PHILIPPINE RHEUMATOLOGY ASSOCIATION

21st ANNUAL MEETING

MILESTONE: LOOKING BACK, MOVING FORWARD

February 26 - 28, 2015  •  Sofitel Hotel, Manila
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My warmest greetings to the Philippine Rheumatology Association as you hold your 21st Annual Meeting.

To fulfill our goal of providing our people with better healthcare, we must constantly update and improve the knowledge and skills of our physicians through continued professional education. Thus, your government welcomes this meeting aimed at presenting the latest advances in diagnosing, treating, and managing arthritis and rheumatism ailments that deprive many Filipinos of the chance to lead quality lives. This activity proves that you are conscious of your role as healers and nation-builders, for by keeping our people strong and productive, you further accelerate our growth in this time of renewal and resurgence.

Our collective success depends on the commitment of all sectors of society to rise to the challenge of citizenship by advancing their disciplines, thereby securing the welfare of the Filipino people. As long as integrity, excellence, and service define your pursuits, you help the nation move closer towards a brighter, healthier, and more prosperous tomorrow.

I wish your event success.

BENIGNO S. AQUINO III

MANILA
26 February 2015

THE PRESIDENT OF THE PHILIPPINES
Warm greetings to the officers and members of the Philippine Rheumatology Association on the holding of your 21st Annual Meeting with the theme, “Milestones: Looking Back, Moving Forward.”

Your commitment in providing the country’s rheumatologists the latest updates in your field is indeed commendable. May this occasion serve as an inspiration to your organization and its members to continue pursuing excellence in your discipline. Likewise, may the success of this meeting and your fellowship inspire all of us to continue serving our less fortunate fellow Filipinos through our knowledge and expertise.

Let us continue working together to achieve our vision of Kalusugan Pangkalahatan or Universal Health Care and its ultimate goal of improving the health of our people.

Congratulations and mabuhay!

JANETTE LORETO GARIN, MD, MBA-H
Acting Secretary of Health
My warmest greetings and congratulations to the Organizing Committee members, the Officers and members of the Philippine Rheumatology Association (PRA) as you hold your 21st Annual Convention with the theme: "Milestone: Looking Back, Moving Forward".

I commend your continued commitment to providing your members with the latest updates on topics relevant to your varied interests as an organization. I trust that such efforts in partnership with the PRA redound to enhance and promote camaraderie among your ranks. Carry on with your programs of attracting more members to be part of your organization. Remember to strengthen your organization from within even as you continue to hurdle challenges from outside. Rest assured, that the PMA as the umbrella organization of all medical organizations in the Philippines, shall be behind the Philippine Rheumatology Association (PRA) and support you in all your worthy undertakings.

To your competent, selfless and committed leaders, continue providing the direction for the organization and to all members I wish you all have a very successful Convention.

Thank you and Mabuhay!

MARIA MINERVA P. CALIMAG, M.D. Ph.D., F.P.B.A.
President, 2014-2015

"PMA: Empowering the Filipino Physician for Nation Building"
On behalf of the Board of Regents of the Philippine College of Physicians (PCP), allow me to express our warmest greetings to the organizers and delegates of Philippine Rheumatology Association on the occasion of your 21st Annual Meeting aptly themed, "Milestone: Looking Back, Moving Forward".

The PRA achieves another milestone as you celebrate 51 years of dedicated service to the field of your specialty. This occasion opens an opportunity to further equip your mind in innovating strategies that would benefit our patients the most. On this day, I enjoin you to look back on your humble beginnings and revitalize your passion and commitment in immersing yourself in serving others above personal gains. Move forward in rediscovering an in-depth meaning of life in the exercise of your profession while keeping in heart that we are physicians healing and leading with integrity. In the celebration of your Silver Annual Convention, it is with great hope that this great event will continue to testify to the great passion of your members in Rheumatology.

I wish you a fruitful and great convention!

I.M. healing and leading with integrity. We are PCP.

ANTHONY C. LEACHON, MD, FPCP, FACP
President
MESSAGE

The Philippine Academy of Family Physicians sends its best wishes to the Philippine Rheumatology Association on the occasion of its 21st Annual Scientific Meeting "Milestone: Looking Back, Moving Forward".

First contact and primary care practitioners encounter a good number of patients with arthritides and related conditions. We appreciate so much your unselfish assistance in providing the expertise to handle such cases. Further, we in the Academy share the same vision of providing quality and affordable health care to our populace, thereby reducing disability and long term sequelae. The work that you are doing indeed benefits not only the patients but also their families and caregivers.

We laud all your efforts and the PAFP will continue to be your strong partner. We hope for your continued success and again, our congratulations for this present undertaking!

ALEX J. B. ALIP, JR., MD, FPAFP
National President
Greetings to all!

As the Philippine Rheumatology Association steps into its next half century, we have grown larger and wiser.

It is just appropriate that this year’s Annual Meeting, with the theme of “Milestone: Looking Back, Moving Forward”, seeks to address tried and tested topics related to the treatment of Rheumatoid Arthritis, SLE, Psoriatic Arthritis and other rheumatic conditions, while providing a venue for discussion of nouveau ideas in Medical Informatics, Chikungunya Fever and Biologics in Children - all in a brave, innovative focused format we are sure you will enjoy!

Dr. Torralba's Lourdes Manahan Memorial Lecture will certainly trigger both nostalgia and excitement over our future. Our past presidents will provide us with glimpses of their genius in addressing different cases to be presented in the Know the Presidents sessions.

I am particularly excited to address our advocacy to promote both awareness of gout, as a disease, and awareness of rheumatologists, as preeminent experts in the field of gout management, during this year’s meeting.

Thank you in advance for attending this year’s Annual Meeting. Our latest journey begins with single steps. May they be fruitful ones which enable us to serve our patients better!!

May God bless you all!

ERIC JASON AMANTE, MD
President
Welcome to the Philippine Rheumatology Association's 21st Annual Meeting! It gives me great pleasure to present to you the labors of the organizing committee.

The theme “Milestone: Looking back, Moving forward” gives us a time to appreciate how the Association has transformed over the years from the time it was founded in 1964. The PRA's movers and members have accomplished so much and the most recent of which was the 2014 APLAR Congress which was successfully hosted in the Philippines. The phrase “Moving forward” inspires us to achieve and pursue greater heights but at the same never forgetting our pillars.

From the preconvention to the main convention, we have assembled exciting topics and speakers from the different regions to allow for a more participative meeting.

PAUL V. SANTOS ESTRELLA, MD
Over-all Chairman
Organizing Committee, 21st PRA Annual Meeting
PRA-VISION & MISSION

Our Vision
The recognized leader in the field of rheumatology in the Philippines and a major contributor in the Asia-Pacific region

Our Mission
The PRA is a collegial organization, composed of competent compassionate, socially responsive and ethical rheumatologists and other specialists, that is committed to:

- Recognition and promotion of rheumatology as a specialty
- Provision of high quality patient care
- Exponent of advancement in education and research in the field
- Personal and professional development of its members

Our Core Values
- Compassion
- Excellence
- Cooperation/collegiality
- Social responsiveness
- Integrity
PRA BOARD OF DIRECTORS  
(2014-2016)

ERIC JASON B. AMANTE, M.D.  
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Vice President

SIDNEY ERWIN MANAHAN, M.D.  
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EVAN GLEN S. VISTA, M.D.  
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LEONILA F. DANS, M.D.  
Board Member

JOSEPHINE ABAO-LIM, M.D.  
Board Member

ALLAN E. LANZON, M.D.  
Board Member
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(2014-2016)

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   Chair: Dr. Sidney Erwin Manahan
   Co-Chair: Dr. Annette Raso
   Members: Dr Japit O. Galagaran
            Dr Jill Henriett Mangubat-Tan

B. COMMITTEE ON CONTINUING MEDICAL EDUCATION
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   Co-Chair: Dr. Harold Michael Gomez & Dr. Andrei Rodriguez
   Members:
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     Dr. Regina Banatin
     Dr. Mayumi Chua
     Dr. Liza Marie Maceda Galang
     Dr. Carien Gulay
     Dr. Maria Shiela Leynes
     Dr. Elizabeth Edralin-Manlulu
     Dr. Linda Charmaine Roberto

     VISAYAS-REGION
     Dr. James Bermas
     Dr. Gideon Cabales

     MINDANAO-REGION
     Dr. Epsilon Canoy
     Dr. Japit O. Galagaran
     Dr. Pauline Jea Vargas

C. COMMITTEE ON RESEARCH
   Chair: Dr. Evelyn Salido
   Co-Chair: Dr. Julie Li-Yu
   Members: Dr. Tommy Bangayan,
            Dr. Harold Michael Gomez,
            Dr. Augusto Villarubin, Dr. Evan Glenn Vista

D. COMMITTEE IN FINANCE
   Chair: Dr. Arlene Lim-Vitug
   Co-Chair: Dr. Harold Michael Gomez
E. COMMITTEE ON ACCREDITATION, TRAINING AND CERTIFICATION
Chair: Dr. Josephine Abao-Lim
Co-Chair: Dr. LLwellyn Hao
  Dr Stella Marie Fabia
  Dr Cristina Abella

F. PHILIPPINE SPECIALTY FOR RHEUMATOLOGY (PSBR)
Chair: Dr. Emmanuel Perez
Member: Dr. Millicent Tan-Ong
  Dr. Rosario Baes
  Dr. Nympha David-Ribargoso
  Dr. Rogelio A. Balagat

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Dr. Leonila Dans

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Co-Chair: Dr. Tommy Bangayan

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Head: Dr. Sidney Erwin Manahan

SUBCOMMITTEE ON ADVOCACIES
Head: Dr. Evan Glenn Vista

H. CONSTITUTION AND BY-LAWS COMMITTEE
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Co-Chair: Dr. Elizabeth Edralin –Manlulu

I. Ad Hoc Committee on Bone & Joint Decade
Chair: Dr. Ester Penserga
Members: Dr. Auxencio Lucero
  Dr. Annabelle Dytan,
  Dr. Paul Santos Estrella

J. AD HOC COMMITTEE ON HMO and Philhealth
Chair: Dr. Paul Santos Estrella
Dr. Eric Jason B. Amante, Dr. Ester G. Penserga
PRA ACCREDITED TRAINING INSTITUTIONS

I. ST. LUKE'S MEDICAL CENTER

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Section Chief  

Dr. Paul Santos Estrella  
Training Officer  

Dr. Sandra V. Navarra  
Adviser  

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- Dr. Aileen Agbanlog  
- Dr. Inocencio P. Alejandro  
- Dr. Charito Cruz-Bermudez  
- Dr. Annabelle T. Dyan  
- Dr. Leonil F. Dans (Pedia Rheuma)  
- Dr. Liza Marie C. Maceda-Galang  
- Dr. Elizabeth Edralin-Manlulu  
- Dr. Perry P. Tan  
- Dr. Evan Glenn S. Vista  

Chief Fellow  
- Dr. Marica Lazo  

Fellows  
- Dr. Liza Traboco  
- Dr. Rhona Recto  

II. UNIVERSITY OF SANTO TOMAS HOSPITAL

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Dr. Lyndon Q. Llamado  
Training Officer  

Dr. Millicent Y. Tan-Ong  
Assistant Training Officer  

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- Dr. Inocencio P. Alejandro  
- Dr. Sorrah Fiel R. Briones  
- Dr. Maria Shiela N. Leynes  
- Dr. Julie T. Li-Yu  
- Dr. Evan Glenn S. Vista  
- Dr. Ma. Cristina C. Tolin  

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- Dr. Joseph Patrick Patricio  
- Dr. Cheryl Anne Tan  
- Dr. Leonid Zamora  
- Dr. Aime De Asis-Fabila  
- Dr. Joy Edar
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Dr. Ester Gonzales-Penserga  
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Research Coordinator

Dr. Bernadette Heizel M. Reyes  
Undergraduate Coordinator

Faculty
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- Dr. Allan Corpuz
- Dr. Collene Marizza Faustino
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Training Officer

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- Dr. Sorrah Fiel R. Briones
- Dr. Armando Lontoc
- Dr. Josephine Lu
- Dr. Liza Marie C. Maceda-Galang
- Dr. Andrei Rhoneil Rodriguez

Fellows
- Dr. Genevieve Katigbak
- Dr. Miguel Cristobal
- Dr. Jerissa De Jesus
- Dr. Anna Kathrina Dapul

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Chief and Training Officer

Fellow  
Dr. Ma. Theresa Collante

II. UP-PGH

Dr. Leonila F. Dans  
Head Section

Dr. Cherica Tee  
Training Officer

Fellows
- Dr. Linda Kho
- Dr. Mae Andres
21ST PRA ANNUAL MEETING

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Linda Charmaine D. Roberto, M.D.
Shanida Camomot, M.D.

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Andrei Rhoneil M. Rodriguez, M.D.

