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MESSAGE FROM NEWLY ELECTED PRESIDENT OF PSR



Introduction:

Prof Samina Ghaznavi, MBBS, MCPS, FCPS, FACR, is a professor of Medicine with Rheumatology as her subspecialty.

She has served Liaquat National Hospital for 24 years, being actively involved in teaching and training postgraduates as well as undergraduates.

She has to her credit, close to 100 trainees in Medicine.

She has been closely associated with PSR for 25 years, having served as treasurer in the earlier tenures.

Message:

Heartiest Congratulations to the Newsletter team for improving this publication as time goes on!

I feel very humbled, yet immensely honoured to shoulder the responsibility of President PSR, and pray to the Almighty to guide and help me.

It is very heartening to see that from the humble beginnings of a handful of pioneers, PSR, today emerges as a society with members approaching 100 from all over Pakistan!

I am very hopeful that this expanding network will provide a much wider platform to connect and collaborate for betterment Insha Allah.

We have ahead of us the noble task of developing the next generation of Rheumatologists focusing on expertise as well as ethics.

As the world is progressing fast in telemedicine, we need to create awareness to harness these technologies, think beyond borders and develop Rheumatology not only in Pakistan but, with mutual effort in the region as well.

PROF. SAMINA GHAZNAVI
MBBS, MCPS, FCPS, FACR

President PSR
Professor of Medicine

MESSAGE FROM EDITOR-IN-CHIEF



Dear friends, we are presenting the third issue of the official newsletter of PSR. As always, I hope you will appreciate and encourage the efforts of my team.

I also welcome and congratulate the new office bearers and council members. I hope we will

explore new horizons and take PSR to the next level during this tenure.

Thank you, friends, and my team.

DR. TAHIRA PERVEEN UMER

Editor in Chief-PSR Newsletter,

Assistant Professor and Head - Department of Rheumatology,

Liaquat National Hospital,

Karachi.

WORLD ARTHRITIS DAY

Courtesy: Prof. Ahmed Saeed

Department of Rheumatology at Central Park Teaching Hospital, Lahore is providing care to patients from all walks of life. The department was established earlier this year and in a short span has become one of leading centers contributing to patient care, undergraduate and postgraduate training, research, and advocacy.



A webinar "Three Topics in Rheumatology" was conducted on 4th September 2021, featuring international faculty from USA and UK. The session was interactive and speakers presented real case scenarios to engage the audience. The speakers, Prof. Ali Jawad (UK), Prof. John Axford (UK) and Dr. Sarfraz Hasni (USA) shared their invaluable knowledge about "Recent Advances in Management of RA", "Dilemmas in diagnosing vasculitis" and "Managing difficult lupus". It was followed

by a panel discussion.

This department is contributing in the APLAR SpondyloArthritis registry enrolling patients with Axial SpA and Psoriatic arthritis. This, in the future, will help in generating real work data on SpA from this part of the world.

Faculty in collaboration with Arthritis Care Foundation organized an awareness walk on world arthritis day which was very well attended by medical students and civil society and covered by all mainstream TV channels.



A dedicated Biologic infusion services have been established with the support of AC, inaugurated by the Dean CPMC Prof. A.S Chughtai.

In December 2021 the department at Central Park teaching hospital got accreditation from CPSP for FCPS Rheumatology training.

ROLE OF REHABILITATION MEDICINE IN THE OPTIMAL MANAGEMENT OF RHEUMATOLOGICAL DISORDERS

Courtesy : Dr. Muhammad Tawab Khalil, Dr. Farooq Azam Rathore

Resident, Rehabilitation Medicine, Armed Forces Institute of Rehabilitation Medicine (AFIRM), Rawalpindi

Consultant and Associate Professor, AFIRM, Rawalpindi

Rheumatological and musculoskeletal disorders are one of the commonest causes of morbidity, disability and poor quality of life (QoL). Osteoarthritis (OA) and rheumatoid arthritis (RA) accounts for 19 and 2.4 years of life lived with disability respectively¹. In the USA, arthritis and low back pain are the most common and costly diseases requiring rehabilitation, costing around 200 billion dollars per year². According to 2017 population census, Pakistan has a population of 207 million. Considering the global estimates of 15% disability, probably 35 million people are living with some form of disability³. Reliable and detailed statistics on disability related to rheumatological diseases are not available. We aim to present an overview of the role of rehabilitation services in the optimal management of patients with rheumatologic diseases. In future write ups we will discuss the rehabilitation management of individual disorders like Rheumatoid arthritis (RA), Osteoarthritis (OA) and ankylosing spondylitis.

Rehabilitation in rheumatological diseases should be considered as a continuum of care rather than an optional activity. Medical interventions aim to halt disease progression while rehabilitation interventions focus on improving the overall health, QoL and functionality of the patient. Rheumatological rehabilitation is a multi-disciplinary team effort lead by a Rehabilitation Medicine specialist to formulate a patient centered comprehensive rehabilitation treatment plan that targets the specific impairments of individual with rheumatological disease. It is important to note that rehabilitation does not consist only of physiotherapy and exercise sessions. It is a complex set of physical, social, psychological, medical and pain interventions which enables the patient to participate in the community despite the disability. Once a patient visits a rehabilitation medicine specialist, a detailed functional evaluation based on the International Classification of Function framework is done to set treatment goals and formulate

management plan tailored to each patient. Rehabilitation Medicine physicians are formally trained in the assessment and management of rheumatological diseases. In addition, they are trained in various forms of pain management procedures which are very beneficial for patients with different forms of rheumatologic diseases.

