Tracheal Ulcers Associated with Anti-synthetase Syndrome

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The patient was a 69-year-old man who complained of cough symptoms and was subsequently diagnosed with interstitial pneumonia. A physical examination revealed Raynaud’s phenomenon. Computed tomography showed reticulation and lower lung volume loss along with traction bronchiectasis (Picture 1). Anti-EJ antibody in aminoacyl-tRNA synthetase autoantibody was positive. Because he did not meet the polymyositis and dermatomyositis (DM) criteria, he was diagnosed with anti-synthetase syndrome. Fiberoptic bronchoscopy showed ulcerations of the trachea (Picture 2A). The histopathology of these lesions revealed necrotizing tracheal inflammation (Picture 2B). Only two reported cases of DM have been associated with tracheobronchial ulceration (1, 2). We recently described the first case of anti-melanoma differentiation-associated gene 5 antibody-positive interstitial pneumonia with a complaint of tra-
cheobronchial ulcers (2). In the present case as well, the trachea ulcer might have been caused by a focal ischemic condition, such as Raynaud’s phenomenon. Therefore, clinicians should recognize that tracheobronchial ulcers can occur in cases of anti-synthetase syndrome.

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References


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