PUBLICATION

Sidney Erwin T. Manahan, M.D.
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Organizing Committee

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Julie Li-Yu, M.D.
Harold Micheal P. Gomez, M.D.
Augusto O. Villarubin, M.D.
Evan Glenn S. Vista, M.D.
Tommy E. Bangayan, M.D.
GENERAL INFORMATION

VENUE
Sofitel Philippine Plaza Manila
CCP Complex, Roxas Boulevard, Pasay City
Philippines 1099
Phone No. +632-5515555
Fax No. +632-5515610
Email Address H6308@sofitel.com

REGISTRATION
All participants must register as delegates. PRA Members are automatically pre-registered to the annual meeting following payment of annual dues. The participant’s registration fee includes admission to:
- Pre-convention activities (depending on specialty)
- Opening ceremonies
- Scientific sessions
- Exhibit hall
The registration fee includes snacks offered during the morning and afternoon break.

CONVENTION KITS/ BADGE
Pre-registered delegates will be entitled to a convention kit that includes the convention badge. Delegates who register on-site will be given convention kits depending on their availability.

The convention badge should be worn throughout the convention since access to the scientific sessions and exhibits will be restricted to delegates of the convention.

As part of our commitment to the environment, the official souvenir program together with the book of abstracts will be loaded on the USB drive included in the convention kit. It will also be available through the PRA website (http://rheumatology.org.ph)

CME CREDITS
Registrants will be credited 60 PCP CME units for the duration of the annual meeting. PMA granted 100 CME units and PAFP awarded 32 credit hours. Delegates are to fill in the CME Units Registration Sheets located in the Registration Booths DAILY in order to facilitate credits given by the different societies.
GENERAL INFORMATION

COMMERCIAL EXHIBITS
Booths from convention sponsors and several partners companies will be housed in the area adjacent to the Luzon Ballroom and in the Mindanao Ballroom. The exhibit area provides a good venue for interaction between the pharmaceutical and healthcare industries.

The exhibit areas will be closed when scientific sessions are ongoing. However, delegates are encouraged to visit the booths of all exhibitors during breaks in the program. A raffle stub provided with the convention kit needs to be marked by identified people manning the booths. And only those with complete markings would qualify for the raffle to be held on the last day of the convention.

SCIENTIFIC SESSIONS
During the preconvention, the basic rheumatology course for non-rheumatologists will be held in room Negros while the musculoskeletal ultrasound course for rheumatologists will be held in room Samar and Leyte. All scientific sessions from February 27-28 will be held in the Luzon Ballroom. Should there be changes in venue, the officer of the day will announce these changes during the program.

FREE COMMUNICATION AND POSTER SESSIONS
43 abstracts were submitted to the Research Committee for presentation during the Annual Meeting. 6 abstracts were chosen for oral presentation as part of the scientific program. Authors of other submissions were encouraged to participate in the research poster exhibit. Authors are to put up their posters on designated days and should be available to discuss their work during coffee breaks / breaks in the scientific program. Likewise, submissions to the Images in Rheumatology contest are to be displayed in the poster exhibit area.

ANNUAL BUSINESS MEETING
The Annual Business Meeting is scheduled on 28 February 2015 (Saturday), from 3PM–6PM at the Leyte and Samar room, Sofitel Philippine Plaza Manila. Only PRA members will be granted admission to the meeting.

FELLOWSHIP NIGHT / INDUCTION OF NEW MEMBERS
The fellowship night to be held on 28 February 2015 (Saturday), 7PM onwards at the Visayas Ballroom, Sofitel Philippine Plaza Manila will be open to PRA Members and invited guests only. Induction of clinical members, diplomates and fellows will be done at the start of the fellowship night.
SCIENTIFIC PROGRAM

PRE-CONVENTION, 26 February 2015

MUSCULOSKELETAL ULTRASOUND COURSE
(For Rheumatologists Only)
Venue: Negros Room

0800H REGISTRATION

0840H Welcome Address

0845H Basic Physics and Knobology of UTZ
Speaker: Dr. Juan Javier Lichauco

0900H Basic ultrasound appearance of Musculoskeletal Tissues in health and disease
Speaker: Dr. Millicent Tan-Ong

0930H Scanning of the Shoulder
Speaker: Dr. Juan Javier Lichauco

1000H Coffee Break

1015H Scanning of the Shoulder

1115H MSKUS of the Elbows and Wrists
Speaker: Dr. Aileen Agbanlog

1145H Scanning of the Elbows and Wrists

1300H Lunch Break

1400H MSKUS of the Hip and Knee
Speaker: Dr. Aileen Agbanlog

1430H Scanning of the Hip and Knee

1600H Coffee Break

1615H MSKUS of the Ankle and Foot
Speaker: Dr. Millicent Tan-Ong

1635H Scanning of the Ankle and Foot
SCIENTIFIC PROGRAM

PRE-CONVENTION, 26 February 2015

BASIC RHEUMATOLOGY COURSE
(Open to Non-Rheumatologists)
Venue: Leyte-Samar Rooms

1200H REGISTRATION

1300H OPENING
Moderator: Dr. Andrei Rhoniel Rodriguez

1315H RHEUMATOLOGY MADE EASY I: BASIC APPROACH TO THE PATIENT WITH RHEUMATIC DISEASE
Speaker: Dr. Melissa Aquino-Villamin

Learning Objectives:
1. To present a basic overview of common rheumatologic diseases
2. To discuss the approach to the diagnosis and management of common rheumatologic diseases

1400H RHEUMATOLOGY MADE EASY II: RAPID MUSCULOSKELETAL SCREENING WITH PATIENT PARTNERS
Moderators: Dr. Sorrah Fiel Briones/ Dr. Marian Galdones-Velasco

Learning Objective: To learn rapid musculoskeletal screen from certified patient partners

1430H CALL FOR HELP: WHEN TO SEEK A RHEUMATOLOGY CONSULT
Speaker: Dr. Maria Sheila N. Leynes

Learning Objective: To present conditions necessitating referral to a rheumatologist

1500H COFFEE BREAK

1515H REVISITING GOUT: GUIDELINE UPDATE
Speaker: Dr. Sidney Erwin T. Manahan

Learning Objective: To discuss updates to recommendations from the 2008 Philippine CPG on the management of uncomplicated gout
1545H  A CLOSER LOOK AT OSTEOARTHRITIS: GUIDELINE UPDATE  
Speaker: Dr. Evan Glenn S. Vista  

Learning Objective: To present local and international treatment guidelines on osteoarthritis

1615H  BRITTLE BONES: OSTEOPOROSIS TREATMENT RECOMMENDATIONS  
Speaker: Dr. Julie Li-Yu  

Learning Objective: To present the Philippine CPG on the management and treatment of osteoporosis

1645H  CLOSING REMARKS  
Chair-Moderator: Dr. Linda Charmaine R. Roberto
SCIENTIFIC PROGRAM

DAY 1, 27 February 2015 (Friday)

0630H REGISTRATION

0700H INVOCATIONS
Dr. Perry P. Tan
Dr. Melissa Aquino-Villamin

0715H OPENING AND WELCOME REMARKS
Dr. Eric Jason B. Amante

0730H RHEUMATOLOGY: YEAR IN REVIEW
Speaker: Dr. Inocencio P. Alejandro
Moderator: Dr. Harold Michael P. Gomez

Learning Objectives:
1. To review the highlights of advances in Rheumatology over the past year
2. To assess the applicability of new research findings in daily practice

0800H GOUT: NEW INSIGHTS AND PERSPECTIVES
Speaker: Dr. Joseph M. Antigua
Moderator: Dr. Mansueto Gumban

Learning Objective: To present the evidence based management of acute and chronic gout

0830H ADVOCACIES IN MEDICINE
Speaker: Dr. Anthony C. Leachon
Moderator: Dr. Inocencio P. Alejandro

Learning Objectives:
1. To advise stakeholders in developing goals for sustainable advocacies addressing burden of illness
2. To create an infrastructure or blueprint for change via health advocacies

0900H LAUNCH OF PRA ADVOCACY ON GOUT

0930H OPENING OF EXHIBITS/ COFFEE BREAK
1000H  LOURDES MANAHAN MEMORIAL LECTURES: LOOKING BACK, MOVING FORWARD  
Speaker: Prof. Tito P. Torralba  
Moderator: Dr. Emmanuel C. Perez  

Objectives:  
1. To provide an overview of how the Philippine Rheumatology Association was formed  
2. To chart future directions of the PRA  

1100H  THE RESURGENCE OF CHIKUNGUNYA  
Speaker: Dr. Ronald P. Eullaran  
Moderator: Dr. Jill Henriett Mangubat-Tan  

Learning Objectives:  
1. To discuss the resurgence of Chikungunya infection in the Philippines  
2. To present a cost-effective approach to the management of Chikungunya Fever  

1130H  ISSUES WITH GOUT MANAGEMENT IN MINDANAO  
Speaker: Dr. Melchor Alan Siriban  
Moderator: Dr. Edgar Ramiterre  

Learning Objective: To identify factors that make managing gout in Mindanao a challenge  

1200H  LUNCH SYMPOSIUM  

1300H  BREAK AND EXHIBITS  

1330H  UPDATES IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS  
Speaker: Dr. Merle Y. Barba  
Moderator: Dr. Rica Salgado  

Learning Objectives:  
1. To discuss the applicability of recent ACR/ EULAR Classification Criteria for Rheumatoid Arthritis  
2. To present an overview of new treatments in rheumatoid arthritis made available in the Philippines  

1400H  LATEST DEVELOPMENTS IN THE TREATMENT OF PSORIATIC ARTHRITIS  
Speaker: Assoc. Prof. Peter Nash  
Moderator: Dr. Eric Jason B. Amante  

Learning Objectives:  
To present innovative options in the treatment of psoriatic arthritis
1430H  EVIDENCE-BASED MANAGEMENT OF RHEUMATOID ARTHRITIS
   Speaker: Dr. Eric Jason B. Amante
   Moderator: Dr. Bernadette Heizel M. Reyes

   Learning Objectives:
   1. To compare the evidence on using methotrexate monotherapy versus DMARD combinations in rheumatoid arthritis
   2. To review the evidence on using conventional DMARDs versus biologic DMARDs for early aggressive disease

1500H  ORAL RESEARCH PRESENTATION
   DIAGNOSTIC UTILITY OF ANTI-CITRULLINATED PROTEIN ANTIBODY (ANTI-CCP) COMPARED WITH RHEUMATOID FACTOR (RF) IN RHEUMATOID ARTHRITIS (RA) IN A PHILIPPINE TERTIARY CARE SETTING
   Speaker: Dr. Givenchy Maree Garcia (Medical City)
   Moderator: Dr. Tommy E. Bangayan

1515H  RENAL FUNCTION AT INDEX CONSULT OF FILIPINO PATIENTS WITH GOUT PATIENTS SEEN IN ADULT RHEUMATOLOGY CLINICS
   Speaker: Dr. Ana Teresa S. Hernandez (UP-PGH)
   Moderator: Dr. Tommy E. Bangayan

1530H  BREAK AND EXHIBITS

1600H  BIOLOGICS IN PEDIATRIC RHEUMATIC DISEASES: WHAT HAS EVIDENCE AND WHAT HASN’T
   Speaker: Dr. Shanida Camomot
   Moderator: Dr. Mary Kristine Ciabal

   Learning Objectives: To discuss how biologic DMARDs have changed the way pediatric rheumatic diseases are treated

1630H  CARDIOVASCULAR ISSUES WITH NSAIDS
   Speaker: Dr. Harold Michael Gomez
   Moderator: Dr. Andrei Rodriguez

   Learning Objective: To present recent safety data on NSAID-related cardiovascular adverse events

1700H  EVIDENCE-BASED MANAGEMENT OF PULMONARY HYPERTENSION
   Speaker: Dr. Paul V. Santos Estrella
   Moderator: Dr. Elizabeth Edralin-Manlulu

   Learning Objective: To review the evidence for the available pharmacologic therapies for pulmonary hypertension
SCIENTIFIC PROGRAM

DAY 2, 28 February 2015 (Saturday)

0630H  REGISTRATION

0700H  HIGHLIGHTS OF CONVENTION DAY 1

0730H  EVIDENCE-BASED MANAGEMENT OF OSTEOARTHRITIS
Speaker: Dr. Ester G. Penserga
Moderator: Dr. Michael L. Tee

Learning Objective: To review the evidence for disease modifying drugs in osteoarthritis

ORAL RESEARCH PRESENTATION

0800H  VALIDATION OF THE SYSTEMIC LUPUS INTERNATIONAL COLLABORATING CLINICS (SLICC) CLASSIFICATION CRITERIA IN FILIPINO JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS
Speaker: Dr. Karen Joy N. Kimseng (UP-PGH)
Moderator: Dr. Augusto O. Villarubin

0815H  NEONATAL LUPUS ERYTHEMATOSUS MANIFESTING AS HEART BLOCK IN A PRETERM MALE BORN TO A MOTHER WITH KNOWN SLE
Speaker: Dr. Marica A. Lazo (SLMC)
Moderator: Dr. Augusto O. Villarubin

0830H  EVIDENCE-BASED MANAGEMENT OF SPONDYLOARTHROPATHIES
Speaker: Dr. Juan Javier T. Lichauco
Moderator: Dr. Aileen S. Agbanlog

Learning Objective: To review recent evidence on therapies for spondyloarthropathies

