Scleroderma

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Scleroderma
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Pathophysiology

Scleroderma is a rare disease, but one associated with multiple complications and comorbidities. Increased knowledge of the signs and symptoms, familial history of autoimmune disorders, subset identification, pathophysiological processes, and current treatment options are vital in the diagnosis and management of scleroderma. Ongoing research into better symptom management, improved prognosis, and possible cure are grounded in the pathological foundation of the disease. Healthcare providers should be abreast on the latest research and best practices when delivering care to their patients affected by the disease.

Implications for Nursing Care

When pathophysiological evidence and research continue to focus on remission of the disease, nursing care must continue to focus on management of symptoms for those currently affected. Symptom management generally focuses on vasculopathy, autoimmunity, and tissue fibrosis. According to McManus and Wylie (2013), telitis, telitis panarum, and IL-17A are often associated with vasculopathy and skin fibrosis. Vasculopathy, cytokines, and T cells are involved in the pathogenesis and progression of SSc.

In conclusion, scleroderma is a rare disease but one associated with multiple complications and comorbidities. Increased knowledge of the signs and symptoms, familial history of autoimmune disorders, subset identification, pathophysiological processes, and current treatment options are vital in the diagnosis and management of scleroderma. Ongoing research into better symptom management, improved prognosis, and possible cure are grounded in the pathological foundation of the disease. Healthcare providers should be abreast on the latest research and best practices when delivering care to their patients affected by the disease.

References

McManus Z. H. & Wylie, F. M. (2013) Novel investigative agents for the treatment of scleroderma. Journal of Investigative Dermatology, 137(2), 457-464. doi:10.1038/jid.2015.252

Additional Sources

Adams, S. (2016) Scleroderma. Retrieved from http://www.arthritis.org/what_is_scleroderma.cfm?report=1748&hr=2

Figure 2: Pulmonary fibrosis on chest x-ray