## The Pulmonary Complications of Scleroderma

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#### Definition

- Scleroderma lung disease is categorized as an Interstitial Lung Disease (ILD).
- ILD refers to a broad category of lung diseases, of which scleroderma is one among nearly 150 conditions, marked by fibrosis or scarring of the lungs.
- The net result of the fibrosis is ineffective respiration or difficulty breathing.

#### Lung Disease in Scleroderma

- Interstitial Lung disease (lung fibrosis)
- Pulmonary Arterial Hypertension
- Aspiration Pneumonia
- Pleural disease
- Restrictive lung disease
- Bronchiolitis

#### Lung Disease in Scleroderma

- Cough
- Breathlessness
- Fatigue

## Lung Disease in Scleroderma

#### Other Causes of the Symptoms

- Reflux
- Deconditioning
- Anxiety
- Allergies
- Anemia
- Smoking related lung disease
- Heart disease

## Interstitial Lung Disease (lung fibrosis) in Scleroderma

- 80% of patents with systemic sclerosis
- Maybe mild -extensive
- Patients with positive Scl-70
- Usually occurs within 5 years of diagnosis
- Severe lung scarring is seen more frequently in men and in African-American scleroderma patients.

# Pulmonary Function Tests

#### Diagnosis

- Cough
- Breathlessness
- Exercise impairment
- Abnormal breath sounds

#### Chest X-Ray





A painless imaging test that shows the physician the general size, shape, and structure of the heart and lungs

#### Workup

Suspect pulmonary fibrosis

Chest x-ray

Pulmonary function test, cardiopulmonary exercise test, blood tests, CT chest

Bronchoscopy / Biopsy

#### CT Scan of the Chest





This noninvasive scan provides images of multiple slices through the lung from top (apex) to bottom (base) and can even detect subclinical ILD, i.e. inflammation or fibrosis that occurs before the development of shortness of breath

#### Bronchoscopy



Bronchoscopy with broncho-alveolar lavage (BAL) is a more invasive test that also may provide information about the degree of inflammation in the lungs. Inflammation or alveolitis is believed to occur before lung fibrosis.

#### Goals for treatment

- Suppress the inflammation
- Prevent fibrosis
- Maintain the lung function

#### **Lung Biopsy**







Lung biopsy is often recommended to help diagnose various types of ILD

#### **Treatment**

- Low dose Prednisone
  - Less than 20 mg a day
  - Avoid high dose Prednisone
- Control reflux

#### **Bronchiolitis**

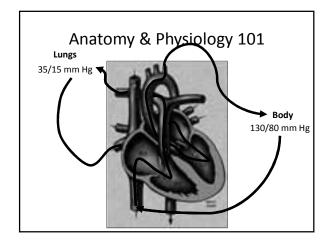
- Cough
- Shortness of Breath
- Breathing test shows obstruction

#### **Treatment**

- Cyclophosphamide (cytoxan)
- Mycophenolate moxetil (cellcept)

#### **Treatment**

- Endothelin receptor blockers
  - Bosentan
  - Ambrisentan



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#### 

#### Definition

- Pulmonary hypertension (PH) is continuous high blood pressure in vessels of lungs
  - Most often affects the pulmonary arteries
- Increased pressure causes vascular walls to tighten/constrict
  - Vascular muscles can thicken leading to arterial narrowing
- High blood pressure and narrower arteries cause right side of heart to work harder to pump enough blood into lungs
  - Right side of the heart can dilate and muscles thicken (hypertrophy)

#### Symptoms Are Nonspecific

- Shortness of breath with exertion
- Fatigue
- Chest pain
- Cough
- Fainting/near-fainting
- Edema
- Hoarseness
- Seizures

#### **Physical Examination**

- · Loud second heart sound
- Right ventricular heave
- Heart murmur
- Pale or bluish-colored skin
- · Distended neck veins
- Enlarged liver
- Swollen feet, legs, abdomen

## Electrocardiogram (ECG) An ECG shows the doctor the heart rate and

rhythm and it can also show whether the heart is under any strain.



#### Workup

Suspect pulmonary hypertension

Chest x-ray (CXR), electrocardiogram (ECG), echocardiogram (ECHO)

Pulmonary function test, cardiopulmonary exercise test, blood tests, lung ventilation perfusion scan

> Right heart catheterization with acute vasodilator testing

#### Echocardiogram (ECHO)





Chest X-ray
A painless imaging test that shows the physician the general size, shape, and structure of the heart and lungs.