0900H  EVIDENCE-BASED MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS
Speaker: Dr. Evelyn O. Salido
Moderator: Dr. Auxencio A. Lucero

Learning Objectives: To review the applicability of various disease activity indices for SLE

0930H  BREAK AND EXHIBITS
1000H INTERACTIVE SESSION: KNOW THE PRESIDENTS
Panelists: Dr. Clemente M. Amante  
           Dr. Merle Y. Barba  
           Dr. Ester G. Penserga  
Moderators: Dr. Evelyn O. Salido  
            Dr. Roger B. Dulos

1100H EVIDENCE-BASED MANAGEMENT OF PSORIATIC ARTHRITIS
Speaker: Dr. Jose Paulo P. Lorenzo  
Moderator: Dr. Augusto O. Villarubin

Learning Objective: To review evidence-based recommendations on the management of psoriatic arthritis

1100H ORAL RESEARCH PRESENTATION
1130H CORONARY ARTERITIS IN A NINE YEAR OLD FILIPINO FEMALE WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT  
Speaker: Dr. Theresa M. Collante (USTH)  
Moderator: Dr. Harold Michael Gomez

1145H GASTROINTESTINAL INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS: CASE SERIES  
Speaker: Dr. Joseph Patrick Patricio (USTH)  
Moderator: Dr. Harold Michael Gomez

1200H LUNCH SYMPOSIUM

1300H INTERACTIVE SESSION: KNOW THE PRESIDENTS
Panelists: Dr. Tito P. Torralba  
           Dr. Perry P. Tan  
           Dr. Sandra Tankeh-Torres
Moderator: Dr. Josephine Abao-Lim  
           Dr. Jose Paulo P. Lorenzo

1400H MEDICAL INFORMATICS  
Speaker: Dr. Millicent Tan-Ong  
Moderator: Dr. James Bermas

Learning Objectives:
1. To present a short history of medical informatics
2. To discuss the relevance of medical informatics in the field of rheumatology
PRA ANNUAL BUSINESS MEETING
(Open to PRA Members Only)
1500-1700H
Venue: Leyte-Samar Rooms

PRA FELLOWSHIP NIGHT
Theme: “PRA Goes to the Circus”
(PRA Members and Guest only)
1800-1200H
Venue: Visayas Ballroom
SESSION ABSTRACTS & SPEAKERS’ PROFILES

RHEUMATOLOGY: YEAR IN REVIEW

The lecture will describe the findings of the most highly-rated papers in the past year on the author’s top ten rheumatic diseases that answer clinical questions on therapy, harm, diagnosis and prognosis. The validity of study results and implications for clinical practice will be drawn.

In a systematic review of physical therapies in older individuals with knee osteoarthritis, strength training, Tai Chi and aerobics exercises improved balance and falls risk, while water-based exercises and light treatment did not significantly improve balance outcomes. An update of a previous Cochrane systematic review of oral herbal therapies in osteoarthritis shows an enriched *Boswellia serrata* extract, and avocado-soybean unsaponifiables slightly improve pain and function. A Cochrane review of interventions for tophi in gout shows pegloticase is probably beneficial in the management of tophi in gout, in terms of resolution of tophi, but with a high risk of adverse infusion reactions. A systematic review and meta-analysis of mycophenolate mofetil and azathioprine as maintenance therapy for lupus nephritis does NOT support superiority for either agent. A RCT among patients with ANCA-associated vasculitis in complete remission after a glucocorticoid-cyclophosphamide regimen showed more patients had sustained remission at month 28 with rituximab than with azathioprine.

A RCT among patients with diffuse systemic sclerosis showed autologous hematopoietic stem cell transplantation compared with high-dose cyclophosphamide improved long-term survival but increased 1-year mortality. A systematic literature review informing the 2013 EULAR recommendations for rheumatoid arthritis confirm the known safety pattern of synthetic DMARDs and biological DMARDs. In an observational study of 1182 patients in a Cochin hospital, anticycliccitrullinated peptide antibodies detected rheumatoid arthritis with 70% sensitivity and 91% specificity. The 2013 ACR/EULAR criteria performed better than the 1980 ACR criteria in consecutive patients with systemic sclerosis (SSc), but did not completely segregate SSc from a mixed connective tissue disease cohort. A nationwide population-based cohort study in Taiwan showed increased risk of deep venous thrombosis and pulmonary thromboembolism among patients with systemic sclerosis.

Inocencio P. Alejandro, MD is faculty of the University of Santo Tomas Faculty of Medicine and Surgery. He is a member of the residency training committee of the Department of Medicine and fellowship training coordinator of the Department of Medical Education and Research of the University of Santo Tomas Hospital (USTH). He is a past president of the Philippine Rheumatology Association. He is a founding member and the vice president of the Philippine College of Geriatric Medicine and chairs its specialty board. He actively practices as a rheumatologist and geriatrician at the USTH, St. Luke’s Medical Center, Callang General Hospital in Santiago City, Isabela and CitiMedic Medical Arts in Tuguegarao City. He obtained his medical degree from the University of Santo Tomas (cum laude) and finished residency in internal medicine at the Howard University Hospital in Washington, DC. He completed training in a combined fellowship program in Geriatric Medicine and Rheumatology at the University of Illinois at Chicago Affiliated Hospitals, Chicago, IL.
GOUT: NEW INSIGHTS AND PERSPECTIVES

Acute attacks and the long-term complications of gout are associated with deposition of monosodium urate (MSU) crystals in the joints and soft tissues causing acute and chronic inflammation.

The goal of therapy in an acute gout attack is prompt and safe termination of pain. The aim of long-term treatment is to reduce the serum urate (sUA) levels below the saturation point of MSU [<6 mg/dl (360 umol/L)], so that new crystals cannot form and existing crystals are dissolved. There is good evidence that achieving sUA< 6 mg/dl results in freedom from acute gout attacks and shrinkage and eventual disappearance of tophi.

Gout patients must be informed about their diagnosis, the course of clinical gout, and educated about gout management including the importance of compliance with long-term treatment. Patients started on urate-lowering therapy need to understand the importance of prophylactic therapy with colchicine or NSAIDs to reduce the risk of “mobilization flares” in the first few months. In the long term, reduction of sUA below the target level will result in gout being effectively cured.

Joseph M. Antigua MD is an assistant professor at the Cebu Institute of Medicine and the Cebu Gullas College of Medicine. He is a consultant rheumatologist at the Chong Hua Hospital, Cebu Doctors University Hospital, Perpetual Succour Hospital, Cebu Velez General Hospital and Visayas Community Medical Center. He serves as the Head, Section of Rheumatology, Chong Hua Hospital.

He is a former President of the Philippine Rheumatology Association, Vice President of the Philippine College of Physicians-Central Visayas chapter and a member of the Board of Directors, Cebu Medical Society.

Currently, he is the prime mover, founder and adviser of the Lupus Association of Cebu – a movement for lay education, a support group and medical assistance program for lupus patients. He has given lectures about various rheumatic diseases in local, national and regional conferences. He participates in clinical research as a principal investigator in drug trials on lupus, rheumatoid arthritis and osteoarthritis.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

ADVOCACIES IN MEDICINE

Most physicians go into medicine with a mission-driven spirit, committed to helping people. They are grateful for the opportunity to care for others, proud of their ability to diagnosis and treat, and inspired by the trust their patients put in them.

For academically outstanding students with a desire to improve the lives of others, becoming a physician is a great career choice. They work hard in their training to master both the science and art of modern clinical practice.

This hardworking and altruistic spirit is necessary for aspiring doctors to endure the physically, emotionally and financially taxing aspects of medical school and residency training. And that’s where future physicians experience both awe and humility as they navigate the complex journey of becoming a doctor.

As medical professionals, after going through our professional careers, we need to find meaning in our lives and be relevant to our country and the patients whom we serve.

But are we built to be genuine advocates? What advocacies to pursue?

How do we sustain the advocacy to inform, to influence, and inspire all health advocacy stakeholders?

Anthony Leachon MD is a Filipino physician - leader, preventive health education and health reform advocate. He was one of the Professional Regulatory Commission’s medical board top notchers in June 1986. He practices medicine as an internist and cardiologist at the Manila Doctors Hospital. Dr. Leachon has won several awards and recognitions as an outstanding physician leader and health advocate. Among them are:

- He was a Distinguished Fellow of the Philippine College of Physicians in 2006
- One of the Outstanding Filipino Physicians (TOFP) in 2008 by DOH and Phil Jaycees
- The Outstanding Filipino Awardee in Medicine (TOFIL) in 2010 by the Phil Jaycees Senate

Yet of all the things he has done for his patients and his country, Dr. Leachon has been recognized for authoring Executive Order 595 - Health Education Reform Order (H.E.R.O.). The HERO remains the largest physician-led advocacy on comprehensive health education and disease prevention. For leading and pioneering the passage of this significant Executive Order, Dr. Leachon received Presidential Citation for helping the government with its preventive health education advocacy. Recently, he was the lead proponent of civil society groups in the passage of the sin tax law which was signed by Pres. Benigno Simeon Aquino III last December 2012 after languishing in congress for 16 years. The pioneering sin tax law will curb smoking and alcohol illnesses and earn additional 500 billion pesos for DOH for the next ten years. He is introducing new innovative concepts against unhealthy diet to our healthcare system - mandatory food labeling, calorie counter and food plate. Currently he's working on the release of the sin tax funds earmarked for health and the crafting of the national healthcare workforce plan to address maldistribution of doctors leading to physician shortages in the countryside.

He served as Director of Information, Publications, and Public Affairs of the University of the Philippines- Manila from June 2012 to October 2014. Dr. Leachon is the current President of the Philippine College of Physicians and the President - elect of the UST Medical Alumni Association 2015-2016.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

LOURDES MANAHAN MEMORIAL LECTURES: LOOKING BACK, MOVING FORWARD

With the theme of “Looking Back, Moving Forward”, it is very timely, with this tribute to Professor Lourdes A. Manahan, to become more aware of the very early beginnings of the Philippine Rheumatology Association (PRA). From its inception, a slow but progressive growth is described. The interest in the field of rheumatology was manifested in the gradual growth in membership in the society, enhanced by a more definitive course of professional and academic activities. The entry of the PRA into the national stage was a seamless effort, likewise, its emergence into the arena of international rheumatology. There is much to acknowledge, starting with the pioneering efforts of Professor Lourdes A. Manahan, and as the torch was passed, to the many who answered the call. With this brief presentation, it is urged that a more complete and concise history of the Philippine Rheumatology Association be done. Certainly, the association should move forward but must remember the past from where it came from.

Prof. Tito P. Torralba, MD, FPCP, FRPA
- APLAR Masters Award in Rheumatology
- Professor Emeritus, University of Santo Tomas
- Active Staff (Rheumatology)
  - Makati Medical Center
  - University of Santo Tomas

THE RESURGENCE OF CHIKUNGUNYA

The re-emergence of Chikungunya fever in the Philippines was a big concern problem due to the resulting debilitating arthralgia in some patients. Although most cases would resolve in 2 to 4 weeks, some will continue to suffer from the arthralgia for years. This translates to a huge economic burden resulting from absenteeism at work and the cost of multiple medications to relieve pain. Although this infection has been considered benign, its recent entry to the Philippines proved that it is not benign after all. As we see more patients infected with the Chikungunya virus in our clinics and observe more patients unresponsive to the usual pain relievers that we give, we need to know more about the disease and explore other possible ways of treating Chikungunya fever.

Ronald Eullaran, MD, FPCP, FPRA is a noted rheumatologist in Chong Hua Hospital in Cebu City. A former Training Officer of the Department of Internal Medicine in the same institution, he is currently active in clinical research on systemic lupus erythematosus and rheumatoid arthritis. Dr. Eullaran had also served as the Chairman of the Department of Emergency Services in the same hospital. Dr. Eullaran graduated from the UV-Gullas College of Medicine in Cebu City. He received his specialty training in Internal Medicine from Chong Hua Hospital and obtained his fellowship in Rheumatology from the University of the Philippines-Philippine General Hospital.
CHALLENGES WITH GOUT IN MINDANAO

Gout is common in Mindanao and, indeed, in the whole Philippines. Occasionally, gout presents atypically among females and elderly patients and the presence of comorbidities can make its management difficult. Alterations in urate metabolism and handling, changes in drug pharmacokinetics and drug-drug interactions among some patient subsets add to the challenge of optimizing management.

This preliminary survey of rheumatologists practicing in Mindanao for at least 3 years helps identify factors contributing to the challenges of managing gout in the locality. An interesting cross section spanning different areas of Mindanao are represented: Dr. Leah Balgoa (Bukidnon), Dr. Tommy Bangayan (Davao), Dr. Epsilon Canoy (Iligan-CDO), Dr. James Manching (General Santos), Dr. Suecelle Saavedra (Cagayan de Oro) and myself (Zamboanga). These responses provide a local perspective to the issue and, hopefully, identify factors that can be explored further towards improving the management of gout.

Melchor Alan L. Siriban, MD, FPCP, FPRA earned his degree in Medicine at the University of the Philippines, College of Medicine in 1997.

