

Scleroderma

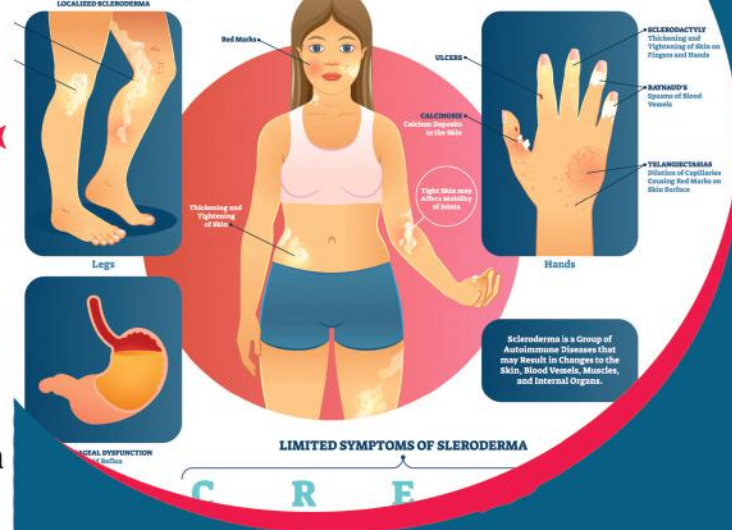
Scleroderma

► Medical nutrition therapy in scleroderma ◀

Swallowing disorder in this disease requires nutritional interventions. Dry mouth and tooth decay, loose teeth, and stiff facial skin can also make it difficult to eat. Drinking enough fluids, eating moist foods, and chewing sugar-free gum can help moisturize the mouth and reduce symptoms. In gastroesophageal reflux, it is recommended to eat small and frequent meals, avoid eating at night, and not consume alcohol, coffee, and spicy or fatty foods.

Lack of absorption of lactose, vitamins, fatty acids, and minerals can increase nutritional problems and maybe an essential supplement. High-energy and high-protein supplements or intestinal nutrition may improve weight loss. If chronic diarrhea persists, intestinal or intravenous feeding may be necessary.

To reduce heartburn in scleroderma, do not eat 2 to 3 hours before bedtime.



Eat a high-fiber diet (such as whole grains, fruits, and vegetables) and increase fluid intake if having constipation.

In cases of inflammation, eat fruits and vegetables, green leaves and fatty fish (salmon and sardines), walnuts, foods rich in vitamin E such as nuts, seeds, and olive oil, and vitamin D3.



Gastrointestinal symptoms include gastroesophageal reflux disease, nausea and vomiting, swallowing problems, diarrhea, constipation, urinary incontinence, and abnormal growth of tiny intestinal bacteria

Scleroderma is a type of chronic systemic sclerosis or hardening of the skin and viscera characterized by fibrous connective tissue deposition. Women get scleroderma four times more often than men. In scleroderma, Raynaud's syndrome may occur, accompanied by ischemia or coldness of the small limbs of the body, and interferes with the preparation and consumption of meals. In scleroderma, Sjögren's syndrome (the immune system mainly attacks the tear and salivary glands of the person and causes dry mouth and eyes in people) also occurs, but there is a difference between patients.

► **Pathophysiology of scleroderma** ◀

Scleroderma is an autoimmune rheumatic disease with a genetic component. Free radicals and oxidative damage caused by cytokines, which alter fibroblast proteins, are involved in this disease.



Renal scleroderma is common in patients treated with glucocorticoids.

► **Medical treatment of scleroderma** ◀

Scleroderma is usually progressive, and none of the available treatments can correct collagen overproduction. Therefore, scleroderma treatment aims to reduce the symptoms and limit the damage caused by it. Some studies on anti-TNF therapies have yielded promising results. Despite treatment with angiotensin-converting enzyme inhibitors and dialysis, scleroderma is still associated with morbidity and high mortality.