

RHEUMATIC DISEASES IN CHILDREN

C1 Prevalence of Tuberculosis among Filipino Juvenile Idiopathic Arthritis Patients in a Tertiary Care Hospital

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RATIONALE: The administration of tumor necrosis factor-alpha (TNF- α) antagonists poses a risk of reactivation of latent tuberculosis among patients with juvenile idiopathic arthritis (JIA). The Mantoux skin test is the currently available and most commonly used screening test for latent tuberculosis (TB) infection.

OBJECTIVE: To determine the prevalence of tuberculosis among Filipino children with JIA.

STUDY DESIGN: Descriptive, prospective study

METHODS: Twenty-eight children with JIA who gave assent were studied. Mantoux skin testing using PPD 5 TU was done and skin reaction measured after 48 to 72 hours. A negative PPD was defined as an induration of <5 mm.

RESULTS: Of the 28 patients included in the study, 10 (35.7%) had positive Mantoux skin test. Seven had latent tuberculous infection, and 3 with active TB disease.

CONCLUSION: There is a 35.7% (95% CI, 20.6% to 54.2%) prevalence rate of tuberculosis among JIA patients. The Philippine Rheumatology Association (PRA) guidelines to screen and treat latent TB infection should be enforced to decrease the likelihood of its reactivation prior to use of biologic agents.

KEYWORDS: juvenile idiopathic arthritis; tuberculosis; biologic therapy; Mantoux test; prospective study

C2 Juvenile Ankylosing Spondylitis

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A 17 year old male initially presented 10 years ago as left ankle inflammation, treated by a “hilot” and repeated plantar injections. Seven years ago, he started to have knee joint pain and swelling, accompanied by back pains. He received NSAIDs, methotrexate 15 mg/week and intermittent intraarticular steroid injections during “flares”. He was lost to follow up for a year. He returned to the clinic for severe back pains with difficulty of ambulation; he was kyphotic, with flexion contractures on both hips and knees with marked muscle atrophy, limited motion on the cervical, thoracic and lumbar spine.

Issues: Management from standpoint of Rheumatology, Rehabilitation Medicine and Orthopedic Surgery

C3 Clinical Characteristics and Disease Outcomes in 192 Systemic Lupus Erythematosus Patients at the Philippine General Hospital: A Review

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Objective: To describe the clinical characteristics, morbidity and mortality patterns among 192 systemic lupus erythematosus (SLE) patients at the Philippine General Hospital from 1974 to 1993.

Methods: The charts of patients who fulfilled the 1987 American College of Rheumatology Criteria for SLE were reviewed.

Results: The subjects were mostly young females (95%) with a mean age of onset of 27.8 ± 30 years. The duration of follow-up was on the average 22 to 23 months. Arthritis and skin rash were the most common initial complaints. ANA and nephritis were the most common prevalent disease manifestations. Morbidity was attributed to refractory disease (nephritis, vasculitis, cerebritis), infection, hypertension, or treatment related complication, Survival rates for 1, 2, and 5 years were 95, 88 and 64%, respectively, Azotemia and hypertension were found to be related to mortality.

C4 Juvenile Systemic Lupus Erythematosus: A Review of 31 Cases in Filipino Children

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Presented in this study were 31 cases of SLE in Filipino children according to the criteria set by the ARA, 1982. Comparison of the local study with studies of SLE in children in the foreign setting showed not much difference in the physical and laboratory findings for the disease. Variations, however, were noted in the initial diagnoses given and in the preponderance of females in the prepubertal period versus an equal ratio of sexes in foreign studies. Also, just as what was concluded by the study of Caeiro et. al., the clinical pattern of SLE in Filipino children was no different from the general pattern of the disease in adults.

Thus, the most common presenting manifestations of lupus in children in the local setting are hereby presented, as well as the disease entities most commonly entertained by the clinician because of similarities in presentation with lupus. Presented, too, are the most common physical and laboratory findings noted among this representative group of Filipino children.

Having now an index of how this disease would present in our setting would at least make us aware of the strong possibility of SLE in a child who presents with those signs and symptoms.

A strong working knowledge coupled with an increased awareness of the disease in all its diversities and complexities could certainly guide the conscientious and vigilant clinician towards an early diagnosis and prompt management of SLE.