Exercises to maintain the range of motion of the stiff joints and to improve the strength of the muscles is an essential component of rheumatologic rehabilitation. Use of different physical modalities like transcutaneous electric nerve stimulation, wax bath therapy, therapeutic ultrasound and different heat-based modalities can help reduce pain and stiffness and improve mobility. Patients with hand dysfunction or deformities secondary to RA or psoriatic arthritis can benefit from tailored exercise plan of the hands by occupational therapists. Occupational therapists also help with functional training, energy conservation techniques and home modification which can enhance the functioning of the patient despite the disability. In addition, these patients may need different kinds of splints and orthotics which are fabricated by orthotists (an important member of a multi-disciplinary rehabilitation team).

There are few departments of Rehabilitation Medicine in public sector in Pakistan to cater for the rehabilitation needs of patients with rheumatological disorders. It is usually confused with physiotherapy and exercises alone instead of a concept of a multidisciplinary team looking after the complex and diverse rehabilitation needs of the patient. It is recommended that residents in rheumatology should do elective rotations in rehabilitation medicine to understand the principles and need for rehabilitation. This will ensure that the outcomes of these patients can improve, and the overall disability burden can be reduced. There is a need to include Rehabilitation Medicine specialists early in the continuum of care of patients with rheumatological

disorders to prevent functional limitations.

REFERENCES:

1. Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2021 Dec 19;396(10267):2006-2017. doi: 10.1016/S0140-6736(20)32340-0. Epub 2020 Dec 1. Erratum in: *Lancet*. 2020 Dec 4; PMID: 33275908; PMCID: PMC7811204.
2. Ma VY, Chan L, Carruthers KJ. Incidence, prevalence, costs, and impact on disability of common conditions requiring rehabilitation in the United States: stroke, spinal cord injury, traumatic brain injury, multiple sclerosis, osteoarthritis, rheumatoid arthritis, limb loss, and back pain. *Arch Phys Med Rehabil*. 2014 May;95(5):986-995.e1. doi: 10.1016/j.apmr.2013.10.032. Epub 2014 Jan 21. PMID: 24462839; PMCID: PMC4180670.
3. Rathore FA, Mansoor SN. Disability Rights and Management in Pakistan: Time to Face the Bitter Truth. *J Coll Physicians Surg Pak*. 2019 Dec;29(12):1131-1132. doi: 10.29271/jcpsp.2019.12.1131. PMID: 31839081.
4. Küçükdeveci AA. Nonpharmacological treatment in established rheumatoid arthritis. *Best Pract Res Clin Rheumatol*. 2019 Oct;33(5):101482. doi: 10.1016/j.berh.2019.101482. Epub 2020 Jan 25. PMID: 31987686.
5. Masiero S, Bonaldo L, Pigatto M, Lo Nigro A, Ramonda R, Punzi L. Rehabilitation treatment in patients with ankylosing spondylitis stabilized with tumor necrosis factor inhibitor therapy: a randomized controlled trial. *J Rheumatol*. 2011 Jul;38(7):1335-42. doi: 10.3899/jrheum.100987. Epub 2011 Apr 1. PMID: 21459942.

24TH ANNUAL INTERNATIONAL PAKISTAN SOCIETY FOR RHEUMATOLOGY-CONFERENCE 2021

Courtesy : Dr. Saba Samreen

On 1st and 2nd October 2021, the 24th Annual International Conference of Pakistan Society for Rheumatology was held. Rheumatology Department, Fauji Foundation Hospital organized the PSR 2021 conference successfully. It was a hybrid event (live and virtual) in wake of the ongoing covid pandemic. Bhurban was selected as venue for the conference which is a beautifully located hill station. The conference proceedings were held where rheumatology brains of the country shared their scientific knowledge and research updates.



Rheumatology department participated with zeal and zest in World Arthritis Day on October 12, 2021. An awareness walk was carried out in Fauji Foundation Hospital to create a ripple of awareness. Students of medical college also actively participated in it.



LATEST RESEARCH HIGHLIGHTS:

Courtesy: Dr. M. Haroon

ONE-THIRD OF RHEUMATOID RISK COMES FROM LIFESTYLE

Analysis of the NHANES (National Health and Nutrition Examination Survey) data suggests that one-third of the risk of developing rheumatoid arthritis (RA) in the USA is attributable to smoking, obesity and alcohol intake.

NHANES was used to determine the prevalence of lifestyle exposures and correlations with developing RA. A meta-analysis found the weighted percentages of former smokers, current smokers and overweight or obese people were 24.84%, 23.93% and 63.97%, and the average alcohol consumption was 51.34 g/week.

Higher risks of developing RA were seen among former smokers (RR 1.22, 95% CI 1.10 to 1.36) and current smokers (RR 1.47, 95% CI 1.29 to 1.68) and being overweight or obese (RR 1.27; 95% CI 1.09 to 1.48). Alcohol was associated with 8% (95% CI 0% to 16%) reduction in the risk of RA for every 50 g/week increment found.

The overall risk contribution to developing RA was 14% for smoking, 14.73% for obesity, and 8.2% for low alcohol intake, for a 32.7% population-attributable risk for all three.

These findings can inform public health measures to prevent RA.

