

Results. Across 11 randomized trials ($\approx 2,100$ patients) and 8 meta-analyses, adjunctive CS shortened time to the clinical stability by about 1–1.5 days and reduced hospital stay by roughly 1 day versus placebo. Mortality benefit was modest, becoming significant only in severe CAP or CRP > 150 mg/L (RR 0.72, 95 % CI 0.56-0.93). Treatment failure, mechanical ventilation, and ICU admission showed favorable but heterogeneous reductions. Adverse events were dominated by transient hyperglycemia (number needed to harm ≈ 16); rates of gastrointestinal bleeding or secondary fungal/bacterial infection were not significantly increased.

Conclusion(s). Adjunctive systemic corticosteroids seem to accelerate recovery and may lower mortality in severe or highly inflammatory CAP, at the cost of manageable hyperglycemia and no clear rise in major complications. Judicious, closely monitored use in selected in-patients is warranted.

Keywords: corticosteroids, community acquired pneumonia, safety

APPROACH TO PARANEOPLASTIC SYNDROMES IN RHEUMATOLOGY

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Background. Paraneoplastic syndromes (PNS) are distant effects of cancer not caused by direct tumor invasion or metastasis. In rheumatology, they often mimic autoimmune diseases, leading to diagnostic difficulties and therapeutic challenges due to overlapping symptoms and unclear clinical presentation.

Objective(s). To review the clinical features, underlying mechanisms, and diagnostic approaches of paraneoplastic rheumatic syndromes, highlighting their role in early cancer detection.

Materials and methods. This research analyzed bibliographic sources from PubMed, Google Scholar, Oxford Academic, and Medline, covering publications between 2014 and 2024. After filtering with keywords related to paraneoplastic syndromes, 16 relevant sources were included for this detailed review study.

Results. Paraneoplastic rheumatic disorders (RDs) are diverse immune-mediated conditions linked to overt or occult malignancies. These include paraneoplastic arthritis, hypertrophic osteoarthropathy, amyloid arthropathy, vasculitis, dermatomyositis, polymyositis, scleroderma-like syndromes, and panniculitis-polyarthritis. They mimic autoimmune diseases but show atypical features such as acute onset in elderly, asymmetry, resistance to immunosuppressants, and rapid progression. Symptoms often precede cancer diagnosis, offering a crucial diagnostic window. Accurate diagnosis guides cancer detection and improves prognosis.

Conclusion(s). Paraneoplastic rheumatic disorders serve as vital diagnostic clues to hidden malignancies. Early identification and prompt tumor-targeted treatment are crucial for successful management, since standard rheumatologic therapies frequently ineffective in controlling these paraneoplastic manifestations.

Keywords: paraneoplastic syndromes, autoimmune mimicry, autoantibodies