La causa de la hipoalbuminemia del primer caso se debe al estado proinflamatorio de la enfermedad pulmonar intersticial y la DM aún no diagnosticada. Esta hipoalbuminemia podría ser causa de edema generalizado, pero no de placas eritematoedematosas y vesiculoamopollas.

La literatura muestra que la DM edematosa podría estar asociada a miopatía más grave y disfagia, dato que ocurre en nuestros pacientes. Asimismo, la DM vesiculoamopollasa estaría fuertemente asociada a neoplasia y peor pronóstico. El edema extrafacial en DM, en cualquiera de sus variantes, debería alertar de una mayor gravedad y llevar a una búsquedas activa de neoplasia.
Rice bodies are known to occur commonly in rheumatic conditions such as rheumatoid arthritis (RA), juvenile idiopathic arthritis, seronegative inflammatory arthritis, and also osteoarthritis. Pigmented villonodular synovitis (PVNS) and synovial osteochondromatosis form the primary differential diagnoses. In a patient with isolated tenosynovitis, infection is highly likely, and mycobacteria are most often implicated. Rice body formation has been seen with tenosynovitis due to Mycobacterium tuberculosis, and nontuberculous mycobacteria (NTM), including Mycobacterium marinum, Mycobacterium kansasi, rapid growing mycobacterium, Mycobacterium avium and Mycobacterium intracellulare. The laboratory should always be informed of the possibility of NTM, as these can be differentiated on culture. Treatment includes mycobacterial therapy and tenosynovectomy to avoid complications such as tendon rupture. However, rarely, as in our case, resolution has been reported with antitubercular therapy without any surgical treatment.

In a patient with early polyarthritis yet negative autoantibodies, rice body formation could be a salient marker to underlying RA. In established RA, it is important to know that these solid masses are treatable; as resolution has been described with intraarticular steroids and/or disease modifying anti-rheumatic drugs in most cases without sequelae. This can obviate a surgical procedure, which although initially successful, is associated with recurrence in one-third of patients. Half of those with recurrence require re-operation. Lastly, rice bodies are rare in the wrist. If not identified and treated they can progress to compressive neuropathy and tendon ruptures.

Bibliografia


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