REFERENCE:

Ye D, Mao Y, Xu Y, et al. Lifestyle factors associated with incidence of rheumatoid arthritis in US adults: analysis of National Health and Nutrition Examination Survey database and meta-analysis. *BMJ Open* 2021;11:e038137. doi: 10.1136/bmjopen-2020-038137

PATERNAL INFLAMMATORY ARTHRITIS IS ASSOCIATED WITH A HIGHER RISK OF MISCARRIAGE

This study was carried out to investigate the outcome of pregnancies with male partner having preconception inflammatory arthritis. Although, paternal health has been associated with pregnancy outcomes, no study to date has investigated the pregnancy outcomes of partners of men with inflammatory arthritis (IA)

This was a multicentre cross-sectional retrospective study conducted in the Netherlands. Men with IA who were over 40 years old that reported at least one positive pregnancy test were included. To analyze the impact of IA on pregnancy outcomes, pregnancies were classified into two groups; pregnancies conceived after the diagnosis of IA and before the diagnosis of IA.

408 male participants were included who reported 897 singleton pregnancies resulting in 794 live births. It was noted that Pregnancies conceived after the diagnosis of IA had higher rate of miscarriage (12.27 vs 7.53%, $p = <0.05$), and this higher risk was still present after adjusting for confounders (OR 2.03 [95%CI 1.12-3.69], $p = 0.015$).

This study clearly shows that paternal IA is associated with a higher risk of miscarriage.

REFERENCE:

Rheumatology (Oxford). 2021 Dec 7;keab910. doi: 10.1093/rheumatology/keab910. Online ahead of print

POTENTIAL BIRTH DEFECTS WITH HYDROXYCHLOROQUINE

Hydroxychloroquine (HCQ) is one of the safest medications used in rheumatology, but there is new claims data suggesting a small increase in the risk of malformations associated with first-trimester HCQ use.

While HCQ is generally considered safe in pregnancy, studies have been too few and too small to evaluate teratogenicity. The March 2021 issue of the *American Journal of Obstetrics and Gynecology* studied the risk of major congenital malformations during the first trimester of pregnancy (during organogenesis) in women with rheumatic disease taking HCQ.

Population-based claims data was extracted from claims Databases (2003–2015). They compared 2045 HCQ-exposed pregnancies to 3,198,589 non-exposed pregnancies, with a focus on those exposed in the first 3 months of pregnancy. Propensity score matching for nearly 80 variables matched both groups. The outcomes considered included major congenital malformations diagnosed during the first 90 days after delivery and specific malformation types for which there were at least 5 exposed events: oral cleft, cardiac, respiratory, gastrointestinal, genital, urinary, musculoskeletal, and limb defects.

Of those pregnancies exposed to early HCQ use, the rate of congenital malformations was 54.8 per 1000 infants. Raw analysis showed a nearly 50% higher than the control (un-exposed) population (35.3 per 1000) with an unadjusted relative risk of 1.51 (95% confidence interval, 1.27–1.81). When the cohorts were propensity score-matched, the adjusted relative risk was 1.26 (1.04–1.54). When dose was considered:

Daily dose ≥ 400 mg - adjusted RR = 1.33 (1.08–1.65)

Daily dose < 400 mg - adjusted RR = 0.95 (0.60–1.50)

No consistency or pattern of defects were seen, but there were substantial increases in the risk of oral clefts, respiratory anomalies, and urinary defects. The authors concluded that, even with this small but significant increased risk of defects, the known benefits of HCQ treatment during pregnancy will likely outweigh this first time identified risk in women with rheumatic disorders.

The limitation was that this was a retrospective insurance claims analysis, and association study is not a causation study and that the data should not be misinterpreted, rather warrants large cohort studies to further establish the efficacy and potential risk of using HCQ during pregnancy. HCQ has well established and proven efficacy in controlling lupus during pregnancy and improving fetal outcomes in both lupus and antiphospholipid syndrome patients

REFERENCE:

Huybrechts KF, et al. Hydroxychloroquine early in pregnancy and risk of birth defects. *Am J Obstet Gynecol*. 2021. PMID: 32961123

RESTORE TRIAL: ANOTHER FAILURE FOR PRP INJECTIONS FOR KNEE OSTEOARTHRITIS.

In this randomized clinical trial including 288 adults aged 50 years or older with mild to moderate radiographic knee osteoarthritis, treatment with PRP vs placebo injection resulted in a mean change in knee pain scores of -2.1 vs -1.8 on an 11-point scale (range, 0-10) and a mean change in medial tibial cartilage volume of -1.4% vs -1.2% at 12 months. Both of these comparisons were not statistically significant.

Among patients with symptomatic mild to moderate radiographic knee OA, IA injection of PRP, compared with injection of saline placebo, did not significantly improve symptoms or slow disease progression at 12 months. These findings do not support use of PRP for the management of knee OA.

REFERENCE:

JAMA. 2021;326(20):2021-2030. doi:10.1001/jama.2021.19415

SAPHNELO RECOMMENDED FOR APPROVAL IN THE EU BY CHMP FOR THE TREATMENT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Saphnelo (anifrolumab) is a fully human monoclonal antibody that binds to subunit 1 of the type I IFN receptor, blocking the activity of type I IFN. Type I IFNs, such as IFN- α , IFN- β and IFN- γ , are cytokines involved in regulating the inflammatory pathways implicated in SLE. The majority of adults with SLE have increased type I IFN signalling, which is associated with increased disease activity and severity.

