Abstract

Systemic sclerosis is a systemic autoimmune disorder that can cause multi-organ involvement. It can cause cutaneous, pulmonary, cardiac, renal and gastrointestinal manifestations. The two main types are the diffuse cutaneous systemic sclerosis and limited cutaneous systemic sclerosis. Ten year survival rates of diffuse cutaneous systemic sclerosis and limited cutaneous systemic sclerosis are 21% and 71% respectively (1). This case describes a 41- year-old previously healthy male patient, who presented with worsening exertional dyspnoea and cutaneous involvement. His SCL 70 antibody and antinuclear antibody were positive and high resolution computed tomography showed diffuse fibrosis involving both lungs. His two dimensional echocardiography revealed evidence of pulmonary hypertension. He was diagnosed to be having, diffuse cutaneous systemic sclerosis complicated with interstitial lung disease and pulmonary hypertension. He was managed with steroids and immune-modulatory drugs with a good response to treatment. This case highlights the importance of early diagnosis of systemic sclerosis and its complications and managing them appropriately.