

Smoking and CREST Syndrome

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About the Authors

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This 62-year-old woman has been followed up in the immunology clinic for long-standing CREST (calcinosis cutis, Raynaud's phenomenon, esophageal dysfunction, sclerodactyly, telangiectasia) syndrome. Interestingly, the vasospasm from her Raynaud's phenomenon was noticeably worse during periods when she was smoking. Upon presentation to clinic she had numerous cutaneous ulcers (Figure 1) as well as marked sclerodactyly and calcinosis consistent with her history of CREST syndrome. Radiographs showed

resorption of the distal phalanges (Figure 2).

She was treated conservatively by our wound care team and counselled to stop smoking. The ulcers gradually resolved, and her Raynaud's phenomenon became less severe. Whenever she resumes smoking, the cutaneous ulcers return within 3 months. The cycle of compliance and relapse has repeated itself many times, demonstrating the synergistic effect of nicotine-induced vasospasm in this condition.



Figure 1. Cutaneous ulcers (arrows).



Figure 2. Resorption of the distal phalanges (arrow).