Scleroderma OSCE Station

SCENARIO: female with history of Raynaud's phenomenon(RP) and puffy hands,\OR other scenario female noticed changes in her skin's color in response to cold temp and skin tightness.

□ DON'T FORGET TO INTRODUCE YOURSELF (3)

Focused History of Scleroderma	
Personal information:	
Name,age ,occupation, residency	
Important Questions:	
Details of	When first noticed? the pattern of color changes? Classically, the fingers first turn white, then
Raynaud's	blue and finally red after exposure to cold, This is a benign condition.
phenomenon	How long does it last? Aggravating and reliving factors? site? progression?
Digital ulcer &	Raynaud's phenomenon in patients with connective tissue diseases, especially systemic sclerosis,
gangrene	can lead to the formation of digital ulcers .lt may be the first sign of this condition
Skin tightness	Site?onset?The effect on movement"extension"?progression?
Sx of GI	Upper GI: Heartburn, Dysphasia
involvement	 Lower GI: bloating, Diarrhea, Constipation , Fecal incontinence
Sx of Arthritis	Joint pain?Morning stiffness?Stiffness after inactivity?Loss of motion?Deformity?
	Weakness?Changes in sensation?
Sx of	Shortness of breath, coagh, Palpatation, syncope
cardiopulmonary	
involvement	
Sx of renal	urinary sx(change in urine color, consistency "frothy", burning sensation, difficulty in urination,)
involvement	☐ Secleroderma renal crisis occur because of severe HTN,so ask about symptoms of HPB:
	headache?visual disturbance? steroid use?if she diagnosed by HTN?
Sx of myositis	Manifested by weakness with no pain.
Personal	rheumatic diseases(RA,SLE,Secleroderma, Raynaud's disease)
&Family hx	
Severity	The effect on daily activity

Dissection questions

Mention antibodies might present in this condition:

- ANA
- RNA polymerase III
- Scl-70(anti-topoisomerase): with diffuse subset of Scleroderma
- Anti-centromere:with limited subset of scleroderma

Mention 3 Differential diagnosis of thickened tethered skin:

- Systemic sclerosis (scleroderma)
- Mixed connective tissue disease (a distinct disorder with features of scleroderma, SLE, RA and myositis)
- Graft versus host disease

Peripheral signs of Scleroderma

TEXT BOX 25.3 Examining for systemic sclerosis (scleroderma)



Figure 25.12 Scleroderma

General appearance
 'Bird-like' facies
 Weight-loss (malabsorption)

2. Hands

CREST—calcinosis, atrophy distal tissue pulp (Raynaud's), sclerodactyly, telangiectasia, loss of finger pulp, necrosis
Dilated capillary loops (nail folds)
Tendon friction rubs
Small-joint arthritis and tendon crepitus
Fixed flexion deformity
Hand function

3. Arms

Oederna (early), or skin thickening and tightening Pigmentation Vitiligo

Hair loss

Proximal myopathy

4. Head

Alopecia
Eyes—loss of eyebrows, anaemia, difficulty with closing

Mouth—puckered ('purse string mouth'), reduced opening

Pigmentation

Telangiectasia

Neck muscles—wasting and weakness

5. Dysphagia

6 Chest

Tight skin ('Roman breastplate') Heart—signs of pulmonary hypertension, pericarditis, failure Lungs—fibrosis, reflux pneumonitis, chest infections

7. Legs

Skin lesions Vasculitis

8. Other

Blood pressure (hypertension with renal involvement) Urine analysis (proteinuria) Temperature chart (infection) Stool examination (steatorrhoea)

FYI: Overview of Systemic sclerosis (scleroderma)

This is a disorder of connective tissue with variable cutaneous fibrosis and with abnormalities of the microvasculature of the fingers, gut, lungs, heart and kidneys. In diffuse systemic sclerosis there is more prominent skin sclerosis and these patients may have pulmonary fibrosis. In limited systemic sclerosis (CREST syndrome: Calcinosis, Raynaud's phenomenon, Esophageal motility disturbance, Sclerodactyly and Telangiectasia), diffuse skin sclerosis and severe interstitial lung disease do not occur but patients are at risk of developing pulmonary hypertension

The End, hope you like it!

Contact me ONLY for very serious mistakes