

Clinical-Medical Image

## Skin Involvement in Systemic Sclerosis

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**Figure 1:** A) Sclerodactyly, Joint contractures B) Shiny and Hyperpigmented skin.

**Figure 2:** A) Hand radiographs showed contraction of the distal phalanx bilaterally B) Resorption of distal aspect of proximal phalanx of the middle finger (acro-osteolysis).

A 53-year-old female presented with worsening dyspnea on minimal exertion for the past 4 days. She endorsed a 20-year history of untreated systemic sclerosis. Upon examination of the hands, sclerodactyly, joint contractures, shiny and hyperpigmented skin, and limited range of motion were noted (Figure 1A and 1B). Her hemoglobin was found to be 4.0 grams per deciliter. Chest radiography showed pulmonary fibrosis. Hand radiographs showed contraction of the distal phalanx bilaterally and resorption of distal aspect of proximal phalanx of the middle finger (acro-osteolysis) (Figure 2A and 2B). Endoscopy examination did not reveal gastric antral vascular ectasia (“Watermelon stomach”) which may cause refractory anemia but did reveal severe chronic esophagitis. Serological workup was positive for antinuclear antibody and anti-Scl-70 (topoisomerase I) antibody. Patient was transfused with 3 units of packed red blood cells. However, she refused all other treatment and did not follow-up with rheumatology clinic for further management.

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