

CTD-ILD Workshop

1. Commonly associated CTDs include systemic sclerosis, rheumatoid arthritis, polymyositis/dermatomyositis, and Sjögren's syndrome
2. CTD-ILD may present without obvious connective tissue disease features
3. The disease can range from being asymptomatic to rapidly progressive, leading to severe respiratory failure.
4. Early detection and a multidisciplinary team involving rheumatologists, pulmonologists, and radiologists are critical for effective management.
5. **Lung Ultrasound (USG):** Emerging as a screening tool, with findings such as irregular pleural thickening and B-lines indicating potential CTD-ILD in the appropriate clinical context
6. Pulmonary arterial hypertension (PAH) is a frequent complication and requires evaluation with 2D echocardiography and right heart catheterization.
7. Annual echocardiographic monitoring is recommended for timely intervention.
8. Treatment involves immunosuppressive therapies and, in some cases, antifibrotic agents.
9. Close monitoring is essential to balance disease control with potential therapy-related adverse effects

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