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MULTIDICIPLINARY APROACH: OUR OBSERVATION OF THREE PATIENT WITH NECROBIOTIC LUNG NODULES AS LUNG MANIFESTATION OF ACTIVE REUMATOID DISEASE

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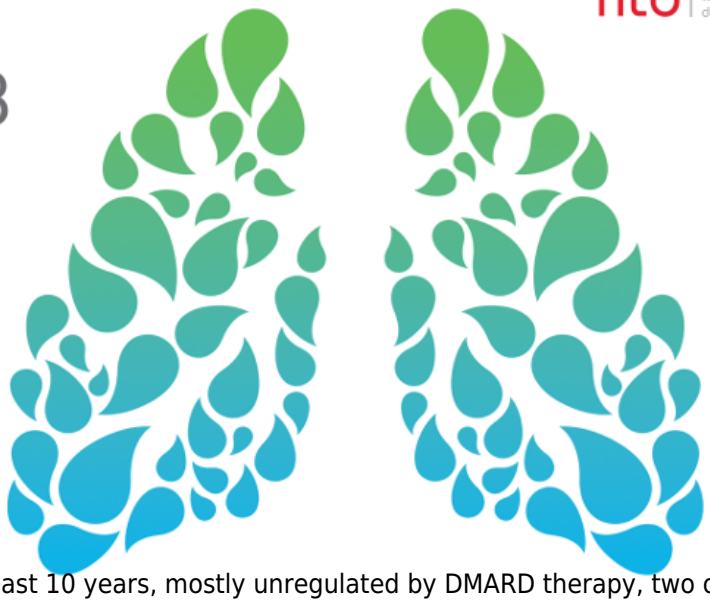
Objective: Introduction: Rheumatoid lung nodules (RLN) are a rare manifestation of lung disease associated with rheumatoid arthritis (RA). Rheumatoid lung nodules (RLN) are usually located in subpleural areas, ranging in size from a few millimeters to several centimeters and may be solid or cavitary, single or multiple. RLN occure more frequently in male patients with positive rheumatoid factor, smokers and with subcutaneous nodules. They are mostly asymptomatic and in most cases they do not require specific treatment. Case report: We are presenting 3 patients diagnosed with RA and lung manifestations, particularly RLN; two of which are male and one is female. Only one of them-female patient is a non smoker, two of them had concomitant subcutaneous rheumatoid nodules and female patient had submucose nodule found via bronchoskopy(in both cases by PHD reumatoid



nodule). Each patient has a history of RA for at least 10 years, mostly unregulated by DMARD therapy, two of them were in stabile disease during TNF-alfa inhibitor, until they developed some complications (uveitis, pneumonia, sepsis with sterile empyema). Due to complications such as pneumonia each of them were hospitalized more than one time. In our patients, the correlation of changes in lungs with active joint disease was observed. High resolution computed tomography (HRCT) of the lung demonstrated diffuse cavitating lesions regulary in the lung bases of our patients. Bronchoscopy was performed in all cases and there was no signs of malignant disease and infection. At admission all patients were treated with antibiotics and with antifungal drugs. During follow up period some of the nodules enlarged. For RLN which increase in size or have a diameter greater than 8-10 mm, further evaluation is indicated, such as positron emission tomography (FDG-PET) scan, as the RNLs show little or no uptake, based on previous case reports.In the case of a female patient, performed FDG-PET scan pointed out in the basal lungs parts confluent nodules in which was verified the milder glucose metabolism (SUV 3.1 to max.4.2). At two patients we have noticed a positive correlation of progression of RLN findings with deterioration laboratory parameters (CRP,SE, CCP, RF) and sometimes accompanied with clinical signs of acitve articular disease.Conclusion: It is important to rule out infection and malignancies before starting the treatment. Multidisplinary approach is important in diagnosis and treatment decision. RLN are diagnostic and treatment challenge and we want to emphasize the importance of recognizing this entity.