He specialized in Internal Medicine at the UP-Philippine General Hospital and subsequently completed his sub-specialty training in Rheumatology in the same institution in 2005.

Dr. Siriban is a diplomate and fellow of the Philippine College of Physicians, and of the Philippine Rheumatology Association.

He served as chief fellow of the section of Rheumatology in the University of the Philippines, Philippine General Hospital. He is a member of the Research Committee of the Philippine Rheumatology Association. He is a board member and past president of the Western Mindanao Chapter of the Philippine College of Physicians.

He practices in Zamboanga City and is the Consultant for Research of the Zamboanga City Medical Center’s Internal Medicine residency program. He is a faculty member of the Ateneo de Zamboanga University School of Medicine.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

EVIDENCE-BASED MANAGEMENT OF RHEUMATOID ARTHRITIS
This TED talk focuses on:

1. What is evidence based medicine in 2015?
2. Are we really diagnosing Rheumatoid Arthritis better; Performance of the 2010 ACR/EULAR classification criteria for rheumatoid arthritis in 2015
3. What’s out there for RA that we can trust?
4. Warnings about what Evidence is made evident in the world of Rheumatoid Arthritis.

Eric Jason B. Amante, MD graduated as a Doctor of Medicine (via INTARMED Program) from the University of the Philippine College of Medicine in 1986. He then entered residency training via the internal medicine categorical program of the University of Connecticut Health Center. He then complete his clinical fellowship in Rheumatology at the Massachusetts General Hospital - Harvard Medical School Training Hospital – with rotations at the Brigham and Women’s Hospital and Beth-Israel Deaconess Hospital. He is board certified in internal medicine and rheumatology in both the United States and the Philippines. On returning home, Dr. Amante joined the Section of Rheumatology, UP PGH Department of Medicine as a clinical associate professor – a position which he holds up to present. He is now also the Section Chief of Rheumatology in the Asian Hospital and Medical Center and the Manila Doctors Hospital.

Dr. Amante is a well-recognized speaker – having given over 200 lectures to medical societies, physicians, students and lay people on various rheumatic conditions in the last 7 years. He has had multiple papers published both locally and internationally on rheumatoid arthritis, anti-phospholipid syndrome and SLE. He continues to participate in research as principal investigator for numerous Phase III and IV drug trials on rheumatoid arthritis, SLE, osteoarthritis and gout in several institutions. Dr. Eric Jason B. Amante is the current president of the Philippine Rheumatology Association.

LATEST DEVELOPMENTS IN THE TREATMENT OF PSORIATIC ARTHRITIS

Peter Nash, MD is Associate Professor at the Department of Medicine, University of Queensland and Director of the Rheumatology Research Unit on the Sunshine Coast. He and his team at the Rheumatology Research Unit have been involved in the pivotal registration clinical trials for all modern targeted biological therapies. Peter has published over a hundred articles and four book chapters and is a reviewer for numerous journals. His special interests include metabolic bone disease, novel therapeutics and Caravaggio.

Previous Positions:

• Associate Professor, Department of Medicine- The University of Queensland
• Senior Lecturer, Department of Medicine- The University of Queensland
• Director, Rheumatology Research Unit- Nambour Hospital
• Physician and Rheumatologist- Sunshine Coast
SESSION ABSTRACTS & SPEAKERS’ PROFILES

UPDATES IN THE TREATMENT AND MANAGEMENT OF RA

This era of “window of opportunity”, “treat to target” and “the earlier the better” views in rheumatoid arthritis (RA) calls for updated and timely classification of patients at risk for persistent erosive disease.

Hence, the latest 2010 ACR/EULAR Classification Criteria for RA targets early disease recognition in patients with undifferentiated inflammatory synovitis. It is emphasized that this criteria is meant for classification of patients in clinical and epidemiologic studies and not as diagnostic criteria. However, many studies from different countries evaluating the performance of this criteria have demonstrated that the goal of earlier classification of RA were met. A caveat, though, is to make sure to rule out other diagnosis or mimics of rheumatoid arthritis.

With early diagnosis comes earlier aggressive “treat to target” management and this strategy had been shown to improve outcome. The 2013 EULAR Recommendations on treating rheumatoid arthritis are very similar to the 2010 ACR Recommendations and the recent guideline draft presented in the 2014 ACR Boston convention with few exceptions. The 2013 EULAR guidelines recommend all biologics including biosimilars in combination with DMARDs without stratification as to which should be first among the biologics. Tocilizumab is the preferred biologic DMARD monotherapy in the 2013 EULAR guidelines. New to the ACR 2015 draft are issues in high risk patients with malignancies, active infections, Hepatitis B or C, heart failure and Herpes Zoster. The best evidence has been the basis for all these recommendations towards diagnosis and treatment of Rheumatoid Athritis.

In the Philippine setting, using the 2010 ACR classification criteria is useful in recognizing early RA. Methotrexate is commonly adapted as initial therapy - a drug easily available for us and affordable for our patients. Maximizing the dose may be an issue not often done by many of us. The setting up of an Early Arthritis Clinic is another challenge when one considers that most of our RA patients come to us with established disease of several years duration and with joint erosions. On the other hand, the use of musculoskeletal ultrasound is not widely available in institutions all over the country.

Locally, we are also challenged by the lack of conventional DMARDs such as sulfazalazine and leflunomide. We do have a good number of biologics such as etanercept, infliximab, and its biosimilar, golimumab, tocilizumab, rituximab and, most recently, tofacitinib. Considering the cost of these agents, the challenge is how to “treat to target” in our limited resource setting.

So, in the Philippines, all these treatment strategies are on a good-to-know basis, with its applicability driven by largely by patient economics. But we still must know and apply it to the best we can.

Merle Ypil-Barba, MD graduated from the Cebu Institute of Medicine. She pursued internal medicine training at various institutions - Cebu Velez General Hospital, Lincoln Hospital in New York Methodist Hospital of Brooklyn New York and Grace Hospital, Detroit, Michigan. She had completed her rheumatology training at the Indiana University Medical Center, Indianapolis, Indiana. Presently, she is an assistant professor at the Cebu Doctors University College of Medicine and chairs the Rheumatology Section of the University Hospital.

Dr. Barba is a past president of the Philippine Rheumatology Association and was an International Founding Fellow of the American College of Rheumatology. She had served as a chair of the Philippine Specialty Board of Rheumatology and had worked previously as the Secretary General of the Rheumatism Association of the ASEAN.
SESSION ABSTRACTS & SPEAKERS' PROFILES

BIOLOGICS IN PEDIATRIC RHEUMATIC DISEASES: WHAT HAS EVIDENCE AND WHAT HASN'T

Treating rare conditions like rheumatic diseases in paediatric population is most challenging in clinical medicine. The dramatic movement to targeted biologic therapies revolutionize the treatment of these rheumatic diseases over the past 15 years. Biologic agents are large complex proteins that are designed to bind to specific targets that are known about the “biology” of the condition. To date, fifteen completed RCTs have been done for the evaluation of biologics in JIA. Three anti-TNF agents (adalimumab, etanercept and infliximab) have been extensively used and only Etanercept and Adalimumab are the currently approved and indicated biologic agents for polyarticular and extended oligoarticular JIA. Interleukin-1 (Canakinumab) and interleukin-6 (Tocilizumab) blockade are both highly effective in children with systemic JIA (sJIA). Compared with JIA, advances in treatment has been slower for childhood systemic lupus erythematosus, JDM, scleroderma, and vasculitis. This is due to several factors including lack of consensus on validated outcome measures and the rarity of these diseases in children. Nevertheless, targeted B-cell therapies for SLE (Rituximab, Ocrelizumab, Belimumab, Epratuzumab, Atacicept, Tocilizumab, Infliximab, Abatacept) have expanded the therapeutic options and are potential future therapies.

Shanida Camomot, MD is a graduate of the Cebu Institute of Medicine. She completed her training in pediatrics at the Perpetual Succour Hospital in Cebu and in pediatric rheumatology at the University of the Philippine – Philippine General Hospital. She is currently an assistant professor and a research coordinator at the Cebu Institute of Medicine. She is also affiliated with the following hospitals in the Visayas Region: Perpetual Succour Hospital, Chong Hua Hospital, Cebu Velez General Hospital, Vicente Sotto Memorial Medical Center, Visayas Community Medical Center, Miller Hospital, St. Vincent General Hospital, Mendero Medical Center. Dr. Camomot is also a member of the ethics review committee of the Cebu Institute of Medicine.

CARDIOVASCULAR ISSUES WITH NSAIDS

Harold Michael P. Gomez, MD obtained his degree in Medicine at the University of Santo Tomas Faculty of Medicine and Surgery. He completed his residency training in Internal Medicine at Ospital ng Makati and took his fellowship training in Rheumatology, Clinical Immunology and Osteoporosis at the Santo Tomas University Hospital.

He is a fellow of the Philippine Rheumatology Association and a diplomate of the Philippine College of Physicians.

He is currently an assistant professor in the department of internal medicine at Angeles University Foundation School of Medicine and a member of the Institutional Review Board of the same institution. He is also a principal investigator in various clinical trials for rheumatoid arthritis, SLE and gout. Dr. Gomez is both an active and visiting consultant in hospitals around Angeles City and San Fernando.
EVIDENCE-BASED MANAGEMENT OF PULMONARY HYPERTENSION

Treatment for pulmonary hypertension has focused mostly on pulmonary arterial hypertension (PAH). Classification criteria for PAH were developed during the 5th World symposium in Nice, France 2013. The World Health Organization Functional Classification (WHO FC) and 6-minute walk distance (6MWD) were used as surrogate measures in evaluating efficacy of treatment.

For Functional Class II and III patients, sildenafil and ambrisentan were recommended by the American College of Chest Physicians based on available evidence. Vasoreactivity testing to calcium channel blockers (CCBs) should be explored as only a few patients exhibit clinical response to this class of drugs. Only when present should a trial of CCBs be performed. Other available pharmacotherapies were given consensus-based recommendations.

Use of anticoagulants showed that there is a survival benefits for those with idiopathic pulmonary arterial hypertension (IPAH) but no conclusive data for other forms of PAH.

Lastly, exercise and respiratory training as adjuncts to medical therapy were shown to be effective in patients with PAH to improve respiratory muscle strength and exercise capacity.

Paul V. Santos Estrella, MD graduated from the St. Luke’s College of Medicine and completed his internal medicine residency and rheumatology fellowship at St. Luke’s Medical Center. He is the training officer of the Section of Rheumatology, St. Luke’s Medical Center and is an assistant professor at the St. Luke’s College of Medicine. He also attends to patients at the Quezon City General Hospital where he is also the Chief of Clinics – OIC.

Dr. Santos Estrella is the current vice president of the Philippine Rheumatology Association.
EVIDENCE-BASED MANAGEMENT OF OSTEOARTHRITIS

Osteoarthritis is better understood now as total joint failure, making early disease the “Holy Grail” to pursue. This has resulted in the surging and sustained interest by basic science and orthopedic communities on biomarkers and cartilage repair. Recent foray into cytokine treatment with monoclonal antibodies have also been translated to the clinics. Despite this, identifying early disease and a possible treatment point where the disease can still be reversed continues to elude us.

Treatment therefore has remained in the realm of symptom modification and control of disability. The array of treatment choices is seen in treatment recommendations and algorithms developed to make sense of which of the approaches will suit which specific patient at which specific phase of the disease she/he is in.

Recent meta-analysis by the group of TE McAlindon (Annals of Internal Medicine, 2015) provides evidence-based estimates of relative efficacy of treatment (single treatments) in the short term for knee OA. For control of pain, all interventions are seen to be significantly better than placebo and except for celecoxib, all are better than acetaminophen. It was also shown that for pain control, intra-articular (IA) treatments including IA placebo were significantly better than all oral treatment forms. It would seem that the delivery system (IA) has significant effect on pain control, as the authors hypothesize.

Treatment for OA usually combines physical therapy, analgesics and NSAIDs. Data on combination therapy is lacking. Two treatment guidelines from the region will also be presented and compared.

Ester Z. Gonzales-Penserga, MD is a graduate of the Cebu Institute of Medicine, Class 1981. She took up her residency in Internal Medicine in the same institution. She pursued her subspecialty training in Rheumatology at the University of the Philippines Manila – Philippine General Hospital and did a visiting rotation in George Washington University Hospital in St. Louis, Missouri in 1988. She then assumed a faculty position in the University of the Philippines College of Medicine. She pursued further studies in Biochemistry in the UP College of Medicine Post Graduate School and graduated in 2002 with a Certificate in Biochemistry.

As Faculty of the UP College of Medicine, she is active in mentoring students and is a research adviser to several of them. She was awarded UPMASA Best Teacher Award at least 3 times from 2010 - 2012. In 2013, she recognized as the Exemplar in Medical Education by the Philippine College of Physicians.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

EVIDENCE-BASED MANAGEMENT OF SPONDYLOARTHROPATHIES

The spondyloarthritides include a number of disease entities that have both common and distinct clinical features. The most recently published recommendations on the management of spondyloarthritis emphasize the importance of a treat to target approach, the abrogation of inflammation to achieve this goal and maximizing long-term health related quality of life. Management of spondyloarthritis will be reviewed and encompass both non-pharmacologic and pharmacologic treatment with the use of NSAIDs, DMARDs and anti-TNF therapy.

