A 25 years old female came with seven years history of Raynaud’s phenomenon in both hands and feet, tightening of skin of the hands, face and neck, breathlessness on exertion and hair loss. No cough, reflux symptoms, fever, oral ulcer, rash. Her reports in 2004 showed 2 D echo normal, no PAH. Pulmonary function test was s/o moderate restrictive ventilation defect. CT thorax s/o interstitial pulmonary fibrosis with ? alveolitis. ANA – 1:40 4+ homogenous, dsDNA was negative, Smith antibody absent, U1SNRNP negative, ScL 70 detected. RF negative, thyroid function test normal, urine routine normal. On examination there was ironed out facies, eye lid eversion difficult, and no synovitis. No skin tightening or thickening of hands, forearm. On the contrary there was marked hypermobility. Mild crepts in chest and cardiovascular system was normal in examination. Here by we are trying to submit a very rare combination of scleroderma (seven years duration of illness) & marked hypermobility. We could not find any such case in literature search.

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