Scleroderma Manitoba

Scleroderma (Systemic Sclerosis or SSc)

Scleroderma is diagnosed in thousands of Canadians. It is characterized by an overproduction of collagen and damage to the blood vessels that causes excessive scarring within the various organs. This imbalance leads to a hardening of the skin (fibrosis) and an alteration of the affected organs. Moreover, in most cases, scleroderma limits the motor skills and dexterity of those affected and causes great physical and psychological suffering since it produces disfiguring appearance-related changes.

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Fast Facts about Scleroderma

- Occurs in about 4 in 10,000 people worldwide & is 5 to 6 times more common in women.
- Is most diagnosed between ages 30-50 & can strike children and people of all ages.
- Scleroderma is not contagious.
- Both limited and diffuse scleroderma are associated with a significant reduction in life expectancy. For people who have mostly skin involvement and no major organs involved, the long-term outlook is more favourable.
- Since each case is unique, no two patients will follow the same course of the disease.
- It is still unknown what exactly causes this autoimmune disease.

Impact on Patient's Quality of Life

The five most frequently self-reported symptoms were fatigue, Raynaud's phenomenon, stiffness in the hands, joint pain, and difficulty making a fist.

Treatment and Care of Condition

Immuno-suppressants are the primary line of action used to stabilize the autoimmune nature of the disease. There is a variety of these and different ways they can be administered. If one can be found that does not cause dangerous side effects and also shows signs of improvement, it can slow down the rate of progression. It can also prevent further progression and in some cases reverse some of the early tissue thickening and inflammation.

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