Recently, the concept of non-radiographic axial spondyloarthritis has been defined relying on MRI for evidence of sacroiliitis and the ASAS classification criteria for axial spondyloarthritis have been developed with the goal of increasing sensitivity for early spondyloarthritis. Whether non-radiographic axial spondyloarthritis represents an early spectrum of the disease or a separate disease entity is a matter of debate. The best evidence to date with regards to a therapeutic window to treat and response to anti-TNF therapy in this subset of patients will be discussed.

Juan Javier Lichauco, MD obtained his medical degree from the University of Santo Tomas. After completing his residency and chief residency at Englewood Hospital and Medical Center in New Jersey, Dr. Lichauco pursued his fellowship training in rheumatology at Montefiore Medical Center and Albert Einstein College of Medicine. He then joined St Luke’s Medical Center, where he has progressed through several positions including Assistant Professor and Assistant Head of RAI Center, before assuming his current role as Section Chief of the Section of Rheumatology at St Luke’s Medical Center.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

EVIDENCE-BASED MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS

The management of systemic lupus erythematosus (SLE) remains a challenge because (1) the disease is volatile, (2) its manifestations are diverse and mimic other diseases, and (3) the goals of treatment are not well-defined.

The recommendations of an international task force, published in 2014, bring to fore explicit statements on how lupus should be treated but leaves room for judgment calls. The recommendations presume that both the patient and the physician are well-informed about lupus. They espouse that treatment is multidisciplinary, long-term, and based on shared decisions between patient and physician. Survival, damage-free organs, and good quality of life are identified as the aims of treatment. Remission, or lowest disease activity, is the target that must be reached. There is a limited array of drugs that are shown to be useful for lupus, but there are novel molecules in development. After more than 3 decades, there is a new biologic drug approved for non-renal lupus.

Physicians managing patients with lupus should remain patient, conscientious, and creative in ensuring that their patients receive the best care and live a long, productive life despite their lupus. The recommendations clearly remind physicians of their obligation to keep their patients fully informed of their disease and to offer all possible beneficial treatment alternatives.

Evelyn Osio-Salido, MD is a graduate of the University of the Philippines – College of Medicine in 1987. She finished her training in internal medicine and clinical rheumatology at the UP-Philippine General Hospital Medical Center where she also served as chief resident and chief fellow. She obtained her Master of Science in Clinical Epidemiology at the University of the Philippines Manila.

Dr. Salido is an Associate Professor of the College of Medicine in both the University of the Philippines and the De La Salle Health Sciences Institute. She is currently the training officer of both the internal medicine residency program and the rheumatology fellowship program of the Department of Medicine, UP-PGH. These are testament to her commitment in training and guiding future generations of doctors. She also attends to patients at the Asian Hospital and Medical Center and Perpetual Help Medical Center.

She has several papers on gout, rheumatoid arthritis, SLE, rheumatic disease epidemiology, complementary-alternative medicine and osteoarthritis which have been published in local and international journals. She also co-authored a chapter on the Screening for Musculoskeletal Diseases in the book, “Periodic Health Examination for Healthy Filipinos,” which is locally available. She continues to participate in clinical research as principal investigator in multinational drug trials for rheumatoid arthritis, SLE and osteoarthritis.

Dr. Salido is a past president of the Philippine Rheumatology Association and is currently the chair of the PRA Research Committee.
Psoriatic arthritis is an inflammatory arthropathy with protean manifestations: the skin, peripheral joints, axial skeleton, and entheses may all be involved. Three underlying factors are implicated in the pathophysiology of psoriatic arthritis: genetics, environmental factors, and inflammation. Genome-wide association studies have confirmed the role of multiple human leukocyte antigen-associated genes in the pathogenesis of psoriasis and psoriatic arthritis, while various environmental stressors and triggers have been implicated in the disease process. Inflammation remains the central component in the pathophysiology of disease. The inflammatory process is mainly T-cell driven, with tumor necrosis factor, interleukins 12, 17, and 23 being the main cytokines involved. Conventional treatment of psoriatic arthritis with nonsteroidal anti-inflammatory drugs and disease-modifying anti-rheumatic drugs addresses only skin and peripheral joint manifestation without treating other disease manifestations. Targeted therapy with biologic agents offers a superior treatment option. TNF inhibitors such as etanercept, infliximab, golimumab, adalimumab, and certolizumab have all been shown to provide clinical improvement and have been widely used. Newer agents that target IL-12/23 such as ustekinumab have been approved for use, and the newest approved medication, apremilast, a phosphodiesterase inhibitor that blocks intracellular signaling of inflammation, has shown promise as well.

Jose Paulo P. Lorenzo, MD is a product of the University of the Philippines-Philippine General Hospital, having finished his medical school and postgraduate internship before completing his residency in internal medicine at the same. He then went on to pursue subspecialty training in rheumatology at the Philippine General Hospital and the Medical College of Wisconsin Affiliated Hospitals, USA. He is a past president of the Philippine Rheumatology Association and an active consultant at the Asian Hospital and Medical Center and the Makati Medical Center, where he currently serves as the Chief of the Section of Rheumatology.
SESSION ABSTRACTS & SPEAKERS’ PROFILES

MEDICAL INFORMATICS IN RHEUMATOLOGY

Medical informatics is a branch of science that utilizes computer and communication technology to obtain, archive, evaluate, transmit, retrieve, and present medical information and knowledge to aid in answering queries and guide decision-making.

As such, all rheumatologists are medical informaticians when we search Pubmed, participate in teleconferences, watch webinars, calculate disease activity indices using online calculators and mobile apps, encode patient data into electronic medical records, write electronic prescriptions, store patient images or retrieve data from databases to conduct research.

**Millicent Tan-Ong, MD** is a product of the University of Santo Tomas – Faculty of Medicine and Surgery, she completed her medical degree, internal medicine, and rheumatology training at the premiere institution. She had her research fellowship in vasculitis and osteoporosis at the Department of Rheumatic and Immunologic Diseases, Cleveland Clinic Foundation, Cleveland, Ohio, USA. Furthermore, she studied health informatics – obtaining her Master of Science degree from the University of the Philippines College of Medicine. She has trained extensively in clinical densitometry and musculoskeletal ultrasound (diagnostic and interventional) – attending courses locally and abroad and serving as faculty of certifying courses.

For her expertise, Dr. Tan-Ong is presently vice-president of the Philippine Society of Clinical Musculoskeletal Ultrasonography (PSCMU) and a member of the ultrasound committee of the UST-FMS Department of Medical Education. She is also the vice-president of the Rheumatology Education Trust Fund, Inc (RETFI).

She has completed researches and publications – mostly on osteoporosis, SLE, health informatics in rheumatology, and vasculitis that have been featured in various local and international research fora. She was a finalist in the Scientific Poster Contest of the Philippine Council for Health Research and Development (PCHRD) in 2001 and was awarded the Young Investigator Award in the 8th International Congress on SLE in Shanghai, China in 2007.

Dr. Tan-Ong is currently the assistant training officer of the Section of Rheumatology, UST Hospital and a member of the Philippine Specialty Board of Rheumatology.
ELECTROPHYSIOLOGIC EVIDENCE OF NEUROPATHY IN A 22-YEAR OLD FILIPINO WOMAN WITH DERMATOMYOSITIS: A CASE REPORT

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ABSTRACT

SYNOPSIS: Dermatomyositis is a rare inflammatory myopathy with characteristic cutaneous lesions, and the association with neuropathy is still controversial. We report a case of a 22-year old female who came in with quadriparesis and difficulty swallowing with electrophysiologic evidence of neuropathy.

CLINICAL SCENARIO: Patient came in to difficulty swallowing and quadriparesis. There was gradual onset of lower extremity weakness persistent for 3 months. She had difficulty in getting up from a lying posture and climbing stairs. Weakness progressed to the muscles of the upper extremities until she had difficulty lifting her hand above her head. Patient’s weakness amplified 1 week prior to consult and eventually led to quadriparesis. Difficulty swallowing prompted patient to seek admission.

PHYSICAL FINDINGS: Patient came in at the ER conscious with stable vital signs. A “heliotrope rash” was noted on the upper eyelid. Slightly elevated papules were noted over the interphalangeal joints as well as a “V-shaped” rash on the chest. Muscle strength was noted to be 2/5 on the proximal extremities and 3/5 on the distal extremities.

COURSE IN THE WARDS: Patient was referred to a Rheumatologist. Initial laboratory examinations revealed significant elevation in creatinine kinase at 5,840 U/L (N=31-135 U/L), creatinine kinase-MB 135 U/L (N=<25 U/L) and lactic dehydrogenase enzymes at 1,745 IU/L (N=266-500 IU/L). Antinuclear antibody(ANA) and Anti Jo-1 were negative. EMG-NCV studies were positive for changes consistent with a generalized myopathic process involving more the proximal muscles of both the upper and lower extremities. There was electrophysiologic evidence of a superimposed polineuropathy with predominant axonal involvement, consistent with an acquired sensory-motor axonal polineuropathy. Muscle biopsy was negative for inflammatory cells. Increase in muscle strength to 4/5 on all extremities demonstrated a marked response to corticosteroids and immunosuppressive therapy.

CONCLUSION: The association of dermatomyositis with polyneuropathy is rarely reported. Clinicians should think about dermatomyositis especially when a patient presents with characteristic cutaneous findings associated with myopathy. Quadriparesis and dysphagia worsens the prognosis.

Keywords: dermatomyositis; quadriparesis; myopathy; polyneuropathy

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Demographic Profile and Quality of Life of Systemic Lupus Erythematosus Patients in a Tertiary Hospital in Cebu
by Carina B. Benitez, M.D.

ABSTRACT

Background: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that results in variable and occasionally life threatening manifestations.

General Objective: This study determined the demographic profile and the quality of life of SLE patients seen in a tertiary hospital in Cebu.

Study Design: Prospective, descriptive study

Participants: SLE patients seen in a tertiary hospital in Cebu from October 2013 to September 2014 were included in the study.

Methodology: The patients were evaluated using questionnaires on demographic profile and the validated LupusQoL©.

Results: Ninety-eight SLE patients participated; majority of them were female (97%), married (55%), and with mean age of 36.36±11.94 (in years). Around 80% reached college level; however, less than half of them (44%) were employed and seven percent were students. About 20% had history of lupus in the family, involving female first-degree relatives. Mean duration of illness was 6.18±6.20 (in years), and the most common symptoms on diagnosis were arthritis and skin lesions (35% and 22%, respectively). The average transformed domain scores of the patients in the answered LupusQoL®, ranging from 0 (worst health related quality of life) to 100 (best health related quality of life), showed that the patients scored best in the physical health domain (90), followed by emotional domain (88), planning domains (86), fatigue and pain domains (83), burden to others domain (77), body image domain (74), and least in the intimate relationship domain (54).

Conclusion: SLE patients seen in Cebu were mostly female, married, with mean age of in their 20-30s, diagnosed less than 10 years, with most common symptoms of arthritis and skin lesions. Only a few had family history of lupus. These patients attained college level of education, with almost half of them employed. Results also showed a relatively fair quality of life of SLE patients in the study.
Systemic Lupus Erythematosus Presenting as Evan’s Syndrome in a Young Female with Grave’s Disease

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Background
Grave’s disease is an autoimmune disease that has been associated with other organ-specific autoimmunity such as Type 1 Diabetes Mellitus, hemolytic anemia, pernicious anemia, and vitiligo. The co-existence of Grave’s disease and Systemic lupus erythematosus (SLE) is rare. Studies showed that among patients with SLE, the prevalence of Grave’s disease ranged from 0.7-2.6%. Here we present what we believe to be the first reported case of SLE presenting as Evans Syndrome in a patient with Grave's disease in the Philippines.

Clinical Case
Our patient is a 28 year old female with hyperthyroidism for 5 years who presented with two weeks history of generalized body weakness, erythematous facial rash, fever, arthralgia, and jaundice after being exposed to the sun at the beach the whole day. Work up showed elevated thyroid hormones (FT3, FT4), positive thyroid antibodies (TSH receptor antibody, Thyroperoxidase antibody) hyperbilirubinemia, autoimmune hemolytic anemia with thrombocytopenia (Evan’s syndrome), low C3, positive antinuclear antibody (ANA), as well as other immunologic serology (anti-DS DNA, anti-smith). She was diagnosed with SLE with Evan's Syndrome and Grave’s Disease. After being treated with methimazole, propranolol, methylprednisolone pulse therapy and mycophenolate she was discharged improved.

