

Rheumatology PLUS...

*Σύντομα πρόσφατα περιστατικά
και εξελίξεις του 2018...(Ζ/Κ/Γ)*

Ιωσήφ Ιωσήφ
Χανιά - Κρήτη 2018

CASE 1

Female 32 yrs.

- 40 days post partum
- Joint pain
- At times whole fingers swollen and pain in several joints
- Noticed curved fingernails

- Saw her physician / cardiologist → checked → referred to rheumatologist

- **ESR** 90mm/hr **CRP** 79mg/L **RF** slightly elevated
- ANA/Anti ds DNA, ACPA negative FBC normal
- MRI normal

First visit in Nicosia

- Mentioned slow improvement of pain on low dose of steroid
- Mentioned new problem of bilateral wrist pain
- Tired
- Fingernails improving





THE LANCET

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CLUBBING OF THE FINGERS AND HYPERTROPHIC OSTEOARTHROPATHY IN PREGNANCY

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CLUBBING OF THE FINGERS AND HYPERTROPHIC OSTEOARTHROPATHY IN PREGNANCY

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CLUBBING of the fingers is found in a diversity of clinical disorders, from growths and suppurative lesions of the lung to cyanotic congenital heart-disease, liver disease and steatorrhœa; and it may be hereditary. To our knowledge the association of clubbing with pregnancy has hitherto not been described.

Case-report

The patient, now aged 26 years, was first delivered of a normal male child in April, 1958. The pregnancy was normal. In 1962 she became pregnant again, and was well until 3 months before term, when she noticed that her finger ends were becoming swollen and painful. The clubbing of the fingers became more pronounced towards the end of pregnancy, and her nose also became swollen and tender to touch. There was no family history of clubbing. On examination no abnormalities could be found in the chest or cardiovascular system, and a chest X-ray was normal.

What are the causes of secondary clubbing of the nails (digital clubbing)?

Updated: Jul 25, 2018 | Author: Robert A Schwartz, MD, MPH; Chief Editor: William D James, MD [more...](#)

[References](#)

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Causes of secondary clubbing include the following ^[16]:

- Pulmonary disease - Lung cancer, ^[17] cystic fibrosis, interstitial lung disease, ^[18] idiopathic pulmonary fibrosis, ^[19] sarcoidosis. ^[20] lipoid

- Miscellaneous conditions - Acromegaly, thyroid acropachy, pregnancy, an unusual complication of severe secondary hyperparathyroidism, ^[31] sickle cell disease, ^[32] and hypoxemia possibly related to long-term smoking of cannabis ^[33]

At first visit

Decisions/suggestions:

Try to reduce and stop the steroid – something isn't right...

Repeat blood tests – 'again?'

Urine testing please - 'why?'

ECHO please – 'All that done, it's our cardiologist who sent us'

etc etc etc...

Over the next month

- Felt stressed (stress at home)
- Sometimes palpitations when stressed
- Felt warm when unwell
- Nails continued to improve

- One episode of superficial red patch on side of ankle lasting 2-3 days
- Tired
- Overall she and husband felt things improving and steroid gradually reduced

- Repeat blood tests...



Repeat blood tests

- **CRP** 120mg/L and a few days later 87
- **ESR** 85 and a few days later 58
- **Haemoglobin** 7.9 and later 8.5

- Reviewed scans (area in liver looking like **FNH** – confirmed)

- Thinking of haematological causes – need to review
- Need to see her again...

Visited outpatients

- 'Need to be admitted , why are the blood tests not improving?? '
- Let's examine her again
- Husband not happy
- New finding on listening to her lungs...

Noise heard in back...

- Anteriorly – old systolic murmur
- ‘what about that ECHO?’

ECHO Εκβλαστήσεις...

