Management of cardiac involvement in patients with systemic sclerosis (SSc): Investigation, monitoring and treatment

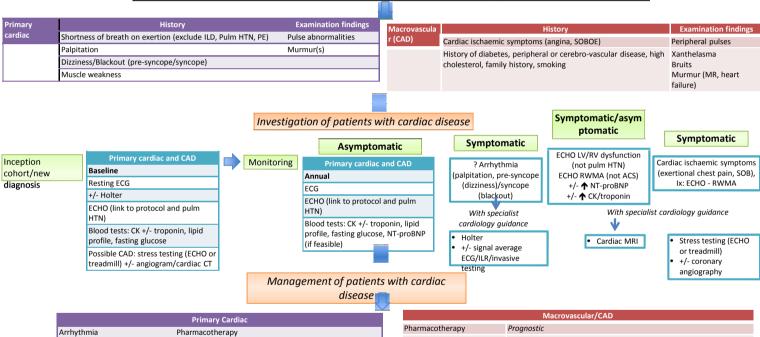
Identification of patients with cardiac

Usually present to rheumatologist; may present to respiratory physician (ILD/PAH first diagnoses excluded with common symptom of breathlessness); rarely, cardiologist (usually on referral):

Red flag symptoms: breathlessness, palpitations, dizziness, pre-syncope episodes; chest pain Specifically assess/look for:

History Raynaud's, skin thickening, digital ulcers, oesophageal reflux, joint pain and/or weakness

Examination telangiectasia, Raynaud's, calcinosis, skin thickening/puffy fingers, nail fold changes, myopathy and/or arthropathy



Primary Cardiac	
Arrhythmia	Pharmacotherapy
	Pacemaker/device
	Ablation therapy
Fibrosis	Consider immunosuppression
Myocarditis (+/- part of wider myositis)	Oral/iv steroid (caution risk of renal crisis) +/- Immunosuppression
	Immunosuppression: MTX, MMF, pulse cyclophosphamide

Macrovascular/CAD	
Pharmacotherapy	Prognostic
	Aspirin (caution with PPI)
	Statin (caution myositis)
	ACEI
	Beta-blocker: selective
	[Anti-anginal (symptom control)]
	Treat traditional risk factors effectively (BP, diabetes, smoking cessation)
Intervention	If indicated as per usual practice