Conclusion/Learning Points
- Autoimmune diseases may have an overlap of clinical manifestations and laboratory abnormalities.
- Early differential diagnosis between SLE and thyrotoxicosis can be difficult because they share some similar manifestations. A thorough history and physical examination is the key.
- With Graves Disease and SLE, there are several hypotheses regarding their relationship: co-occurrence of these diseases, predisposition due to autoimmunity, and increased risk of SLE due to anti-thyroid drug therapy.
RESEARCH PAPERS

Diagnostic Utility of Anti-citrullinated Protein antibody (anti-CCP) Compared with Rheumatoid Factor (RF) in Rheumatoid Arthritis (RA) in a Philippine Tertiary Care Setting

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Background
In Rheumatoid Arthritis, most specialists rely on combination of clinical acumen and laboratory studies to make a diagnosis. The rheumatoid factor assay (RF) has been used for over 50 years as part of the American College of Rheumatology classification criteria despite its shortcomings. Thus the development of the anti-citrullinated peptide (anti-CCP) as a diagnostic test for RA, which in initial studies showed it to be adequately sensitive and specific in healthy patients and even in the presence of other rheumatic diseases or infectious diseases. To date, there have been no published studies on the sensitivity and specificity of anti-CCP in the Philippines, which is the aim of this study.

Methods
This is a cross-sectional analytical study, which reviewed medical records of patients with both RF and anti-CCP from Jan 2012 to Dec 2013. Inclusion criteria included presence of clinical synovitis in at least one joint as seen by a rheumatologist. Subjects were then scored using the 2010 ACR/EULAR RA classification criteria, which served as the gold standard. Sensitivity and specificity for RF, anti-CCP, and combined RF and anti-CCP were calculated.

Results
Out of 334 records retrieved, 208 subjects were included. The ACR/EULAR RA classification criteria showed 41 cases with RA. The mean age of the group was 47±14 years, majority being female at 83.3%. The sensitivity and specificity of anti-CCP were both higher than RF assay for the diagnosis of RA, which were 87.8% and 100% versus 68.3% and 98.8%, respectively. When both RF and anti-CCP tests were combined, the sensitivity and specificity were 60.98% and 100%, respectively, which showed that anti-CCP alone still fared better as a diagnostic test.

Conclusion
Anti-CCP is useful for the diagnosis of RA due to its higher sensitivity and specificity compared with RF or even in combination with RF assay. Therefore in the Philippine setting, it can be used alone as both a screening and confirmatory serological marker.
Reactive Hemophagocytic Lymphohistiocytosis as an Uncommon but Fatal Presentation of Systemic Lupus Erythematosus

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Background
Systemic lupus erythematosus (SLE) is a clinically and serologically diverse systemic autoimmune disease. The hematologic system is of no exception to its effects. Acute onset of severe pancytopenia, which occurs in fewer than 10\% of patients, accompanied by hemophagocytosis, is not a recognized presentation of SLE. Reactive hemophagocytic lymphohistiocytosis (HLH) is characterized by the infiltration of morphologically benign hemophagocytic histiocytes in the bone marrow and various organs. Wong \textit{et al.} first reported the association of SLE and hemophagocytic syndrome in 1991 and termed it “acute lupus hemophagocytic syndrome”. In this report, we describe an adult Filipino patient presenting with HLH diagnosed to have SLE and eventually succumbing to an unexpected death. To date, this is the first reported case of SLE-associated HLH complicated by \textit{Trichosporon} pneumonia.

Clinical Case
We present a case of a 36 year old female who presented with fever of unknown origin, pancytopenia, splenomegaly, elevated ferritin and triglyceride levels. A skin punch biopsy supported the diagnosis of SLE. Bone marrow examination showed hemophagocytosis confirming SLE-associated hemophagocytosis lymphohistiocytosis (HLH). Her tumultuous course was complicated by multiple bacterial infections including a fungal pneumonia with \textit{Trichosporon asahii}. However despite successful antimicrobial and antifungal treatment and immunosuppressive therapy with steroids and azathioprine, she succumbed to HLH itself.

Conclusion
Reactive HLH is a potentially fatal condition, which warrants early diagnosis and prompts aggressive treatment. Hence, when presented with a patient with fever of unknown origin, the presence of elevated ferritin and pancytopenia in the absence of a malignancy or hemochromatosis, the clinician should suspect the presence of HLH. Once confirmed, an intensive search for the underlying cause should be performed. Monitoring response to treatment is likewise equally important because it would dictate aggressiveness of immunosuppressive therapy. Knowledge of this condition can lead to early detection and treatment, which is key to possibly saving lives.
RITUXIMAB IN LUPUS NEPHRITIS: A REPORT OF THREE CASES AT THE MAKATI MEDICAL CENTER
Author/s: Anna Kathrina M. Dapul, MD and Augusto O. Villarubin, MD
Institution: Makati Medical Center

Introduction: Lupus nephritis is a frequent complication of Systemic Lupus Erythematosus (SLE). Among Asians, lupus nephritis was observed between 21 to 65% at the time of diagnosis and 40 to 82% through the course of the disease. Without treatment, repeated renal flares are observed and this may lead to the development of end-stage renal disease.

While renal response rates in patients given standard treatment of lupus nephritis do approach 50 to 80% at one year, several of these responses are only fractional. Renal response when completed is crucial in preserving renal function and alleviates the cardiovascular morbidity related to end stage renal disease. Consequently, therapeutic regimens that are more effective are necessary.

Summary: We report three cases of active lupus nephritis, biopsy proven, on steroids and immunosuppressants, who were given B-cell depletion therapy (Rituximab). Clinical and laboratory parameters were monitored prior and after the therapy and significant improvement were observed among all patients.

Results: An overall good response was observed with Rituximab therapy. There was an increase in the level of hemoglobin and all patients showed improvement in their kidney function and reduction in both proteinuria and hematuria.

Conclusion: With these, Rituximab may be considered an effective treatment for lupus nephritis as shown by the 3 cases.
Background: Renal tubular acidosis is an uncommon complication in patients with Systemic Lupus Erythematosus (SLE). As such, there are but few published reports on this condition. This report will discuss the case of a patient with a known history of SLE who, on further workup, was found to have type 1 renal tubular acidosis.

Case Summary: A 48 year-old Filipino female, known case of SLE with class II lupus nephritis, was admitted due to diarrhea, vomiting, and abdominal pain. She was initially treated for acute gastroenteritis. Initial laboratory workup revealed hypokalemia for which the patient received oral potassium supplementation. Despite potassium replacement and resolution of gastrointestinal symptoms, the hypokalemia persisted. Further workup revealed normal anion gap and metabolic acidosis, features consistent with type 1 renal tubular acidosis.

Significance: The occurrence of renal tubular acidosis in SLE is a rare phenomenon and can portend a poorer prognosis. Prompt recognition of this condition allows for early corrective measures for prevention of further complications.
CORRELATION OF THE CLINICO-DEMOGRAPHIC PROFILE AND SEVERITY OF PAIN AND DISABILITY USING HAQ-DI AND VAS AMONG FILIPINOS WITH RADIOGRAPHIC EVIDENCE OF KNEE OSTEOARTHRITIS: A SINGLE-CENTER CROSS-SECTIONAL STUDY

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OBJECTIVES: To correlate the demographic and clinical profile of patients with knee osteoarthritis (KOA) with the symptom and radiologic severity using the Health Assessment Questionnaire-Disability Index (HAQ-DI), Visual Analogue Scale (VAS), and Kellgren-Lawrence (K-L) grading system.

DESIGN: A single-center cross-sectional analytical study on patients with symptomatic and radiologically confirmed knee OA.

SETTING: Rheumatology clinics in a private tertiary hospital

PATIENTS/PARTICIPANTS: Adult Filipinos (≥18 years old) diagnosed with knee OA based on the American College of Rheumatology (ACR) classification criteria and/or the European League Against Rheumatism (EULAR) recommendations were included. Patients should have a bilateral standing antero-posterior and lateral knee x-rays from Makati Medical Center showing radiographic knee OA classified as KL grade 1, 2, 3, or 4 in at least one knee. Other co-existent arthritides, congenital, developmental, neoplastic, infectious and post-traumatic conditions at the time of entry into the study were excluded. 43 out of 50 OA patients seen were enrolled.

MAIN OUTCOME MEASURE(S): HAQ-DI score, VAS, and K-L grade correlated with clinico-demographic patient characteristics.

RESULTS: Subjects were predominantly female (83.7%), with a mean age of 61.53 years ±9.65, and a mean BMI of 28.47 kg/m^2±6.9. The HAQ-DI scores positively correlated with the VAS (r=0.55, p=0.0000, 95% CI), and K-L grade (r=0.445, p=0.003, 95% CI). A low positive correlation existed between VAS and K-L grade but was not statistically significant (r=0.27, p=0.08). The KL 3 group had a significantly higher proportion of smokers (p=0.022) and of drinkers (p=0.034), while KL groups 1 and 2 had a higher proportion of patients without deformity (p=0.039). There were no statistically significant differences between HAQ-DI scores, VAS, and K-L grade in terms of age, gender, marital status, BMI, smoking, alcohol, assistive device use, educational attainment, and osteoarthritis characteristics.

CONCLUSION: In the OA patients studied, higher HAQ-DI scores, indicative of physical function and disability, were directly proportional to pain and radiologic severity. Smoking and alcohol intake were associated in patients with moderate to severe OA with K-L grade 3.
RESEARCH PAPERS

ASSOCIATION BETWEEN CLINICAL CHARACTERISTICS AND BASDAI SCORE IN PSORIATIC ARTHRITIS OVER A THREE MONTH TREATMENT PERIOD

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ABSTRACT

OBJECTIVE: To determine the association between the disease activity and clinical profile of Psoriatic Arthritis patients over a three-month period, as measured by the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI).

DESIGN: This single-center prospective study conducted from August 2014 to October 2014 examined the disease activity and clinical profile of Psoriatic Arthritis patients.

SETTING: The study was conducted at the Makati Medical Center, a private tertiary center in Metro Manila.

PATIENT/PARTICIPANTS: Twenty-Four adult subjects, aged 18-80 years old, through interview and BASDAI questionnaire were included, all of who were selected from the outpatient Rheumatology clinics.

INTERVENTIONS: Over three consecutive months, each patient, through an informed consent, answered the BASDAI questionnaire.

MAIN OUTCOME MEASURE: The primary outcome was to determine the disease activity and response to current treatment of Psoriatic Arthritis patients over a three-month period.

RESULTS: The 24 patients had a mean age of 42.79 ± 13.43 years and were predominantly male (58%). A majority had the plaque type of psoriasis (91.7%) with a median of three years of psoriatic arthritis. Most had a peripheral pattern of arthritis. Of those in psoriasis flare, 33.3% were female and 66.6% were male. Overall, the BASDAI scores improved from a median score of 4.41 at baseline and 3.81 by the end of the third month. 57% of females and 43% of males had an overall improvement in their BASDAI scores. Methotrexate with NSAIDS was the most common treatment regimen. Overall, no significant association was found between the clinical profile of the psoriatic arthritis patients with the BASDAI score. The 24 patients had similar characteristics except for smoking status, where the worse BASDAI score group had significantly greater proportion of smokers (50% vs 7%, p = 0.028).

CONCLUSION: Overall, the BASDAI scores of the patients improved. Smoking status was associated with a worse BASDAI score.

RESEARCH FUNDING: None
ASSSESSMENT OF COGNITIVE IMPAIRMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN A RHEUMATOLOGY OUTPATIENT CLINIC OF A TERTIARY GOVERNMENT HOSPITAL USING THE MINI-MENTAL STATUS EXAM AND THE MONTREAL COGNITIVE ASSESSMENT TEST-FILIPINO VERSIONS

Corpuz, Allan D., Magbitang, Angeline Therese D., Hernandez, Ana Teresa S., Tee, Kenneth D., Salido, Evelyn O., Reyes, Bernadette Heizel M.

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OBJECTIVES: Cognitive impairment (CI) in SLE involves patients with or without overt signs of CNS involvement. The prevalence of CI is variable, ranging from 19-80%. It is often overlooked, leading to high healthcare costs and productivity loss. The usual tools for detection are expensive and time-consuming and not locally available. Detection of CI using the MMSE and Montreal Cognitive Assessment Test (MoCA) are more clinically relevant and practical. This study aims to determine the prevalence of CI in SLE patients using MMSE/MoCA, to determine the degree of impairment of the different cognitive domains and to compare patients with CI in terms of disease activity, education and employment.

DESIGN/SETTING/PATIENTS/METHODOLOGY: This is a cross-sectional study of 62 SLE patients, >=19y/o, seen at a rheumatology outpatient clinic. Sample size estimation was based on the prevalence of CI among this population, assuming that the proportion of impairment is within (80 ± 10%) with 95% LOC. Demographic and disease characteristics were noted. The validated Filipino versions of the MMSE/MoCA test were administered. Descriptive and non-parametric statistics were applied.

RESULTS: Most patients are female(96.77%), had entered college(41.94%) and unemployed(70.97%). Mean disease duration is 8.92(SD±7.03) years. Mean age at diagnosis is 28(SD±10.30) years. Most have low disease activity or are in remission(80.65%). Hypertension is the most common co-morbidity. Most are on Prednisone (72.58%), with an average dose of 11.88mg/day(SD±10.66). The prevalence of CI is 38.71%(MMSE-P) and 77.42%(MoCA-P). Univariate analysis showed no significant difference in terms of disease activity, educational level and employment.

