

## LUNG AND PLEURAL LESIONS AS AN ONSET OF SYSTEMIC CONNECTIVE TISSUE DISEASES

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### *Abstract*

**Aim:** to analyze newly diagnosed cases of systemic connective tissue diseases (SCTD), primarily manifested by lung and pleura lesions.

**Materials and methods.** The retrospective analysis of 27 newly diagnosed cases of SCTD has been performed (women — 18 (66,7 %), men — 9 (33,3 %)). The patients were hospitalized with the following diagnoses: disseminated lung disease (DLD) — 7 (25,9 %), DLD with unilateral pleurisy — 6 (22,3 %), DLD with bilateral pleurisy — 1 (3,7%), DLD with unilateral pleurisy and thoracic lymphadenopathy — 1 (3,7%), unilateral pleurisy — 3 (11,1 %), bilateral pleurisy — 5 (18,5 %), pleurisy with pericarditis — 4(14,8 %) cases.

**Results.** Heart disorders have been observed in 23, kidney disorders in different stages — in 27, anemia — in 19, increased ESR — in 26 cases. Videothoracoscopy assisted biopsy has been performed in 25 patients, endoscopic — in 2 patients. In biopsy samples of pleura, pericardium and lung morphological signs of vasculitis and interstitial pneumonitis were determined. Serum SCTD antinuclear antibodies were detected in 24 patients. In 3 patients negative results were due to corticosteroid treatment, which preceded hospitalization.

Assuming all data the following SCTD were diagnosed: systemic lupus erythematosus — 5, systemic scleroderma — 3), Sjogren syndrome — 1, undifferentiated connective tissue disease — 7 cases. Systemic vasculitis was diagnosed in 11 patients: Wegener's granulomatosis — 3, Goodpasture's syndrome — 2, periarteriitis nodosa — 2, micropolyangiitis — 1, hemorrhagic vasculitis — 3 cases.

**Conclusion.** "Ex juvantibus" treatment approach is unacceptable since it delays correct diagnosis establishment. Timely SCTD type determining improves a detection of early predictors.

**Key words:** systemic disease of connective tissue, lesions of lungs and pleura, videothoracoscopy biopsy.

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