died from alternative causes after treatment of limited or borderline-graded ILD benefited or not. Arguably it may not be of benefit identifying or instituting treatment of limited disease, as this may slow the initiation of DMARDs in early RA, which in turn could be detrimental to patient care. We are advocates of widespread introduction of the Goh et al. scoring criteria to help clinicians understand the severity of ILD as well as randomized controlled trials into treatment of borderline/intermediate and extensive ILD.

Rheumatology key message

- Patients with limited RA-related ILD have a good prognosis but patients with extensive RA-related ILD have a poor prognosis.

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Navtej Sathi1, Thomas Urwin2, Sean Desmond3 and Julie K. Dawson4

1Rheumatology Department, Doncaster Royal Infirmary, Doncaster, 2Department of Undergraduate Medicine, Faculty of Medicine, University of Liverpool, Liverpool, 3Department of Radiology, Whiston Hospital, St Helens and Knowsley NHS Trust, Prescot and 4Department of Rheumatology, St Helens Hospital, St Helens and Knowsley NHS Trust, St Helens, UK

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Correspondence to: Julie K. Dawson, Department of Rheumatology, St Helens Hospital, St Helens and Knowsley NHS Trust, Marshalls Cross Road, St Helens, Merseyside, UK. E-mail: julie.dawson@sthk.nhs.uk

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