CONCLUSION: This study demonstrates that CI is common in this cohort of SLE patients. Disease activity, level of education and employment do not significantly affect CI. The MMSE-P/MoCA-P are rapid tools to assess the presence of CI and should be used in clinical practice to improve the quality of care for patients with lupus.

RESEARCH FUNDING: Personal
Congenital Heart Block in an Infant of a Mother with Hashimoto’s Thyroiditis
Allan D. Corpuz MD, **Hannah C. Urbanozo MD**, Karen Joy N. Kimseng MD, Eric Jason Amante, MD, Leonila F. Dans MD, Ma. Cecille Anonuevo-Cruz, MD

**Introduction:**
Congenital heart block detected in utero is strongly associated with maternal antibodies to SSA (Ro) and SSB (La). The identification of pregnant mothers carrying anti-SSA/SSB antibodies is difficult as most are asymptomatic during pregnancy and at delivery, and hence are identified only by the birth of an affected child.

**Clinical Presentation:**
Our patient was a 28-year-old pregnant female, diagnosed with Hashimoto’s thyroiditis prior to pregnancy, whose offspring, during the 28th week of gestation was incidentally found to have fetal heart block on fetal 2D echo. The rest of her antenatal work-ups prior to the finding of the fetal heart block were normal and she presented no signs or symptoms of systemic lupus erythematosus (SLE). Maternal ANA, Anti-SSA and Anti-SSB were then done which showed positive results. During her 37th week of gestation, she was admitted due to non-reassuring fetal status and persistent late decelerations. She delivered via caesarian section to a live baby girl, who subsequently underwent pacemaker insertion after confirmation of neonatal 3rd degree AV block. The mother was discharged without complications and is being monitored at the Rheumatology clinic for development of overt manifestations of SLE and at the Endocrinology clinic for monitoring of thyroid function. The baby was also discharged on permanent pacemaker and is currently doing well on regular follow-up with Pediatrics

**Conclusion:**
Organ-specific autoimmune disease such as Hashimoto’s thyroiditis may be succeeded by the development of other autoimmune antibodies or other systemic autoimmune diseases such as SLE. Screening for neonatal lupus should include not only those women considered at high risk for its development, that is, among those with overt systemic autoimmune disease but should also include women with isolated organ-specific autoimmune disease such as autoimmune thyroiditis.

**Research Funding:** Personal
BILATERAL ELBOW OSTEOARTHRITIS
Allan Corpuz, MD, Ester Penserga, MD

Introduction
While OA of the knees, hands, feet, hips and spine is common, elbow affectation is reportedly seen only in about 2% of individuals who have osteoarthritis, often among men who did heavy manual labor. The relative rarity of the condition may be contributory to its misdiagnosis, leaving the patient at risk for delayed definitive management.

Case Presentation
We report the case of a 57-year old male employed for 20 years as a coffin-designer presenting with mild dull pain in both elbows, VAS 2/10, of 12 weeks duration, precipitated by repeated flexion-extension of the elbows, and temporarily relieved by rest and NSAIDs.

Physical examination revealed a soft, nontender, slightly fixed 3x3cm cystic mass at both olecranon processes. ESR and rheumatoid factor were negative. Radiographs of both elbows revealed spur formation at the coronoid process of both ulnar bones, enthesophyte formation at the ulnar insertion sites of the triceps brachii bilaterally and linear lucencies on the spur with enthesophyte formation on the left. The joint spaces were maintained and no lytic lesions were noted.

On inquiry, he reported that he uses both elbows as a support to prop up the heavy horizontal bars of the coffins. He was diagnosed with bilateral elbow osteoarthritis with olecranon bursitis and was given Celecoxib 200 mg BID for 2 weeks.

Conclusion
The elbows are not commonly involved in weight-bearing hence the relatively low incidence of OA in this part of the body. This stresses the importance of taking a good occupational history to have a high index of suspicion in diagnosing the disease and ruling out rheumatoid arthritis as a differential. Standard anteroposterior and lateral radiographs of the elbow along with RF determination are usually sufficient for the initial evaluation. Radiographs of elbows with primary osteoarthritis characteristically reveal an anterior and medial osteophyte involving the coronoid process and a posteromedial osteophyte on the olecranon process. Nonsurgical therapeutic options include rest, NSAIDs, and judicious use of intra-articular steroids. Surgical management involves capsular release and removal of impinging osteophytes. Early and correct diagnosis will lead to proper advice on how to minimize stress on the joints and prevent further joint damage or disability.

RESEARCH FUNDING: Personal
SPLENIC AND MESENTERIC TUBERCULOUS ABSCESS IN SLE
Corpuz, Allan D., Faustino, Collene Marizza G., Salido, Evelyn O.

Introduction
Splenic and mesenteric abscesses are rare entities in itself, with an incidence of around 0.05-0.7%. Among patients with systemic lupus erythematosus (SLE), it has also remained a rare occurrence since it was first reported in 1986. Most cases are bacterial or fungal in origin. Mycobacterium tuberculosis is a rare cause of intraabdominal abscess. High mortality and morbidity rates are seen with delays in its diagnosis and treatment.

Clinical Course
Our patient is a 20 y/o female, diagnosed with SLE. She was subsequently enrolled in a clinical trial for patients with active SLE. She was assessed to be in lupus flare during the 12th week of the trial. Prednisone was increased from 15 to 40mg/day without significant improvement.

She was subsequently admitted due to severe abdominal pain and persistent fever. Abdominal examination showed diffuse tenderness and guarding. Abdominal CT scan revealed multiple mesenteric abscesses, extensive retroperitoneal lymphadenopathy and multiple hypoenhancing splenic foci.

She was treated for bacterial intra-abdominal abscess with Meropenem. However, there was no improvement, hence a diagnostic laparotomy was done which revealed caseation necrosis in the mesentery. Intra-abdominal TB was confirmed by positive TB PCR and positive AFB smear of the abscess. Prompt treatment with anti-Koch’s resulted in immediate improvement.

Conclusion
Protracted fever and abdominal pain should raise suspicion of intra-abdominal infections. SLE patients are especially prone to develop opportunistic infections such as TB. Timely use of imaging modalities facilitates its early diagnosis and treatment, which significantly decreases mortality. Early supportive care and administration of broad spectrum antibiotics are important for the successful resolution of the disease.

RESEARCH FUNDING: Personal
RESEARCH PAPERS

CLINICAL PROFILE AND ETIOLOGY OF SEPTIC ARTHRITIS IN FILIPINO CHILDREN: A RETROSPECTIVE STUDY

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OBJECTIVES: To evaluate the clinical profile and determine common pathogens of septic arthritis in Filipino children admitted at PGH from January 2011 – December 2013.

DESIGN: Retrospective, descriptive chart review

SETTING: PGH, a tertiary hospital

PATIENTS:
INCLUSION: Children admitted at PGH from January 2011 – December 2013 who fulfilled the Modified Newman’s criteria for septic arthritis (Group A - pathogen from synovial fluid or joint tissue; Group B - typical features of septic arthritis with pathogen from the blood).
EXCLUSION: Other forms of septic arthritis

MAIN OUTCOME MEASURES: Describe clinical profile, etiology and outcome of septic arthritis.

RESULTS: Out of 27 cases admitted at PGH, 17 patients fulfilled the inclusion criteria. Mean age was 6 years (age range 5 months - 11.6 years, SD 5.6 years). Most common known risk factors include history of trauma (n=11, 64.7%) and infection from other sites (n=9, 52.9%). The most frequent signs were swelling (n=17, 100%), fever (n=14, 82.4%) and limitation of movement (n=13, 76.5%).

*Staphylococcus aureus* was the most common pathogen among 18 culture positive isolates (61.1%, n=11). Culture studies yielded Methicillin Sensitive *Staphylococcus aureus* (MSSA) (33.3%, n=6) and Methicillin Resistant *Staphylococcus aureus* (MRSA) (27.8%, n=5) which were sensitive to Oxacillin and Clindamycin respectively.

CRP and ESR were elevated in 80% (n=12/15) and 86.7% (n=13/15) of patients. Leukocytosis was observed in 82.4% of patients (n=14).

Mean length of stay was 31.8 days (15.7-47.9 days, SD 16.1 days). 94.1% (n=16) of patients were discharged while 5.9% (n=1) died of septic shock.

CONCLUSION: Septic arthritis in children was associated with history of trauma and infection from other sites. Usual signs include swelling, fever and limitation of movement.

Culture studies yielded MSSA (33.3%) and MRSA (27.8%) which were sensitive to Oxacillin and Clindamycin, respectively.

Observed number of MRSA cases warrants alteration of first-line treatment from Oxacillin to Clindamycin.

FUNDING: none
RESEARCH PAPERS

CLINICAL PROFILE OF FILIPINO FEMALE PATIENTS WITH GOUT SEEN IN ADULT RHEUMATOLOGY CLINICS

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OBJECTIVES: The objective of this research is to describe the clinical characteristics of Filipino female patients with gout, which may help in earlier recognition of the disease, avoidance of misdiagnosis, and administration of appropriate management.

DESIGN: Retrospective

SETTING: Multiple rheumatology clinics seen by the rheumatology consultants of the Philippine General Hospital

METHODOLOGY: We reviewed the charts of female patients that were diagnosed with gout using the ACR criteria. We noted the demographic and disease characteristics of these patients. Descriptive statistics were applied.

RESULTS: In our cohort of 768 patients with gout, 8.82% were females. The mean age of onset was 60 years old, and the mean age at the initial consult was 63.5 years old. Most patients did not have a family history of gout nor have a history of drinking alcohol. Majority presented with a monoarthritis (68.66%). The most commonly involved joints were the ankles (59.7%), knees (41.79%), and the MTPs (37.3%). Although to a lesser extent, small joints including the hand joints were involved as well. Most patients reported < 3 attacks per year, and only 14.92% were observed to have tophi at the initial visit. The mean serum uric acid was 8.53 mg/dL, mean serum creatinine was 1.55mg/L, and the mean eGFR was 42.45 mL/min.

CONCLUSION: In clinical practice, the diagnosis of gouty arthritis in females is difficult because it can be confused with other inflammatory arthritides which are more common in their gender. As hyperuricemia has been known to cause not only arthritis but also kidney and cardiovascular diseases as well, it should always be included in the differential diagnoses. This would then facilitate appropriate work-up, administration of the proper management, and most importantly, patient education.

RESEARCH FUNDING: None
RESEARCH PAPERS

RESEARCH PAPERS

RENAL FUNCTION AT INDEX CONSULT OF FILIPINO PATIENTS WITH GOUT
PATIENTS SEEN IN ADULT RHEUMATOLOGY CLINICS
Ana Teresa S. Hernandez MD, Kenneth D. Tee MD, Evelyn O. Salido MD
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OBJECTIVES: The objective of this research is to describe the renal function at the initial consult of Filipino patients with gout, and identify the clinical factors which correlate with a depressed kidney function in these patients. With this knowledge, safe and properly adjusted medications are given to patients.

DESIGN: Retrospective

SETTING: Multiple clinics handled by adult rheumatology consultants of the Philippine General Hospital

PATIENTS: All patients who fulfilled the ACR classification criteria for gout were included in the study. The records of these patients must contain all necessary information such as the weight, serum uric acid and creatinine, all taken at index consult.

METHODOLOGY: We reviewed charts of patients diagnosed with gout seen in multiple adult rheumatology clinics. Data at the initial consult were noted, particularly the demographic and disease characteristics. Creatinine taken during the first visit or the immediate follow-up was recorded. Renal function was computed using the Cockcroft-Gault equation for estimated glomerular filtration rate. Multiple logistic regression was used to identify factors which correlate with poor renal function.

RESULTS: A total of 485 patients were studied. At initial consult, the average serum creatinine and uric acid are 1.66mg/ dL and 9.06 mg/ dL, respectively. The average creatinine clearance is 65.02 ± 34.11 mL/min, and 51.34% presented with an eGFR of < 60 mL/min at index consult. Poor renal function (eGFR <60mL/ min) was associated with late disease onset (p < .0001) and prolonged disease duration (p < .0001), higher serum uric acid (p < .0001), a history of urolithiasis (p < .035), frequent attacks (p < .0001), with coexisting hypertension (p < .0001) or diabetes mellitus (p <.013). Interestingly, results also showed that females tend to have poorer renal function at index consult compared to males (p < .0001).

CONCLUSION: In this cohort of 485 Filipino patients with gout, 51.34% have eGFR<60 ml/min on first consultation. The clinical findings with significant associations with poor renal function should alert Filipino physicians to the high probability of renal disease among Filipino patients with gout and make the necessary adjustments in treatment plans.

RESEARCH FUNDING: None
RESEARCH PAPERS

“THE LIMPING ENIGMA”
A CASE OF CHURG-STRAUSS SYNDROME PRESENTING WITH FOOT DROP

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BACKGROUND: Churg-Strauss syndrome (CSS), or eosinophilic granulomatosis with polyangiitis, is a rare syndrome that affects small- to medium-sized arteries and veins. Criteria for the diagnosis include: asthma (wheezing, expiratory rhonchi), eosinophilia of more than 10% in peripheral blood, paranasal sinusitis, pulmonary infiltrates (may be transient), histological proof of vasculitis with extravascular eosinophils, and mononeuritis multiplex or polyneuropathy. The worldwide incidence of CSS is approximately 2.5 cases per 100,000 adults per year and its incidence in the United States is 1-3 cases per 100,000 adults per year.¹ In the Philippines, the exact incidence is unknown but there have been some published case reports about it.

