A 60 year old female with a history of fibromyalgia presented with dyspnea and skin changes, predominantly on the hands. Physical exam and imaging showed classic findings of limited cutaneous systemic sclerosis (scleroderma) CREST syndrome. **Calcinosis cutis** (Figure 1A), **Raynaud’s** (not shown but endorsed by the patient), **Esophageal dysmotility** (Figure 1B, dilated esophagus), **Sclerodactyly** (Figure 1C), and **Teleganectasias** (Figure 1D) were all present. Ground glass opacities were seen predominantly in the bilateral lower lung zones, associated with increased reticular markings (Figure 2A), and traction bronchiectasis (Figure 2B).
Pulmonary involvement is noted in the majority of scleroderma patients. Interstitial lung disease (ILD) is common and often portends a poor prognosis.

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