- Severe posteriorly directed mitral regurgitation
- EF 60-65%
- Anterior mitral leaflet vegetation 16-17mm
- Posterior leaflet - at least 2 smaller vegetations

PHILIPS IOANNOU, STALO 14/04/1985

MI 1.3 04/06/18

859983

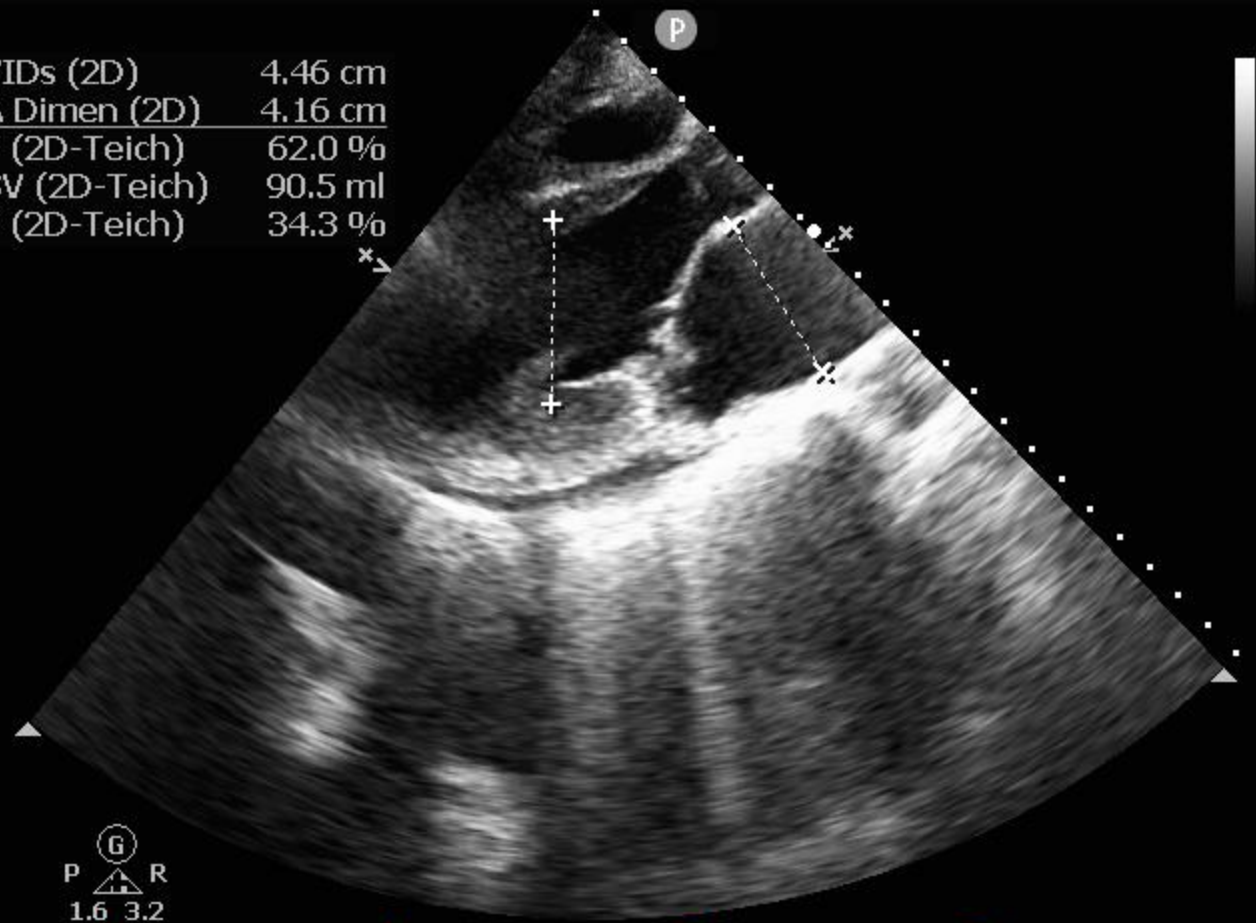
Aretaeo Heart Surgery Center

TIS 0.4 07:41:15

Adult Echo

S5-1	+ LVIDs (2D)	4.46 cm
24 Hz	× LA Dimen (2D)	4.16 cm
22.0cm	EF (2D-Teich)	62.0 %
	ESV (2D-Teich)	90.5 ml
2D	FS (2D-Teich)	34.3 %

