

FEATURES OF RESPIRATORY TRACT LESIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Abstract. Objective — to analyse the literature data on the features of respiratory system involvement in patients with rheumatoid arthritis (RA) and present the results of our own observations.

One of the extra-articular manifestations of RA is RA-associated interstitial lung disease (RA-ILD). The most common CT findings are reticular changes, consolidation, honeycombing, ground-glass opacity, and traction bronchiectasis. The most commonly diagnosed condition is usual interstitial pneumonia (UIP), which is characterised by fibrosis and a progressive clinical course. Less commonly, nonspecific interstitial pneumonia (NSIP) presents with lung parenchymal inflammation and ground-glass opacity. Chest CT scan may serve as a basis for diagnosing the subclinical form of RA-ILD. Patients with RA may also develop rheumatoid necrobiotic nodules, small airway lesions, pleurisy, and pulmonary hypertension.

Conclusions. Patients with RA should be monitored by a multidisciplinary team. Developing methods for early non-invasive diagnosis, predicting disease progression, optimizing drug therapy strategies, assessing primary response to treatment, and monitoring treatment efficacy and safety are crucial for managing respiratory disease in RA patients.

Key words: interstitial lung disease, interstitial pneumonia, pulmonary fibrosis, bronchial lesions, pleurisy, rheumatoid arthritis, diagnostics, computed tomography.