Interstitial lung disease (ILD) in systemic sclerosis (SSc) in an Algerian cohort

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Interstitial lung disease (ILD) is a frequent failure of Systemic Scleroderma (ScS), mainly in diffuse forms of the disease. Even if it is severe in about 16% of patients, it now represents the leading cause of morbidity and mortality in the ScS. Thus, the main objective of our study was to specify the frequency of lung disease interstitial Fibrosing, and correlations with the type of scleroderma. Our study was prospective. From January 2008 to this day, we have included any patient, over the age of 16 years which featured a Systemic Scleroderma meeting the criteria for classification, Leroy and modified Medsger. Our patients had benefited from a systematic search of lung damage. We collected 75 patients. It is 63 women and 12 men. The average age of the patients at the inclusion is 41 ± 1.4 [22-72 years]. Lung damage was found in 18 patients. Lung damage was defined on computed tomography coupled with functional data database. It was fifteen diffuse forms and three limited cutaneous Systemic Scleroderma. Immunosuppressive therapy was introduced in ten patients and challenged to counter major indications. The PIF is a frequent violation of ScS. It is a long time asymptomatic and the regular monitoring of patients is essential to the track early and initiate immunosuppressive therapy when the evolution of the disease is rapid. The benefits of currently used therapies are limited. The improvement of knowledge on the pathophysiology and development of new therapeutic strategies is essential to improve the management of patients. The regular monitoring of patients is essential to the track early and initiate immunosuppressive therapy when the evolution of the disease is rapid. The benefits of currently used therapies are limited. The improvement of knowledge on the pathophysiology and development of new therapeutic strategies is essential to improve the management of patients.

Biography
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