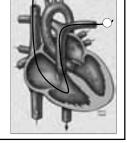


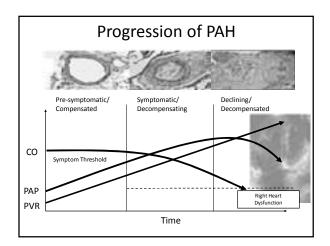
#### **Cardiac Catheterization**

• A more invasive test in which the physician inserts a small tube called a "catheter" into a patient's blood vessel and passels

tube toward the heart

• Measures important pressures in the heart and lungs





#### **Endothelin Receptor Blocker**

- Selective ETa blocker : Ambrisentan sitexsentan
- Dual endothelin receptor blocker: Bosantan
- Newer agent in phase III trials

#### **PAH Treatment: Goals**

- Improved pressures
- Improved exercise capacity
- Improved function
- Prevention of clinical worsening
- Improved survival

#### **Phosphodiestrase Inhibitors**

- Sildenafil
- Tadalafil

#### **PAH Conventional Therapy**

- Digoxin (Lanoxin®)
- Furosemide (Lasix®)
- Spironolactone (Aldactone®)
- Warfarin (Coumadin®)

\*Recent data suggest that these drugs benefit approximately 6% of patients.



#### **Epoprostenol**

#### **Side Effects**

- Jaw pain
- Headache
- Diarrhea
- Nausea /emesis
- Rash
- Leg and foot pain
- Weight loss
- Thrombocytopenia

niversity Medical Center, 2005

#### Treprostinil Delivery System





#### Goals for treatment

- Improve walk test
- Be able to resume usual activities
- Signs of heart failure improved

#### **Device Options**

Infusion Devices





#### Restrictive Lung disease

- Lungs are healthy
- Skin and the chest is tight

#### Inhaled Treprostinil

- Treatment takes 2-3 minutes q.i.d.
- Dosage delivery of 6 µg per breath .
   Start at 3 breaths QID to up to 9 breaths QID
- Lightweight (10 oz) device is easy to transport and comes with carrying case
- Once-daily cleaning
   Rechargeable long-life battery lasts for 7 to 10 days before recharging is required
- Replacement accessory parts delivered monthly with each TYVASO prescription refill, for patient convenience



#### **Aspiration Pneumonia**

- Swallowing problems and reflux common
- Aspiration of stomach contents in the lung can lead to irritation and infection
- Treatment
  - Control reflux
  - Swallowing study
  - Antibiotics as needed

#### Approach to Lung Disease

- Detailed information of respiratory symptoms
- Pulmonary function test
- Chest X-Ray
- Echocardiogram

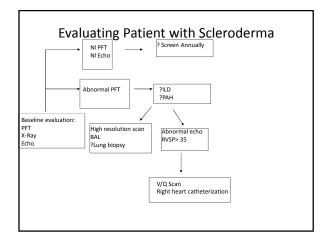
## What Every Patient Should Know (cont'd)

#### Air Travel

- Oxygen
- Wheelchair

#### **Vaccinations**

- Pediatrics: (respiratory syncytial virus (RSV), Prevnar\*, influenza)
- Adults: (influenza, Pneumovax®)



## What Every Patient Should Know (cont'd)

#### **Communication**

- Take medications only after consultation with your physician
- Tell your physician if you are having any type of surgery (major or minor)
- Discuss new American Heart Association (AHA) recommendations for antibiotic preventative treatment with your physician

## What Every Patient Should Know Upper Respiratory Tract Infections

- Early treatment
- Antibiotics
- Oxygen
- Antipyretics
- · Cough medicine
- Medications to avoid
- Hospitalization
- Warfarin interactions with antibiotics

## What Every Patient Should Know (cont'd)

#### What to Avoid

- Constipation
- Excessive humidity/ hot weather
- High altitude
- Oral contraceptives
- Pregnancy
- Anorexic agents
- Excessive alcohol
- Illicit drugs
- Over-the-counter decongestants
- Smoking (1<sup>st</sup>- or 2<sup>nd</sup>-hand exposure)
- Dehydration
- Excessive physical activity

## What Every Patient Should Know (cont'd)

#### A Healthy Lifestyle

- Maintain balanced diet
- Maintain ideal body weight
- Maintain modest exercise and activity level
- Get adequate sleep
- Optimally manage any anxiety, stress, or depression
- Control Blood Pressure

#### **Conclusion**

- Lung complications remain a serious concern
- Current Tests to enable earlier diagnosis.
- Potential new therapies
- More effective and safer medications will become available to treat scleroderma lung disease

To find out more about clinical trials, centers, contact information:

www.clinicaltrials.gov