

Pulmonary involvement as initial manifestation of Pediatric Sjögren

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Abstract

Pulmonary involvement associated with Sjögren's syndrome does not have a reference treatment. The use of immunosuppressive, biological and corticosteroid therapy is indicated in case of progression of respiratory symptoms, alteration of respiratory tests, and lung lesions in high resolution computerized axial tomography. The use of biological therapies against T cells and B cells are relevant in patients with refractory systemic involvement. Sjögren's syndrome in pediatric age is rare and the subtype of secondary Sjögren's is the most common. The course is longer, and the symptoms are more heterogeneous than in adulthood. The diagnosis in children is delayed, because children less frequently report dryness and frequently present with extra-glandular clinical features suggestive of other autoimmune diseases. A systematic review on primary Sjögren's syndrome in male and pediatric population reported a 2.4% of pulmonary involvement in pediatric patients. Pulmonary involvement is associated with an increase

Biography:

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