AstraZeneca's *Saphnelo* is a first-in-class type I interferon receptor antibody shown to reduce overall disease activity in patients with systemic lupus erythematosus. By targeting the type I interferon receptor, which is known to play a central role in lupus disease pathophysiology, it has been shown to be effective in reducing underlying disease activity for patients, particularly those who require higher doses of oral corticosteroids.

On 20th December 2021, The Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency based its positive opinion on results from the *Saphnelo* clinical development programme, including the TULIP Phase III trials and the MUSE Phase II trial. In these trials, more patients treated with *Saphnelo* experienced a reduction in overall disease activity across organ systems and achieved sustained reduction in oral corticosteroid (OCS) use compared to placebo, with both groups receiving standard therapy.^{2,3,4}

Saphnelo was recently approved in the US, Japan and Canada for the treatment of SLE, and regulatory reviews are ongoing in additional countries. The Phase III trial in SLE using subcutaneous delivery has been initi-

ated and additional Phase III trials are planned for lupus nephritis, cutaneous lupus erythematosus and myositis.

The adverse reactions that occurred more frequently in patients who received *Saphnelo* in the three clinical trials included upper respiratory tract infection, bronchitis, infusion-related reactions and herpes zoster.

TOFACITINIB IST JAK INHIBITOR APPROVED FOR ANKYLOSING SPONDYLITIS

In December 2021, The FDA approved tofacitinib (Xeljanz, Xeljanz XR) for treating active ankylosing spondylitis in adults.

Tofacitinib is the first Janus kinase (JAK) inhibitor approved for ankylosing spondylitis, and is indicated specifically for individuals who cannot tolerate or fail to adequately respond to tumor necrosis factor (TNF) inhibitors.

The approval came after the results from a phase III study involving 269 adults with ankylosing spondylitis, presented at last year's American College of Rheumatology annual meeting. The multicenter, double-blind trial showed a 20% improvement on Assessment of SpondyloArthritis International Society (ASAS20) response criteria for 56.4% of patients randomized to a 5-mg twice-daily dose of tofacitinib at week 16, as compared with 29.4% of those assigned to the placebo arm ($P < 0.0001$), meeting its primary endpoint.

In addition, a 40% improvement (ASAS40) was seen in 40.6% of patients on tofacitinib versus just 12.5% of those on placebo ($P < 0.0001$).

NEW ONSET RHEUMATIC DISORDERS WITH COVID-19 INFECTION

The latest issue of journal *Cells* has published a review of new rheumatic disorders following COVID-19 infection. We have recently seen a little surge of rheumatic diseases cases following COVID infection or its vaccination, and there remains an ongoing debate that whether there is a true incidence with a range of possible manifestations.

Infection can be an infrequent trigger to immune dysregulation and subsequent autoimmune phenomena. This particular review reports the results of a systematic

review of reports from December 2019 to September 2021.

A total of 99 patients (fulfilling classification criteria) for a specific rheumatic autoimmune disease were identified. This included: 46 cases of vasculitis, inflammatory arthritis (6 patients with RA, 3 with axial SpA, 6 peripheral SpA and the remaining 17 patients had isolated arthritis in the context of post-COVID-19), idiopathic inflammatory myopathies (9 cases), systemic lupus erythematosus (6 cases), sarcoidosis, and isolated cases of systemic sclerosis and adult-onset Still's disease.

Whether there is true association between COVID-19 and rheumatic diseases cannot be concluded from this review but this surely highlights the complexities of our immune system.

REFERENCE:

Cells 2021, 10(12), 3592; <https://doi.org/10.3390/cells10123592>

HYDROXYCHLOROQUINE-RELATED HYPERPIGMENTATION

Hydroxychloroquine related hyperpigmentation appears as blue/ black discoloration of skin or mucosa, and it occurs in 7-30% of HCQ users. Risk factors include steroids usage, bruising, anti-coagulants usage & trauma. These lesions are slow to resolve even if discontinued.

REFERENCE:

Rheumatology, keab352,

<https://doi.org/10.1093/rheumatology/keab352>

SPESOLIMAB, AN IL-36 BLOCKER, IN PUSTULAR PSORIASIS

On Dec 23, 2021, The NEJM has published the results of a phase-2 randomized trial showing that the use of an interleukin-36 receptor inhibitor, spesolimab, resulted in rapid improvement of generalized pustular psoriasis (at 1 week), but that adverse events and infections were of concern with 12 weeks of follow-up.

There have been numerous approved biologics targeting different cytokines such as TNF, IL-12, IL-23 and IL-17. Another implicated molecule in psoriasis is interleukin-36, which leads to the upstream induction of the IL-17/IL-23 pathway and whose inhibition has been shown to be

Continued on page 06...

effective in animal models of psoriasis and inflammatory bowel disease. Spesolimab, is a humanized anti-interleukin-36 receptor monoclonal antibody, has been studied in the treatment of generalized pustular psoriasis flares.

This phase 2 trial included 53 patients with a generalised pustular psoriasis flare were randomized 2:1 to either a single 900-mg intravenous dose of spesolimab or placebo and then both groups could receive an open-label dose of spesolimab on day 8, or after day 8, and were followed for 12 weeks. The primary end point was a Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) pustulation subscore of 0 (range, 0 [no visible pustules] to 4 [severe pustulation]) at the end of week 1.

High GPPGA pustulation scores (3) were seen at baseline in 46% of spesolimab patients and 39% of placebo patients. After week 1 of spesolimab, 54% had a pustulation subscore of 0 (compared to only 6% in the placebo group) ($P < 0.001$). Using less stringent improvement (GPPGA score of 0 or 1)

spesolimab was still superior to placebo (43% vs 11%; $P = 0.02$).

