

## Overlap of Systemic Sclerosis and Rheumatoid Arthritis

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The overlap of systemic sclerosis (SSc) and rheumatoid arthritis (RA) is unusual, but has been reported<sup>1,2</sup>. Synovitis in SSc is commonly attributed to SSc-associated inflammatory arthritis, which is typically nonerosive. This is a hand radiograph of a 51-year-old woman with a 6-year history of diffuse cutaneous SSc (dcSSc) who complained of swelling



Figure 1. Left hand radiograph of a patient with SSc/RA overlap. Right panel: Close-up view of the first digit.

and stiffness of her hand joints for 6 months. On examination, in addition to stable skin thickening of the fingers, she had new active synovitis in the proximal interphalangeal (PIP), metacarpophalangeal (MCP), and wrist joints bilaterally.

Hand radiographs showed SSc-related resorption of the distal phalangeal tufts with bone fragmentation (arrows, Figure 1), as well as juxtaarticular osteopenia and multiple marginal erosions of the PIP and first MCP (arrowheads) consistent with concomitant RA. Serum rheumatoid factor, anti-cyclic citrullinated peptide, and anti-topoisomerase I were markedly positive. Antibody to U1-ribonucleoprotein was negative. Methotrexate provided suboptimal improvement, so etanercept was added, with sustainable resolution of the synovitis and marked clinical improvement.

Erosive RA can occasionally overlap with SSc, especially in the anti-topoisomerase I-positive subset. Although clinically challenging, this is to be distinguished from the frequently observed nonerosive SSc-associated arthritis.

## REFERENCES

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