OBJECTIVE: To report a rare case of Churg-Strauss syndrome presenting as foot drop

DESIGN: Case report

SETTING: University of the Philippines-Philippine General Hospital (UP-PGH), a tertiary training hospital in Manila, Philippines

THE CASE: A 40 year old Filipino male with a history of adult onset asthma and recurrent sinusitis manifesting with inability to dorsiflex the left ankle (foot drop), various dermatologic lesions, and arthralgia. Complete blood count showed hypereosinophilia. Electromyography revealed asymmetric moderate to severe sensory and motor denervation of limbs compatible with polyneuropathy. Skin biopsy revealed lymphocytic vasculitis. P-ANCA was positive. During his incumbent hospitalization, the skin lesions, arthralgia and neurologic manifestations improved on administration of high dose steroids. Pregabalin was used to control pain secondary to the mononeuritis multiplex.

CONCLUSION: This case highlights the importance of considering Churg-Strauss syndrome among adult patients presenting with neurologic complaint (inability to dorsiflex the left ankle/foot drop) and various dermatologic lesions.

RESEARCH FUNDING: None
OBJECTIVES: Valid and reliable assessment of pain is essential in the management of rheumatologic conditions. Standardized pain assessment scales have been developed and used in clinical trials, but remain underutilized in clinical practice. This research aims to evaluate the use of the different pain assessment scales: Numeric Rating Scale (NRS), Verbal Descriptive Scale (VDS), Visual Analog Scale (VAS) and Wong Baker Face Scale (FACES) among adult patients with musculoskeletal pain.

DESIGN: Cross-sectional Study

SETTING: Rheumatology Out-Patient Clinic of the Philippine General Hospital, a tertiary government hospital

PATIENTS/PARTICIPANTS: Adult patients with symptoms of musculoskeletal pain

MAIN OUTCOME MEASURE/METHODOLOGY: The patients answered the different pain assessment scales and ranked them according to ease of use and preference.

RESULTS: Ninety-four patients are included in this study. Eighty-one percent are females, with mean age of 52 (± SD 14.12) years old. Majority (73%) have low level of education. Forty-one percent have rheumatoid arthritis, 21% have osteoarthritis and 12% have gout. NRS is preferred and ranked easiest to use by 41.5% of patients. FACES is a close second; preferred by 39.4% and considered easy to use by 36.2% VAS ranks last on overall preference and ease of use. On subgroup analysis, VDS was preferred by male patients while FACES was preferred by those with low educational status. The pain score obtained using NRS was significantly correlated with VDS, VAS, and FACES (p=<0.005).

CONCLUSION: The Numeric Rating Scale is a validated tool that is easy to use and preferred by patients. The Wong Baker Face Scale is a good alternative if the patient has difficulty with the NRS. We recommend the use of these pain scales in clinical practice in our institution to standardize the assessment and monitoring of pain among patients with rheumatic conditions.

RESEARCH FUNDING: None
READSHEES PAPERS

CARDIOVASCULAR RISK FACTORS IN FILIPINOS WITH RHEUMATOID ARTHRITIS INCLUDED IN THE RHEUMATOID ARTHRITIS DATABASE AND REGISTRY (RADAR)

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OBJECTIVES: To describe the presence of cardiovascular risk factors among Filipino patients with rheumatoid arthritis seen in the Philippine General Hospital Rheumatology outpatient department included in the Rheumatoid Arthritis Database and Registry (RADAR)

DESIGN: Retrospective

SETTING: University of the Philippines- Philippine General Hospital

METHODOLOGY: We reviewed charts of patients diagnosed with RA using the 1987 ACR or 2010 ACR-EULAR criteria included in the RADAR. Demographic data, traditional and nontraditional cardiovascular risk factors and management were extracted. Descriptive statistics were applied

RESULTS: Ninety eight patients were included in this study. Ninety four percent were female with mean age at diagnosis of 49.95 ± 10.17 (SD) years and mean disease duration of 63.01 months. For traditional CV risk factors: 18% were smokers; 34% (24/71) were obese; mean BMI was 23.85 ± 4.60 (SD) kg/m²; 39% (38/98) had hypertension of which 87% were on antihypertensives; 19% has impaired fasting glucose (IFG) or diabetes and 55% had dyslipidemia but only 53% and 33% were on oral hypoglycemic agents and statins, respectively. Only 34 patients had electrocardiograms (27 were normal, 1 had left atrial enlargement and 6 had nonspecific changes). Eleven percent had atherosclerotic aorta and 8% had cardiomegaly on chest x-ray. For non-traditional CV or disease-related risk factors, 20% still had high disease activity and 65% had elevated sedimentation rate (mean 45.58 ± 18.36 (SD) mm/hr) on latest consult. Eighty seven percent were taking methotrexate but only 3% were on biologic agents.

CONCLUSION: This study shows the presence of important traditional risk factors such as hypertension, diabetes, dyslipidemia, and obesity in this population. Significantly, more than half the cases have dyslipidemia. In addition, RA disease activity was high to moderate. The combination of traditional and disease related risk factors for cardiovascular disease is ominous and warrants aggressive treatment. In addition, patient education, weight control should be emphasized. It is recommended that this cohort be followed up prospectively.

RESEARCH FUNDING: None
VALIDATION OF THE SYSTEMIC LUPUS INTERNATIONAL COLLABORATING CLINICS (SLICC) CLASSIFICATION CRITERIA IN FILIPINO JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS

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Philippine General Hospital, Manila

Background: The current use of the SLICC classification criteria for juvenile systemic lupus erythematosus (jSLE) is extrapolated from an adult-validated study. Efforts have been conducted to validate its applicability in the pediatric population.

Objective: To validate the SLICC classification criteria among Filipino juvenile SLE patients

Study Design: Diagnostic criteria validity study

Setting: Emergency room, outpatient department, private rooms and wards of a tertiary hospital

Patients: Medical records of <19 years old patients, who were seen from June 2012 to June 2014, were reviewed to make 300 case summaries. Included were 150 jSLE and 150 non-jSLE cases. Non-jSLE cases, with jSLE as a consideration, comprised the control group. Patients who had no definite diagnosis, or who were lost to follow-up, were excluded.

Main Outcome Measure: Each case summary was evaluated by at least 3 of 7 pediatric rheumatologists by utilizing the SLICC criteria. The evaluators were blinded of the assessments of the other pediatric rheumatologists. A consensus diagnosis, as either jSLE or non-jSLE, for each case was reached based on majority agreement (>50%) of the individual subspecialist assessments. The clinical diagnosis of the team of attending physicians, with at least 1 pediatric rheumatologist, was used as the gold standard. The sensitivity, specificity and number of misclassified cases were determined.

Results: The sensitivity of the SLICC criteria is at 94.0% (95% CI 88.9-97.2), and specificity at 96.7% (95% CI 92.4-98.9) in the cohort of Filipino jSLE patients. One-forty-one cases were correctly classified as jSLE, while 145 controls were correctly classified as non-jSLE. There were 9 false negatives, while 5 controls were false positives.

Conclusion: The 2012 SLICC classification criteria is a valid guide for clinical practitioners to diagnose patients afflicted with jSLE.

Research Funding: Funded by the primary author
CARDIAC INVOLVEMENT IN KAWASAKI DISEASE PATIENTS IN PHILIPPINE GENERAL HOSPITAL: A RETROSPECTIVE STUDY
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Philippine General Hospital, Manila

Objective: To determine the incidence of cardiac involvement in patients with Kawasaki disease (KD) among children admitted in PGH.

Design: Retrospective medical records review

Setting: PGH, tertiary hospital

Patients: Patients <19 years old with KD, admitted in PGH from January 2012 to December 2013

Methods: Medical records of patients with KD were reviewed. Demographic, clinical, available laboratory exams, chest radiographic, electrocardiographic, and echocardiographic data, if any, were recorded. The course, management, length of hospital stay as well as the clinical outcome, duration of OPD follow-up, maintenance medications was evaluated.

Results: 38 patients with mean age of 2.67 ± 2.26 years old, 66% males with KD were included. 59% had cardiac involvement, with 41% having coronary artery dilatation, 10% had pericardial effusion, 10% with irregular borders of coronary arteries, and 8% with mitral regurgitation. 76% of our cases received intravenous immunoglobulin (IVIG) with 55% IVIG within 10 days of illness 13% between 10 and 14 days of illness. The initial cardiac findings of pericardial effusion, irregular borders and mitral regurgitation resolved in the subsequent echocardiogram studies after IVIG. For the remaining patients with residual coronary artery abnormalities on follow-up, the mean duration to normalization of abnormal echocardiography findings is 5 ± 3.11 months. There was no mortality. The possible predictive factors for the development of cardiac abnormalities (duration of fever, gender, age, hemoglobin, platelet count, neutrophils and atypical presentation) published in other studies were not found to be significantly associated in this study population.

Conclusion: The incidence of cardiac involvement in patients with KD among children admitted in PGH is 59% with 41% having coronary artery dilatation, higher than published in other studies. There was no significant association was seen between duration of fever, gender, age, hemoglobin, platelet count, neutrophils and atypical presentation with the development of cardiac abnormalities.
A RARE CAUSE OF FEVER, RASHES AND ARTHRITIS: A REPORT OF THREE CASES OF ADULT ONSET STILL’S DISEASE IN THE PHILIPPINE GENERAL HOSPITAL

Allan D Corpuz; Ana Teresa S. Hernandez, Angeline Therese D. Magbitang; Kenneth D Tee; Pearl Uy; Eric Jason B. Amante; Jose Paulo Lorenzo; Michael L. Tee

Introduction: Adult onset still’s disease is a rare inflammatory disease, with an incidence rate of 1-10 cases per 1 million. Despite the development of diagnostic criteria, proper recognition of this disease entity remains complicated as most clinical characteristics overlap with other disorders.

Clinical Presentation: We report three cases of AOSD. Patients were in their 2nd-4th decade at presentation. All three cases reported spiking fevers and joint pains. However, the first two cases presented with associated erythematous rashes. With high index of suspicion and upon further work-up, all three patients were diagnosed with AOSD, and was managed as such. They were later discharged well and improved with resolution of symptoms.

<table>
<thead>
<tr>
<th>Age and gender Feature consistent with AOSD</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 year old male, Quotidian fever, rashes, arthritis, leukocytosis, negative RF, splenomegaly</td>
<td>48 year old female, Fever, rashes, arthritis, negative RF, negative ANA, splenomegaly</td>
<td>28 year old male, Fever, arthritis, leukocytosis, elevated ferritin, negative RF, negative ANA</td>
<td></td>
</tr>
</tbody>
</table>

*no characteristic rash

Management

<table>
<thead>
<tr>
<th>Management</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs Blood transfusion</td>
<td>Low- dose systemic steroids NSAIDs</td>
<td>High- dose systemic steroids, gradually tapered</td>
<td></td>
</tr>
</tbody>
</table>

Outcome

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to return to premorbid function</td>
<td>Able to return to premorbid function</td>
<td>Able to return to premorbid function</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion. We reported three cases of AOSD, all presenting with fever and arthralgia. One case did not present with the classic rash. All patients were responsive to NSAIDs and steroids. Because of the rarity of the condition, AOSD is usually a diagnosis of exclusion. However, it should always be considered in a patient presenting with the cardinal symptoms. Increased serum ferritin levels might facilitate the diagnosis. Disease evolution may be monocyclic, polycyclic or chronic, emphasizing the need for accurate initial diagnosis and regular follow-ups. NSAIDs and/or steroids may be used as first-line agents. Methotrexate may be used as a steroid sparer or for treatment of chronic erosive disease. Biologic agents, especially the IL-1Ra, Anakinra, may be used for refractory AOSD. A high index of suspicion is warranted to avoid diagnostic delays, institute appropriate management, reduce morbidity and improve outcome.

RESEARCH FUNDING: Personal
RESEARCH PAPERS

ALL-TRANS RETINOIC ACID-INDUCED MYOSITIS AND SYNOVITIS
Corpuz, Allan D., Reyes, Bernadette Heizel M.

BACKGROUND: All-trans retinoic acid (ATRA) has improved treatment outcomes of acute promyelocytic leukemia (APL) with high remission rates and low morbidity. Retinoic acid syndrome is the most common and fatal complication of this chemotherapeutic agent. There are a few reports of focal complications such as myositis and synovitis.

OBJECTIVES: To describe a case of focal myositis and synovitis developing after the administration of ATRA in a patient with APL and to review the existing literature on ATRA-related myositis and synovitis.

CASE: We report the case of a young male who was newly diagnosed with APL. He underwent induction chemotherapy using ATRA and subsequently developed ATRA-induced myositis and synovitis characterized as fever, lower back, hip joint and thigh pain and swelling and limitation of motion. There prompt and complete resolution of signs and symptoms with high dose systemic steroids and temporary withdrawal of ATRA. