

**Case report of an elderly man with sero positive rheumatoid arthritis presenting with usual interstitial pneumonia**

**Abstract**

72 year old recently diagnosed patient with rheumatoid arthritis who was on Methotrexate weekly dose for two months duration presented with progressive shortness of breath with dry cough for two weeks duration. At the time of presentation rheumatoid arthritis was in remission. He also had a history of long term exposure to cement dust. On examination patient had clubbing and bibasal fine end inspiratory crepitations. Our differential diagnoses were rheumatoid arthritis associated interstitial lung disease, Methotrexate induced lung fibrosis and hypersensitivity pneumonitis to cement dust. His rheumatoid factor was positive with significant titres and ANA was negative. Chest xray revealed evidence of bilateral basal fibrosis. HRCT chest revealed reticular opacities with subpleural basal distribution with traction. There were no ground glass opacities. Appearance was suggestive of usual interstitial pneumonia. Clinical as well as radiological involvement of lung bases and the reticular pattern was suggestive of both usual interstitial pneumonia and Methotrexate induced pneumonitis. However, the pattern of bibasal involvement and the absence of ground glass appearance was against the diagnosis of hypersensitivity pneumonitis. He was started on Prednisolone 30mg mane with a significant clinical improvement. During follow up, he was started on Azathioprine 50mg daily.

**Key words :** Rheumatoid arthritis, Methotrexate, Interstitial lung disease, Usual interstitial pneumonia,