CHRONIC COUGH AS AN INITIAL PRESENTATION OF SERONEGATIVE RHEUMATOID ARTHRITIS: A CASE REPORT

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Introduction

Cough is one of the most common complaints seen in the outpatient clinic

Most common aetiologies of chronic cough are asthma, COPD, postnasal drip, GERD, drug-induced, and tuberculosis

Chronic cough especially in young female without other causes can be an initial presenting complaint of autoimmune diseases

Case presentation

35 years old lady, NKMI, housewife, non-smoker, complaint of chronic dry cough with no other associated symptoms initially

Treated for pneumonia, bronchial asthma, latent TB during the disease course, but the symptoms does not resolve

After 1 year of follow up, she complaints of small joint pain over bilateral hand associated with early morning stiffness lasted for >30 minutes

RF and anti CCP are both negative

ANA positive, homogenous (1:640), dsDNA negative

Lung function test : restrictive lung disease (FVC 68%, FEV1/FVC:91%) and HRCT thorax: nonspecific interstitial pneumonia (NSIP)

The case was referred to rheumatologist and was diagnosed as seronegative rheumatoid arthritis.

Treated with prednisolone, methotrexate, sulfasalazine, cyclosporine and interarticular triamcinolone over bilateral wrist and right ankle and the symptoms are very much improved after that

Discussion

RA is a systemic, inflammatory disease primarily affecting synovial joints with possible involvement of other organs and the lungs are a common site of extra-articular disease

Extra-articular involvement occurs in about 40% of patients with RA

2010 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria for RA : score ≥6/10, are diagnosed as definite RA . While score of <6/10 are not classified as having RA, they should be reassessed over time and the criteria might be fulfilled later.

RF and anti-CCP are the antibodies that define a patient as seropositive RA. However, 15-25% of RA can be seronegative.

Those with clinical features suggestive of RA, with elevated inflammatory markers and a significant and sustained response to a trial of prednisolone, may point towards the diagnosis of RA

Conclusion

Autoimmune disease should always be one of the differential diagnoses in any young female presented with a chronic cough in primary care.

Atypical presentation of certain diseases requires shared multidisciplinary care for confirmation of a diagnosis