HGen
Gn 50
C 50
3 / 2 / 0
75 mm/s



Ⓜ
P R
1.6 3.2

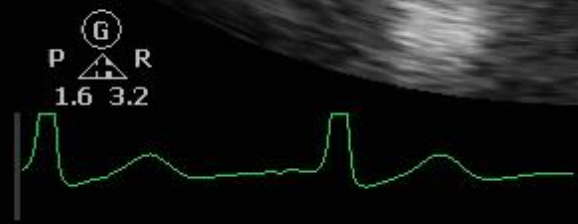
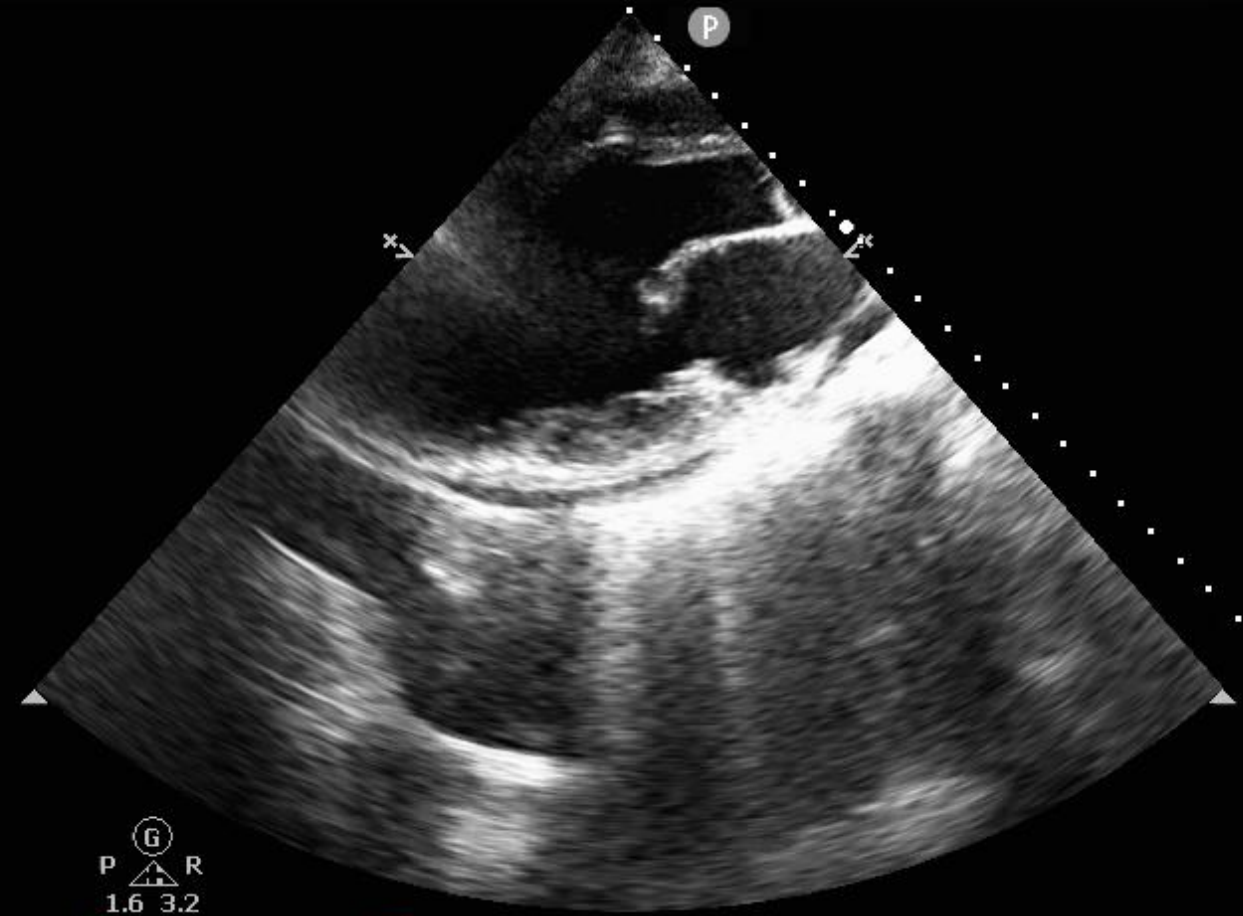


