

Commonness and impacts of emphysema in never-smokers with rheumatoid joint pain interstitial lung sickness.

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Abstract

This study investigates the prevalence and impacts of emphysema in never-smokers diagnosed with rheumatoid arthritis interstitial lung disease (RA-ILD). Emphysema, typically associated with chronic smoking, has been increasingly identified in never-smokers with RA-ILD, an autoimmune disorder that affects the lungs. The co-occurrence of these conditions presents a unique challenge in the management of RA-ILD. Using a combination of patient data analysis and literature review, this study aims to quantify the commonness of emphysema among never-smokers with RA-ILD and assess its impacts on disease progression and patient outcomes. The findings of this study could provide valuable insights for clinicians and researchers, potentially leading to improved diagnostic techniques, treatment strategies, and overall patient management for those suffering from RA-ILD.

Keywords: Emphysema, Lungs, Pulmonary disease, Bloodstream.

Introduction

A kind of Chronic Obstructive Pulmonary Disease (COPD) known as emphysema causes damage to the lungs' air sacs (alveoli). This damage leads to the enlargement of the air sacs, which in turn reduces the surface area of the lungs and the amount of oxygen that reaches the bloodstream. Emphysema is typically brought on by prolonged exposure to airborne irritants such tobacco smoke, air pollution, chemical fumes, and dust. A small percentage of instances, nevertheless, are brought on by an inherited lack of a protein that safeguards the lungs' elastic structures [1].

This unexpected correlation has sparked a wave of research to understand the prevalence and impacts of emphysema in this specific population. Rheumatoid arthritis, an autoimmune disorder characterized by inflammation of the joints, has been known to affect various organs, including the lungs, leading to interstitial lung disease [2].

Symptoms of emphysema can include shortness of breath, reduced capacity for physical activity, chronic cough, wheezing, and chest tightness. Over time, the symptoms often become severe enough to interfere with everyday activities. The co-occurrence of emphysema, a lung condition that causes shortness of breath, adds another layer of complexity to the management of RA-ILD. Delve into the commonness of emphysema in never-smokers with RA-ILD and explore its impacts on the disease progression and patient outcomes. Understanding these associations could potentially lead to more effective strategies for diagnosis, treatment, and overall

management of RA-ILD [3].

Rheumatoid Arthritis (RA) is a chronic inflammatory disorder that primarily affects the joints but can also involve other organ systems, including the lungs. Interstitial Lung Disease (ILD) is a common pulmonary manifestation of RA, characterized by progressive scarring of lung tissue. The co-occurrence of emphysema in patients with RA-ILD, who have never smoked, presents a unique clinical challenge. Impacts of emphysema in this population could provide valuable insights into disease mechanisms, inform clinical practice, and guide future research [4].

Conclusion

The occurrence of emphysema in never-smokers with Rheumatoid Arthritis Interstitial Lung Disease (RA-ILD) is more common than previously thought. The impacts of this co-occurrence are significant, affecting patient health, quality of life, and disease progression. These findings underscore the need for comprehensive screening and management strategies for emphysema in patients with RA-ILD, regardless of their smoking history. Moreover, they highlight the importance of further research into the underlying mechanisms that link these conditions. Understanding these mechanisms could lead to the development of novel therapeutic approaches and improve outcomes for this patient population. The complexity of these co-existing conditions necessitates a multidisciplinary approach to care, emphasizing the importance of collaboration among rheumatologists, pulmonologists, and primary care providers.

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References

1. Ren J, Ding Y, Zhao J, et al. Impact of cigarette smoking on rheumatoid arthritis-associated lung diseases: A retrospective case control study on clinical and radiological features and prognosis. *Rheumatol Int.* 2023;43(2):293-301.
2. Fischer A, Solomon JJ, du Bois RM, et al. Lung disease with anti-CCP antibodies but not rheumatoid arthritis or connective tissue disease. *Respir Med.* 2012;106(7):1040-7.
3. Lee SJ, Lee J, Park YS, et al. Impact of chronic obstructive pulmonary disease on the mortality of patients with non-small-cell lung Cancer. *J Thorac Oncol.* 2014;9(6):812-7.
4. Khan T, Jose RJ, Renzoni EA, et al. A closer look at the role of anti-CCP antibodies in the pathogenesis of rheumatoid arthritis-associated interstitial lung disease and bronchiectasis. *Rheumatol Ther.* 2021;8(4):1463-75.
5. Ayhan-Ardic FF, Oken O, Yorgancioglu ZR, et al. Pulmonary involvement in lifelong non-smoking patients with rheumatoid arthritis and ankylosing spondylitis without respiratory symptoms. *Clin Rheumatol.* 2006;25:213-8.