**Overlap Syndrome**

**Patient:** A 83-year-old woman

**Duration:** Three years

**Distribution:** Lower extremities

**History:** Generalized pruritus, dryness of eyes with decreased tearing, and dry mouth. Symmetrical polyarthritis of small and large joints with morning stiffness, heartburn, dysphagia and recurrent bouts of diarrhea as well as Raynaud’s phenomenon.

**Physical Exam:** Dry skin, perioral furrowing, strawberry tongue, beefy red oral mucosa, telangectasias over hands, fingers and periungually. Tight skin over legs with chalk white sclerotic plaques and hypopigmentation. Positive tinel sign.

**Histopathology:** Biopsy from the leg: dermal sclerosis. Biopsy from the lower lip: peri-glandular and peri-ductal lympho-plasmacytic inflammatory cell infiltrate.

**Laboratory:** ESR=96, TSP=77(A/G:19/58),ANA+, Anti-Cardiolipin Abs: +, RA latex: reactive, Anti-Scl 70 Abs: Negative, Anti-Ro & Anti-La Abs: negative, dsDNA: negative Serum immunofixation: IgM-Kappa monoclonal gammopathy superimposed on polyclonal gammopathy.

**Discussion:**

- This is a case of localized scleroderma with features of CREST combined with rheumatoid arthritis and secondary Sjögren’s syndrome.
- Approximately 25% of patients with connective tissue disease (CTD) present with an overlap syndrome, having features of more than one disorder. Initially, most present with symptoms of Raynaud’s phenomenon, arthralgias and positive ANA. Sjögren’s syndrome occurring at the same frequency as rheumatoid arthritis in its primary form, can be associated with each CTD and is then referred to as secondary Sjögren’s syndrome. Scleroderma has a heterogenous presentation. It can be localized such as morphea or systemic in either a diffuse form (dSSc) or a limited form (ISSc) which includes the CREST syndrome. Most patients have a positive ANA with a correlation between the clinical features, the prognosis and the specificities of these autoantibodies.

**References:**