In a recent issue Diaz et al. [1] published a case of trichloroethylene-induced systemic sclerosis. Previously, it has been described only in a few patients [2-5]. We have previously reported that exposure to solvents can be detected among the Hungarian cases with systemic sclerosis in a surprisingly high proportion [6, 7].

A 62-year-old female patient, who started her work at the age of 40 in a telecommunication plant, was exposed to trichloroethylene by inhalation for 2 years. At the age of 43, she developed Raynaud’s phenomenon, acro-sclerosis and joint symptoms. A serious involvement of the lower esophageal tract was found from the age of 47. Thirteen years later, congestive heart failure, thrombocyto-penia and renal involvement with mild azote-mia (but without hypertension) was also detected. Two years later, the patient died suddenly due to cardiac arrest. Indirect immunofluorescence showed a speckled anti-nucelar antibody staining pattern on HEp-2 cell monolayers (without anticentromere antibody). The mitotic spindles were also decorated in the dividing cells suggesting the presence of antimicrotubule antibodies. This patient had systemic scleroderma indistinguishable from the ‘true’ systemic sclerosis.

References

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