Infections in the first week were seen in 17% of the spesolimab group, and 47% by week 12. Surprisingly, antidrug antibodies were seen in nearly half (46%) spesolimab treated patients, which is of course a major concern. Clearly, the risks of infections and antidrug antibodies are higher, and further studies are needed to fully evaluate the benefit risk profile of IL-36 inhibition with spesolimab in patients with pustular psoriasis.

REFERENCE:

December 23, 2021. N Engl J Med 2021; 385:2431-2440. DOI: 10.1056/NEJMoa2111563

SECUKINUMAB GETS FDA APPROVAL FOR JUVENILE SPONDYLOARTHRITIS

December 2021, Cosentyx (secukinumab) was FDA approved for use in pediatric psoriatic arthritis & enthesitis-related arthritis. Dosing has been based on patient's body weight: SEC 75 mg s/c if weight is 15-50kg and SEC 150 mg s/c if body weight is 50 kg or more.

New approval is based on JUNIPERA trial data showing Cosentyx (secukinumab) demonstrated reduced flare risk versus placebo and improvement in disease activity observed over two years across both enthesitis-related arthritis (ERA) and psoriatic arthritis (PsA) in pediatric patients. In children and adolescents aged 2 to 18 years old, the study demonstrated that patients with active JPsA ($n = 34$; mean age: 12.2) treated with Cosentyx had a longer time to flare, showing an 85% reduction in the risk of flare ($P < 0.001$) versus placebo. The study also demonstrated that patients with active ERA ($n = 52$; mean age: 13.7) treated with Cosentyx had a significantly longer time to flare, showing a 53% reduction in the risk of flare versus placebo. Safety in these pediatric populations was consistent with the known safety profile of Cosentyx

Cosentyx is the only biologic treatment approved for children and adolescents for both ERA (4 years of age and older) and PsA (2 years of age and older) in the US.

QUIZ

Courtesy : Dr. Tabe Rasool

Q: 25 years old male presented with chronic low back pain mostly localized to (L) buttock, with feeling of stiffness, occasional radiation to left leg; but no numbness or paresthesia. On examination: lower lumbar and sacral tenderness was elicited on left side, however no warmth, or erythema were appreciated. Straight leg raising sign was negative, sensory system was intact. Cross leg sign was positive on left side. ESR, CRP and white cell count were normal.



X-ray as shown:

Q 1: what is the diagnostic radiological finding in the given radiograph?

Ans:

- A. Osteopenia
- B. Pseudo articulation on enlarged transverse process of L5
- C. Sacroiliitis
- D. Enthesitis

Q2: What is the most likely diagnosis?

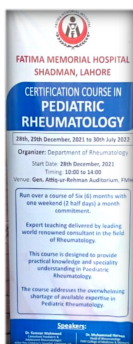
Ans:

- A. Lumbar radiculopathy
- B. Bertolotti's syndrome
- C. Ankylosing spondylitis
- D. Mechanical backache

Answer on last page

DEPARTMENTAL ACTIVITIES OF DEPARTMENT OF RHEUMATOLOGY AT FATIMA MEMORIAL HOSPITAL

Courtesy: Dr. M. Haroon



PAEDIATRIC RHEUMATOLOGY COURSE:

Department of Rheumatology FMH organized first of its kind Paediatric Rheumatology course. Arthritis and rheumatic disease are potentially disabling and life threatening diseases, and its impact is significantly worse for Pakistani young kids, since there is not even a single trained Paediatric Rheumatolo-

gist in our entire country of 220 Million populations. By default, Paediatricians, primary care practitioners and adult rheumatologists are treating paediatric rheumatology patients with very little training to cater this challenge. Moreover, to date there has not been even a single such course arranged in Pakistan to help train our doctors. Hence, it was vital to have such course arranged.

This is an ongoing course, and is run by a world-renowned Paediatric Rheumatologist, and we have designed this course to run over

a duration of 6 months, with one weekend (2 half days) a month commitment. In spite of very limited advertisement, it was overwhelming to note that more than 270 doctors across the country (from all provinces) registered for this course.



APLAR 2021 — TEMPORAL ARTERITIS WITH P-ANCA AND MPO POSITIVE ANTIBODY

Courtesy : Dr. Saliha Ishaq

Introduction:

Primary vasculitis is group of disorder, causing inflammation in the blood vessels, can lead to multisystem disease, affecting different organs. Traditionally vasculitis is divided according to the size of the vessels that is affected.

It is very important to recognize what kind of vasculitis is present, as treatment can differ in different forms of vasculitis.

Case Report:

We present a case of 73-year-old female, who had cough and sinusitis for 5 months .On work up, ESR and CRP were high , p ANCA with MPO antibodies were positive, urinalysis showed hematuria.

- CBC, creatinine and liver enzymes were normal.
- Urine and sputum cultures was negative.
- Renal biopsy was not done.
- CAT scan Chest: Minimal peribronchial thickening.
- CAT scan Sinuses, mild sinusitis in maxillary sinus. `

She was started on antibiotics and steroids .Her symptoms improved, cough and hematuria resolved after 4 weeks of combine therapy.

One month later, patient developed severe headaches and jaw pain, temporal artery biopsy was done, was positive for inflammatory changes compatible with Temoral arteritis.

Patient was on started steroids, and soon Tocilizumab was added, currently after 3 months of therapy, patient is on 15 mg of prednisone and continues to take Tocilizumab once every week subcutaneously and doing fine.