90
BPM

PHILIPS IOANNOU, STALO 14/04/1985 MI 1.3 04/06/18
859983 Aretaeio Heart Surgery Center TIS 0.4 07:41:07

Adult Echo
S5-1
25 Hz
22.0cm

2D
HGen
Gn 50
C 50
3/2/0
75 mm/s



87
BPM

859983

Aretaeio Heart Surgery Center

TIS 0.3

07:42:47

Mult Echo

5-1

+ Length 1.68 cm

2 Hz

3.0cm

2

1Gen

in 50

50

/2/0

5 mm/s



G
P R
1.6 3.2



91
BPM

The murmur of mitral regurgitation...

‘ The direction of radiation of the murmur depends on the nature of the mitral valve process. It usually radiates to the axilla and back — due to anterior leaflet disease — as the regurgitant jet is directed posterolaterally, striking the lateral wall of the left atrium.’

Progress in Hospital

- Strep. Sanguinis (Sanguis, viridans group...)
- Conservative therapy
- Cardiac surgery review – warned about surgery
- No real improvement about a week
- Valve replacement



Infective endocarditis presenting as polyarthriti.

Rambaldi M, et al. Clin Rheumatol. 1998.

Authors

Rambaldi M¹, Ambrosone L, Migliaresi S, Rambaldi A.

Author information

1 Institute of Clinical Medicine-Rheumatology, Second University of Naples, Napoli, Italy.

Citation

Clin Rheumatol. 1998;17(6):518-20.

Abstract

We report the case of a patient who complained of arthralgias and arthritis 1 month before the onset of fever or other signs of infective endocarditis. In 2 months she developed an additive, asymmetrical polyarthriti with fever (febrile polyarthriti). Splenomegaly was present. Two-dimensional echocardiography showed no vegetations or other findings suggesting endocardial involvement. Initially, four blood cultures showed no microorganisms, then six of nine subsequent blood cultures grew highly gentamicin-resistant *Enterococcus faecalis*.

Lessons

- Need to keep eyes and ears open
- Keep looking when things don't fit
- Examine patient fully every time – especially if the slightest detail doesn't fit.

Πρώτη εξέλιξη από πέρσου...

Ο Ζόλα...

















Η **Κουτσουπιά**, **λατ.** *Cercis siliquastrum*, (επιστ. *Κέρκις η κερατονιοειδής*) λέγεται και κότσικας^[1]. Είναι ιδιαίτερα διαδεδομένο **δέντρο** της **Μεσογειακής** και της **ελληνικής** υπαίθρου που ξεχωρίζει κάθε άνοιξη στους αγρούς με τα πυκνά μωβ **άνθη** της.

Κουτσουπιά









CASE 2

31 year old male

- Call from A and E
- 48 hours of feeling unwell,
- Some ankle pain to walk, and generalised myalgia/arthralgia

- No past relevant history

- On no medication

- Working long hours non smoker and no alcohol







Any thoughts?

- What other tests done?
- What was the diagnosis?

Initial thoughts from the referring Dr

- Henoch Schonlein purpura?
- All initial blood tests normal (FBC / creatinine/CRP/ESR/Liver enzymes)
- Urine clear



Diagnosis?

- Syphilis

Syphilis mimicking various skin conditions

- When papular lesions are pruritic and lichenoid, it may be difficult to differentiate from **lichen planus** [7]. Annular lesions may also resemble **annular granuloma, pityriasis rosea and dermatophytosis** [8]. Where there is a hyper keratotic component, the resulting lesions are indistinguishable from **psoriasis** [5, 8]. Hyperkeratotic plaques on the soles give the impression of calluses and, when desquamative, can mimic **tinea pedis** [1, 5]. The differential diagnosis of nodular syphilis includes **systemic mycosis, Kaposi's sarcoma, bacillary angiomatosis, foreign body granuloma type, lymphoma, pseudolymphoma, leprosy, sarcoidosis, and halogenoderma**. Secondary syphilis with pustular lesions can also lead to the erroneous diagnosis of **pustular acne** [8, 9].

