

# Pulmonary Fibrosis: an exceptional feature of Systemic Lupus Erythematosus

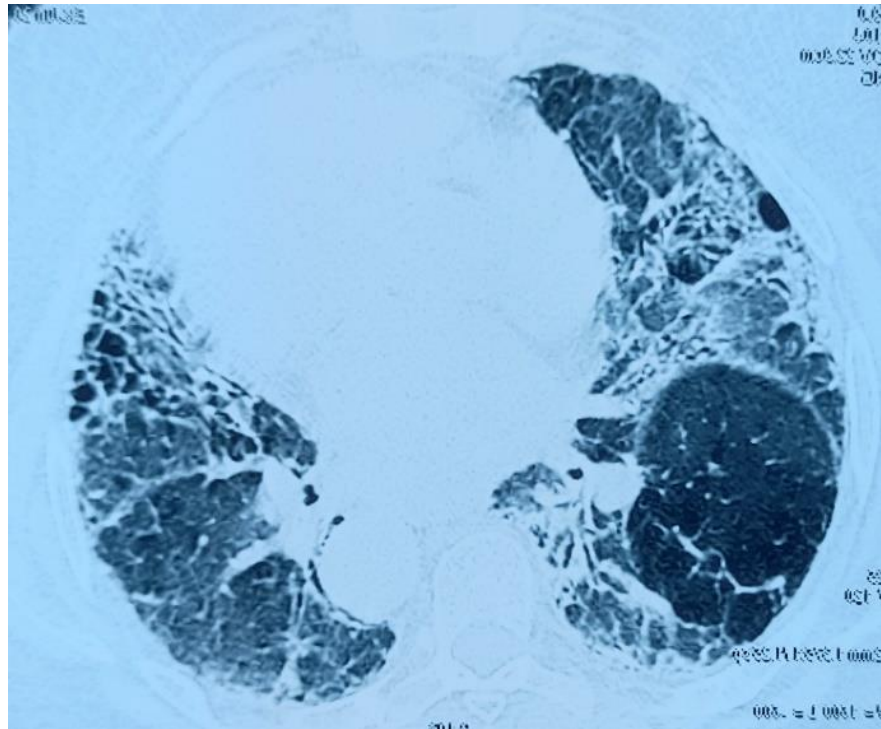
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## Images in Nephrology

Connective tissue diseases are known for their pleural and parenchymal involvement. Whereas scleroderma, rheumatoid arthritis and dermatomyositis disproportionately affect the lungs, systemic lupus erythematosus most often affects serous surfaces such as the pleura and pericardium. Lung involvement is exceptional.

We report the case of a 75-year-old patient with type 2 diabetes and a history of recurrent pulmonary infections, who was admitted to hospital with stage III dyspnea that had been evolving for a year in a context of asthenia. Clinical examination revealed a polypneic patient with dry eyes and mouth, inflammatory polyarthralgia and edema of the lower limbs extending to the pelvis. Biological tests showed end-stage renal failure (Glomerular Filtration Rate at 7 ml/min/1.73m<sup>2</sup> according to CKD-EPI) and proteinuria at 3.8 g/24H. The immunological findings showed antinuclear antibodies at 1/320 and Anti-double-stranded DNA antibodies at 1/40. The diagnosis of systemic lupus erythematosus was made according to the European Alliance of Associations for Rheumatology / American College of Rheumatology 2019 classification criteria. Accessory salivary gland biopsy was in favour of type AA amyloidosis. Standard chest X-ray revealed bilateral interstitial syndrome. Chest Computed Tomography (CT) showed a bilateral diffuse interstitial syndrome with thickening of the inter- and intralobular septa and honeycomb lesions, mostly peripheral and predominantly at the bases, consistent with pulmonary fibrosis.



Chest CT in axial section: Thickening of the inter- and intralobular septa with honeycomb lesions predominantly peripheral and at the bases, associated with pulmonary fibrosis. Traction bronchiectasis is also present. Two pulmonary parenchymal tissue nodules, paracardiac on the right and laterobasal on the right. Two bilateral calcified apical nodules with sequellar appearance. Multiple scattered mediastinal adenomegalia: inferior paratracheal and pericardial.