

## Scleroderma in elderly population: about 7 cases

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**Introduction:** Systemic sclerosis (Ssc) has a median age of onset in the fifth decade of life; however, there are rare individuals who develop scleroderma later. The aim of our study were to describe the particularity of Ssc in the Elderly Population.

**Patients and methods:** Descriptive cross-sectional study that collected 7 patients aged over 60 from 32 follow-up for Ssc in an internal medicine department for a period of 20 years [January1999 - August2019].

### Results:

- ❑ Of 32 patients with Ssc, 7 were diagnosed at age 60 or older.
- ❑ 6 women and a men (SR=0,16)
- ❑ Middle age at the time of diagnosis 63 years [60-76].
- ❑ Capillaroscopy was performed in 5 of our patients (normal n=2, microangiopathy n=2 and capillary rarefaction n=1).
- ❑ All of our patients had digestive signs (dysphagia n=6; gastroesophageal reflux n=1, diarrhea n=1 and constipation n=1)
- ❑ Esophagoduodenal fibroscopy was performed in all our patients (normal n=4 and endobrachy esophagus n=3).
- ❑ Manometry was performed in 4 patients (with hypotonia of the lower sphincter of the esophagus with a decreased peristalsis).
- ❑ Two of our patients had heart failure and one had an atrial fibrillation and no kidney damage was found.

❑ Lung involvement was present in 3 patients (pulmonary fibrosis at the stage of respiratory insufficiency n=1, interstitial pneumopathy n=1 and pulmonary arterial hypertension n=1).

❑ All patients had arthralgias predominantly affecting the joints of the fingers and wrists.

❑ Antibodies against ScL70 and anti-centromeres were positive in 4 and 2 patients respectively.

❑ Treatment was dominated by calcium inhibitors, proton pump inhibitors and nivaquine. Improvement and stabilization of lesions were observed in 5 patients. 2 deaths were noted (one death by decompensation of heart failure and one death following a decompensation of respiratory insufficiency).

**Discussion and conclusion :** The results of our study underline the frequency of the extra-cutaneous involvement and its severity on a fragile ground. In their study Rebecca L and al suggest that older Ssc patients are at greater risk for pulmonary hypertension, renal impairment, cardiac disease, and muscle weakness [1]. In conclusion, Scleroderma occurrence in the elderly is exceptional. It is often grafted with a diagnostic delay explained, among other things, by the atypical clinical presentation and the coexistence of common geriatric pathologies.