Conclusion:

We presented a case, who started initially with symptoms of medium size vasculitis, but her symptoms resolved with short courses of steroids, her hematuria and cough improved with steroids. Later, she developed large vessel vasculitis, this case is important example of difficult clinical presentation, as occasionally we can encounter vasculitis affecting different vessel size. It is important to choose the right treatment as different cytokines are involved in different forms of vasculitis and treatments are different according to the size of the vessel involved. Fortunately in our case patient responded well to Tocilizumab and steroids combination.

APLAR 2021 — FIRST CASE REPORTED OF INTERSTITIAL GRANULOMATOUS DERMATITIS, BIOPSY PROVEN, AFTER COVID-19 VACCINATION

Courtesy : Dr. Saliha Ishaq

Introduction:

Coronavirus also called COVID-19, viral illness began in December 2019, causing symptoms varying between upper respiratory illnesses to respiratory failure leading to millions of death in the world. Was declared as world Pandemic in March 2020, it disturbed the world order and since than a search for a vaccine was launched by scientists. Finally, first Covid vaccine was made available to public in December 2020, since then millions of people have gotten vaccinations so far with mild side effects of arthralgia, myalgia or flulike illness lasting 3 to 4 days.

Case Report:

We described a case of a 34-year-old Caucasian female, with history of diabetes, who after getting her second vaccination shot, a week later developed rash on her legs and arms along with intense joint pains and swelling in feet. Patient was referred to rheumatology clinic, was found to have urticarial rash on arms and legs, with swelling and synovitis around ankles and midfoot area.

Her ESR was 51 and CRP was 15 which are high, rheumatoid factor, anti-CCP antibody, ANA, cANCA and pANCA were negative. She was started on oral steroids at 40 mg of prednisone, to which the patient responded very well. Patient was sent for a biopsy, 2 punch biopsies were obtained from the right leg and left arm. Both punches showed similar histology and pathology showing superficial deep dermal inflammation with areas of increased interstitial histiocytes and neutrophils, special stains were done and no immune deposits were found .A final diagnosis of Interstitial Granulomatous Dermatitis was made. We wanted to share this report, as many other people worldwide will get this vaccination and we all need to be more aware of rare side effects of the vaccination.

Patient is currently still on low doses of oral steroids, and doing much better.

NEW OFFICE BEARERS AND COUNCIL MEMBERS OF PAKISTAN SOCIETY FOR RHEUMATOLOGY-PSR

Courtesy : Dr. Hamza Alam

THE OFFICE BEARERS:



PROF. SAMINA GHAZNAVI, MBBS, MCPS, FCPS, FACR, has recently started serving as President of Pakistan Society of Rheumatology (PSR). She is a renowned Professor of Medicine with Rheumatology as her sub-specialty. She served in Liaquat

National Hospital, Karachi for 24 years, being actively involved in teaching and training post-graduates as well as undergraduates. She has been closely associated with PSR for 25 years, having served earlier as its treasurer in the past. We wish her the best and hope she serves this society to her utmost and vast experience.



PROF. DR. WAJAHAT AZIZ, MBBS, FCPS, MRCP, FACP, FRCP is the immediate past president of PSR. Currently working as the chairman and Head of department of Rheumatology at Pakistan Institute of

Medical Sciences, Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad. He is also immediate past president of PSR. He is a faculty member of Rheumatology at College of Physicians and Surgeons, Pakistan. He also serves as associate Editor of Annals of Pakistan Institute of Medical Sciences journal, peer reviewer for the Journal of College of Physicians and Surgeons and peer reviewer for the International Journal of Rheumatic Diseases. He has a vast experience of 30 years in the field of Rheumatology credit to his name and has numerous studies published in both local and international journals.



PROF. MUHAMMAD AHMED SAEED, MBBS, FACP, FACR, FCPS Internal Medicine, FCPS Rheumatology, Professor and Head Department of Rheumatology, Institute of Rheumatic Diseases (IRD), Central Park Medical College, Lahore, Consultant Rheumatologist, National Hospital and Medical Center, Director and Consultant Rheumatologist, Arthritis Care Centre, Lahore, Co-Chair and Founding Board Member, Arthritis Care Foundation, President Elect Pakistan Society for Rheumatology. Dr. Muhammad Ahmed Saeed is the current President Elect of Pakistan society for Rheumatology, He is Professor and Head Department of Rheumatology, Institute of Rheumatic Diseases at Central Park Teaching Hospital affiliated with Central Park Medical College, Lahore, Pakistan. He has been contributing extensively to teaching, training, and research, in the field of Rheumatology. He has co-authored 26 publications and has presented several abstracts at international as

well as national conferences. He has a special interest in the epidemiology of rheumatic diseases, SpondyloArthritis, and Lupus. He has previously served Pakistan society for Rheumatology (PSR) as General Secretary and Treasurer and is currently the Chair PSR Membership committee. He is also a Fellow of the American College of Rheumatology and has been the recipient of the American College of Physicians International Fellowship Exchange Program award for 2014. He was awarded the APLAR-COPCORD grant in 2018. He is also actively involved in community service and is one of the founding board members, General secretary and Co-Chair of Arthritis Care Foundation, a trust working for the welfare of less privileged arthritis patients.



