Rheumatology: Current Research

Jung and Pope, Rheumatology (Sunnyvale) 2015, S6:i003
DOI: 10.4172/2161-1149.S6-i003

Clinical Image Article Open Access

Rapidly Progressive Digital Infarction in Mixed Connective Tissue Disease

Michelle Jung*and Janet Pope

Department of Medicine, Division of Rheumatology, St. Joseph's Health Care, London, Canada

***Corresponding author:** Michelle Jung, University of Western Ontario, Schulich School of Medicine and Dentistry, Department of Medicine, St. Joseph's Health Care, London, ON, Canada N6A 4V2, Tel: 5196613459; E-mail: mjung@uwo.ca

Received date: April 2, 2015; **Accepted date:** April 20, 2015; **Published date:** April 30, 2015

Clinical Image

These are images of a 51-year-old woman with mixed connective tissue disease with features of SLE and SSc (ANA positive at 1:640 with a speckled nucleolar pattern, double stranded DNA, RNP and SSA positive, low C3 and C4), livedoid vasculitis, severe vasculopathy with multiple finger amputations. She had a longstanding history of Raynaud's phenomenon. In the last few years, it had been worsening to the point of spontaneously triggering, affecting her toes in addition to her fingers, and occurring frequently up to 12 times a day. She also began to notice puffiness involving the entire length of her fingers. She rapidly deteriorated with marked cyanotic changes with Raynaud's phenomenon, which progressed to digital infarction of both hands.

She was aggressively treated with nifedipine, sildenafil, iloprost, prednisone, cyclophosphamide, rituximab and analgesics. However, we were unable to salvage her digits, and she required amputations of fingers and debridement of toes.

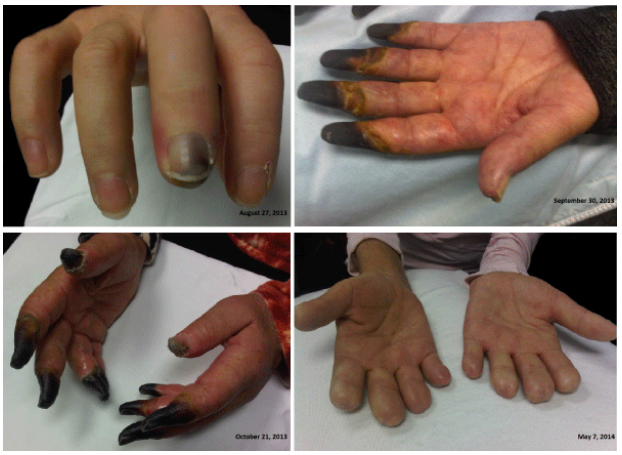

Figure 1: Rapidly progressive digital infarction in mixed connective tissue disease.