Lessons

- Think of infections mimicking our rheumatological conditions
- Perhaps there are clues in the history
- Syphilis is one of the great mimics
- Don't forget syphilis has reappeared...

Δεύτερη εξέλιξη του 2018...

- Πέτυχε το κρασί!



















CASE 3

75 year old man

- Referred because of shoulder and hip/thigh pain
- Morning stiffness and difficulty getting out of bed
- Slowly better after getting up

- Stents in coronary, aorta and iliacs
- Hypertension and high cholesterol
- Above knee amputation 1 month ago
- Unwell since
- Fatigue

- **ESR** 80 mm/hr and **CRP** 100mg/L

- No other significant history
 - Pub landlord for years in Wimbledon and Kingston
 - Drank heavily and smoked at least 20/day until 2 months previous
-
- Only other problem was a hoarse voice of 2 months
 - Told he has a vocal cord paralysed

Examination

- In a wheelchair
- Appeared breathless
- Hoarse voice

- **Left lung field** – reduced breath sounds and dull percussion note

- Sent for chest X ray





62 of 259

The real evidence for polymyalgia rheumatica as a paraneoplastic syndrome.

Review article

Muller S, et al. Reumatismo. 2018.

Authors

Muller S¹, Hider S, Helliwell T, Partington R, Mallen C.

Author information

1 Institute for Primary Care & Health Sciences, Keele University. s.muller@keele.ac.uk.

Citation

Reumatismo. 2018 Mar 27;70(1):23-34. doi: 10.4081/reumatismo.2018.1031.

Abstract

[↓ Full text](#)

Is cancer associated with polymyalgia rheumatica? A cohort study in the General Practice Research Database.

Muller S, et al. Ann Rheum Dis. 2014.

[Show full citation](#)

Abstract

OBJECTIVE: To investigate the incidence of new cancer diagnoses in a community sample of patients with polymyalgia rheumatica (PMR).

METHODS: All incident cases of PMR in the UK General Practice Research Database (GPRD) (1987-99), without pre-existing cancer or vascular disease and treated with corticosteroids (n=2877) were matched with up to five age, sex and GP practice patients without PMR (n=9942). Participants were followed up until first cancer diagnosis, death, transfer out of the database or end of available

RESULTS: The mean age of the sample was 71.6 years (SD 9.0), 73% were female. Median follow-up time was 7.8 years (IQR 3.4, 12.3). 667 (23.2%) people with a PMR diagnosis developed cancer compared with 1938 (19.5%) of those without PMR. There was an interaction between PMR status and time. In the first 6 months after diagnosis, those with a PMR diagnosis were significantly more likely to receive a cancer diagnosis (adjusted HR (95% CI): 1.69 (1.18 to 2.42)). The number of events was small, but occurrences of prostate, blood, lymph nodes, female reproductive and nervous system cancers may be more common in those with PMR in the first 6 months after PMR diagnosis.

CONCLUSIONS: An increase in the rate of cancer diagnoses was noted in the first 6 months of observation, but we were unable to determine whether the cancer incidence in PMR was different from controls, beyond this time point. Clinicians should ensure they fully exclude cancer as a cause of PMR-like symptoms and monitor patients for possible malignancies.

Published by the BMJ Publishing

Lessons

- Our specialty is full of ‘medicine’
- Always helps to leave the ‘obvious’ and think outside our specialty
- PMR diagnosis after exclusion of other problems
- PMR-like syndromes can be paraneoplastic

- Examine the patient every time!

3 cases

- Endocarditis

- Syphilis

- Lung Cancer

3^η Εξέλιξη του 2018...

- Έρχεται το ΓΕΣΥ



Γενικό Σχέδιο Υγείας







ΑΠΟΨΗ / ΣΦΑΙΡΙΚΑ

"Κάποιοι άπληστοι ιδιώτες γιατροί και η εφαρμογή του ΓΕΣΥ"

ΔΙΟΝΥΣΗΣ ΔΙΟΝΥΣΙΟΥ,

04.04.2018



Ευχαριστώ