Hilar adenopathy and eggshell calcifications in systemic sclerosis

A 44-year-old man previously diagnosed with SSc presented with digital pain and worsening respiratory function. The patient was positive for antinuclear and anti-Scl-70 antibodies. He was negative for RF. A high-resolution CT scan demonstrated diffuse ground glass change and interstitial thickening without significant honeycombing in the lower lobes of both lungs, in a pattern consistent with non-specific interstitial pneumonia [1]. The high-resolution CT scan (Fig. 1) also confirmed the radiographic finding of mediastinal and hilar adenopathy with eggshell calcification (white arrows), which is a rare feature of SSc and makes our case unique [2]. The patient had no work history that would predispose him to silicosis or a pneumoconiosis, nor was there clinical, radiologic or pathologic evidence of sarcoidosis, Hodgkin disease, histoplasmosis or blastomycosis. There was also no history of tuberculosis. Hand radiographs showed flexion deformities from contractures of the bilateral digits, as well as acro-osteolysis of the thumb and index finger distal phalangeal tufts, which are characteristic findings of SSc. Treatment of the patient’s interstitial lung disease involved the use of immunosuppressive therapy and glucocorticoids, while the digital vasculopathy was treated with calcium channel blockers and phosphodiesterase inhibitors.

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References

Fig. 1 HRCT scan showing mediastinal and hilar adenopathy with eggshell calcifications (white arrows)