DR. SULEMAN KHAN, FRCP, is a consultant Rheumatologist recently elected as General Secretary, Pakistan Society For Rheumatology. Dr Suleman Khan belongs from the province of Khyberpukhtoonkhwa and is currently serving a consultant rheumatologist in the city of Peshawar. In his previous post as Head of Division of Rheumatology at Lady Reading Hospital- Medical Teaching Institution (LRH-MTI) Peshawar, Dr Khan established the first ever Department of Rheumatology in Khyber Pukhtunkhwa (KP). In the past he has been associated with NHS UK and served as a Consultant in different cities in the United Kingdom. In order to serve his fellow countrymen Dr Khan moved to Pakistan and got actively involved in Pakistan Society for Rheumatology (PSR) and recently started his term as General Secretary, PSR. He is the first CPSP supervisor and examiner in Rheumatology in KP. We look forward to working with him in PSR to further strengthen our core values of evidence based practice, better training, research and quality rheumatology care for all.



DR. BILAL AZEEM BUTT, MBBS, FCPS (Medicine), FCPS (Rheumatology), CHPE did his MBBS from RMC in 2008. He then completed his FCPS in Medicine from Services Hospital Lahore in 2015 & FCPS in Rheumatology from Fatima Memorial Hospital Lahore in 2017. He has established Rheumatology Departments in two Govt institutes i.e. Lahore General Hospital in 2017 and in Fatima Jinnah Medical University (FJMU) / Sir Ganga Ram Hospital, Lahore in 2018. He is also currently working as Assistant Prof of Rheumatology & Head of Rheumatology Dept at FJMU and is also assistant editor of Journal of FJMU. He his co-Convener 25th Annual PSR Conference which will be held in Lahore in 2022. He has been elected as Joint

Secretary PSR and we wish him a best of luck and may he serve PSR to the best of his abilities in this tenure.



PROF. AMJAD NASIM, MBBS, FCPS, is working as a Consultant Rheumatologist and medical specialist in Fauji Foundation hospital Rawalpindi. He has been affiliated with Fauji foundation hospital for more than 3 decades.

Presently he is working as Head of the department, Rheumatology unit of Fauji Foundation Hospital. He has been associated with Pakistan society for Rheumatology for the last 10 years. He has immense contributions in teaching, research and upbringing the new rheumatologists. He has actively been involved in conducting and organizing PSR conferences. Due to his dedication and excellent services during his last tenure as treasurer. He has been re-elected as treasurer PSR again.

THE COUNCIL:

DR. SYED MAHFOOZ ALAM is Diplomate American Board based in Karachi and works as a Consultant Rheumatologist in Liaquat National Hospital, Karachi.

DR. MUHAMMAD HAROON is a Consultant Rheumatologist based in Lahore and is serving as Head Department of Rheumatology at Fatima Memorial Hospital & FMH college of dentistry.

DR. BABUR SALEEM is an associate Professor and Consultant Rheumatologist working at Fauji Foundation Hospital, Rawalpindi. He is also serving as secretary general of APLAR Young Rheumatologists (AYR).

DR. TAHIRA PERVEEN UMER is a Consultant Rheumatologist based in Karachi and is serving as Head of department of Rheumatology at Liaquat National Hospital.

DR. SAIRA E ANWER is a Consultant Rheumatologist based in Lahore and is currently working as an Assistant Professor at Shalamar Hospital.

DR. SABA SAMREEN is a Consultant Rheumatologist and assistant professor working at Fauji Foundation Hospital, Rawalpindi.

DR. UZMA RASHEED is an Associate Professor of Rheumatology based in PIMS hospital Islamabad.

DR. ZAFARULLAH is a Consultant Rheumatologist working in Shifa international hospital, Islamabad.

DR. TAB-E-RASOOL is serving as Assistant Professor of Rheumatology at Dow University of health & sciences, Karachi.



RHEUMATOLOGY FELLOWSHIP ACHIEVERS 2021 & 2022



DR. SYED NAZIR AHMED
Supervisor: Dr. Babur Salim
Institute: Fauji Foundation Hospital,
Rawalpindi
Year: 2022



DR. SAAD SALEEM
Supervisor: Dr. Taqdees Khaliq
Institute: Federal Government
Polyclinic, Islamabad
Year: 2022



DR. UZMA ERUM
Supervisor: Dr. Tahira Perveen Umer
Institute: Liaquat National Hospital &
Medical College, Karachi
Year: 2022



DR. HAMZA ALAM
Supervisor: Dr. Tahira Perveen Umer
Institute: Liaquat National Hospital &
Medical College, Karachi
Year: 2021



**LT. COL. DR. MUHAMMAD
ZAHID HUSSAIN**
Supervisor: Dr. Amer Fakher
Institute: Military Hospital, Rawal-
pindi
Year: 2022



**DR MUHAMMAD RAFIQAT
HAMEED**
Supervisor: Prof. Nighat Mir Ahmed
Institute: Fatima Memorial Hospital,
Lahore
Year: 2021



DR. ASADULLAH DAHANI
Supervisor: Dr. Shafiq Rehman
Institute: Jinnah Postgraduate
Medical Centre—JPMC, Karachi
Year: 2021



DR. SAIRA BANO
Supervisor: Prof. Wajahat Aziz
Institute: Pakistan Institute of
Medical Sciences - PIMS,
Islamabad
Year: 2021



DR. FURQAN KHAN
Supervisor: Dr. Shafiq Rehman
Institute: Jinnah Postgraduate Medical
Centre—JPMC, Karachi
Year: 2021

DELAY IN DIAGNOSIS CAN RESULT IN LONG TERM DISABILITY

Courtesy : Prof. Ahmed Saeed

An awareness seminar to highlight the importance of early diagnosis and treatment of Arthritis was conducted at the Governor House Punjab by Arthritis Care Foundation in Lahore.