C5 Clinical Features of Adults and Children with Henoch Schonlein Purpura

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OBJECTIVES: Henoch-Schönlein purpura (HSP) is an immunoglobulin-mediated vasculitis affecting small sized blood vessels. Although HSP has been extensively studied in children, much less is known about its natural history in adults. The aim of this study is to compare the clinical features of HSP among the adults and children, seen in a tertiary care hospital

METHODS: This is a retrospective study, by reviewing medical records patients with HSP in Rheumatology Clinics of the University of Santo Tomas Hospital, Manila from April 2002 to March 2007. Patients diagnosed as HSP, based on clinical criteria as proposed by Michel et al., including palpable purpura, bowel angina or diffuse abdominal pain, gastrointestinal bleeding, hematuria - without any known drug precipitants and regardless of the criteria for age - were included in this study. Patients were divided into two groups according to their age at HSP diagnosis: childhood onset (≤ 20 years old) and adulthood onset (> 20 years old).

RESULTS: A total of 52 patients with HSP were included in this study, consisting of 40 (77%) children (≤ 20 years), and 12 (23%) adults (> 20 years). The male to female ratio was 1.4:1.0 in children, and 1.0:1.0 among adults. The mean age of disease onset was 9.0 ± 4.6 years (range 2-18) in children and 37.8 ± 12.6 (range 21-54) in adults. All patients had skin manifestations described as purpuric lesions. Abdominal involvement was noted in 34 (85.0%) children and 7 (58.35%) adults, $p = 0.062$, kidney involvement in 20 (50%) children and 6 (50%) adults, $p = 1.0$ and joint involvement among 31 (77%) children compared to 10 (83.3%) adults $p = 0.50$. Most (17, 33 %) patients had onset of disease between January to March of the year.

CONCLUSION: Purpuric lesions were seen in all patients, joint involvement in 77 to 83%, abdominal involvement in 58 to 85%, kidney involvement in 50%. Despite a trend for more frequent abdominal involvement in children, none of the clinical characteristics statistically differed between children and adults with HSP.

C6 Neurologic and Psychiatric Manifestations among Adults and Children with Systemic Lupus Erythematosus

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1. 13th PRA Annual Convention. Westin Hotel, Manila. Jan 2006
2. APLAR Journal of Rheumatology 2006; 9(suppl.1) A261

OBJECTIVE: To describe the neuro-psychiatric manifestations in a cohort of patients with systemic lupus erythematosus (SLE), and compare these manifestations between children and adults.

METHODS: Retrospective, descriptive. The clinical records of patients diagnosed with SLE at the Section of Rheumatology, Clinical Immunology and Osteoporosis of the University of Santo Tomas Hospital were reviewed for occurrence of neuro-psychiatric (NP-SLE) involvement. The demographic and lupus disease characteristics were described, and the type of NP-SLE involvement tabulated based on the American College of Rheumatology (ACR) Ad Hoc Committee on Neuropsychiatric Lupus Nomenclature.

RESULTS: The medical records of a total of 870 patients with SLE were reviewed. The most common manifestation fulfilling the diagnosis of SLE were: ANA positivity (89%); arthritis (63%); malar rash (56%); renal disorder (28%); photosensitivity (21%), and oral ulcers (20%). Of these, 98 had a record of NP-SLE involvement.

There were 10 pediatric cases (9 females) with a mean age of 13.9 years (range 10 to 16) at SLE diagnosis and mean duration of disease from SLE diagnosis to development of NP-SLE manifestations of 42.9 months (range 1 to 143 mos). Among these, the most common NP-SLE manifestations included cerebrovascular accident (30%), mood disorder (30%), headache (20%) and seizure disorders (20%), with psychosis recorded in one patient.

Among the 88 adult patients (84 females), mean age at SLE diagnosis was 30.66 years (range 17-56), with a mean of 36 months disease duration preceding the onset of NP-SLE. In this group, the most common NP-SLE manifestations included headache (53%), psychosis (25%), mood disorder (22%), cerebrovascular accident (17%) and seizure disorder (14%).

CONCLUSIONS: Cerebrovascular accident and mood disorder were the most commonly recorded NP-SLE manifestations in children, whereas headache was the most common complaint in adults. This retrospective review likely underestimates the true proportion of patients with NP-SLE in contrast to that reported in foreign literature, and warrants further studies on this aspect of SLE considering the associated morbidity and impact on the family and caregivers.

C7 Childhood-onset systemic lupus erythematosus at the University of Santo Tomas Hospital. UST, Philippines.

Navarra SV, MD, Dennis Ngo, MD, Tito P. Torralba, MD
Phil J Internal Medicine, 32: 38-44, Sept- Oct. 1994 Supplement.

C8 Neonatal Lupus Erythematosus Presenting as Congenital Complete Heart Block. Report of a case and review of literature.

Buenviaje MB, MD, Victorio-Navarra STG, MD, CoHuy I., MD
Phil J Int Med, 1992. STJM 42:110-114, 1993.