

Pseudochylothorax in a Patient with Rheumatoid Arthritis – Case Report

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Abstract

Background: Pseudochylothorax is usually associated with chronic inflammatory disorders like tuberculosis or rheumatoid arthritis, but there are few reports of Rheumatoid Arthritis-associated pseudochylothorax. It usually occurs during the course of a previously diagnosed RA but is occasionally seen contemporaneously with or preceding the onset of other arthritic signs and symptoms.

Case: A 49-year-old female patient presented to our hospital with an undiagnosed pleural effusion. She had a history of cough, difficulty breathing, fatigue, profuse sweating, and morning stiffness for a period of 12 months. On admission she was afebrile, but presented signs and symptoms of chronic inflammation of the joints.

On CT-scan angiography were observed left sided minimal pleural effusion. The pleural fluid was confirmed as pseudochylothorax due to high cholesterol and low triglyceride concentrations (300 mg/dL and 60 mg/dL, respectively). Cholesterol/ triglyceride ratio was >1 and the presence of cholesterol crystals along with elevated levels of anti-cyclic citrullinated peptide antibody and rheumatoid factor suggested the diagnosis of Rheumatoid Arthritis origin.

Conclusion: We encountered a rare case of a pseudochylothorax occurring contemporaneously with the onset of other arthritic signs and symptoms.

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