The seminar was chaired by the honorable Governor of Punjab Chaudhry Mu-

hammad Sarwar, with awareness sessions conducted by Chairperson Arthritis Care Foundation, Prof. Nighat Mir Ahmad, Co-chairperson Prof. Sumaira Farman Raja, Co-Chairperson & General Secretary Prof. Muhammad Ahmed Saeed and Director Clinical Services Dr. Saira E.A. Khan.



MEMORIES FROM THE PAST

Courtesy : Prof. Nighat Mir Ahmad

Prof. Muhammad Asim Khan MD, MACP, FRCP, MACR, Professor Emeritus of Medicine at Case Western Reserve University School of Medicine, Cleveland, world renowned Rheumatologist, recipient of several awards, mentor of mentors, author of several books and articles in the field of spondyloarthritis, seen here with Rheumatology fellows in training during a memorable teaching session in Lahore in 2018.

Post completion of training they are serving in different cities across Pakistan from Quetta to Peshawar.



INSTITUTIONAL ACTIVITIES BY PIMS, ISLAMABAD

Courtesy : Dr. Uzma Rasheed

POST GRADUATE SUCCESSFUL CANDIDATES:

Following candidates have Passed their respective post graduate examinations in first attempt:

- Dr. Saira Bano Passed her FCPS Rheumatology Examination.
- Dr. Sufyan Khan passed his MD Rheumatology Examination. He is the first MD Rheumatology from our Institute.
- Dr. Salaha Farrukh, Dr. Shahzad Gul and Dr. Mudassar Panezai have passed SCE-Rheumatology examination.

MD RHEUMATOLOGY EXAMINATION:

Shaheed Zulfiqar Ali Bhutto Medical University Has conducted the first MD Rheumatology Examination in our Institute in December 2021.

INTERNATIONAL GRANTS:

From our department Dr. Tayyaba Khursheed has received following International grants.

- APLAR COPCORD GRANT for the project, "Prevalence of Major Rheumatic Diseases in Islamabad and Rawalpindi: A COPCORD survey" in september 2021.
- ILAR GRANT for the Project, "Expanding Rheumatology Access to Remote Rural Areas of Pakistan: A Pilot Telerheumatology Project".
- Successful applicant of APLAR EULAR School of Rheumatology Programme.

PUBLICATIONS:

1. Red blood cell distribution width as a surrogate marker of disease activity in patients with Rheumatoid arthritis. Saleha Farrukh, Fatima Khan, Wajahat Aziz, Uzma Rasheed, Shazia Zammurad. Annals of PIMS Vol.17 No.3(2021): July-September.

ABSTRACT PRESENTATION:

The following abstract was presented by Dr. Sufyan Khan at 24th Annual International PSR conference 2021:

1. To compare the efficacy of intra-articular steroids versus platelet rich plasma in osteoarthritis.

POSTER PRESENTATION:

Following posters were presented at 24th Annual International PSR conference 2021:

Dr. Tayyeba Khursheed, Physician burnout in Rheumatology practitioner in Pakistan: A cross sectional survey.

Dr. Mohammad Sharif, Hughes-Stovin Syndrome: a case report on a rare life threatening autoimmune disease.

Dr. Fatima Khan, Secondary amyloidosis, A rare complication of Ankylosing Spondylitis: A case report.

Sufyan Khan, To compare the efficacy of intra-articular steroids versus platelet rich plasma in osteoarthritis.

NEXT ISSUE OF Newsletter

We are planning to publish the next issue in July 2022, In sha Allah Taala.

Please send us your departmental activities from January 2022 till June 2022, including titles of research papers published in National and International Journals.

The write-ups for the news and happenings in your Rheumatology department should be upto 100 words, each research highlight upto 200 words, summarized latest guidelines for any Rheumatic disease management upto 300 words and case report upto 400 words.

We would also appreciate receiving interesting quiz and images with two liner description.

Send your write-ups latest by 15 Jul, 2022 at the following addresses:

Tahira.Perveen@lnh.edu.pk
Humza.Masood@lnh.edu.pk
Drhamza84@gmail.com

Quiz Answer:

1. B: Pseudo articulation on enlarged transverse process of L5
2. B: Bertolotti's syndrome

Reference:

- Jeffrey M. Jancuska, Jeffrey M. Spivak and John A. Bendo. A Review of Symptomatic Lumbosacral Transitional Vertebrae: Bertolotti's Syndrome; International Journal of Spine Surgery January 2015, 9 42; DOI: <https://doi.org/10.14444/2042>.

BERTOLOTTI'S SYNDROME / TRANSITIONAL VERTE-

BRA: is characterized by the presence of variation of fifth lumbar vertebra having large transverse process either articulated or fused with sacral basis or iliac crest (pseudarthrosis) producing chronic persistent low back pain; first described by Bertolotti in 1917. This anatomic variation has incidence of 4% to 30%. Since it occurs in younger age group; partially alleviated by NSAIDs, it is usually confused with ankylosing spondylitis sometimes with lumbar radiculopathy.

However, knowledge about the condition and radiological changes may make early diagnosis; avoid patient anxiety and extensive unnecessary workup.

Thank You

In case of any query regarding the newsletter, please feel free to contact us at the below mentioned emails.

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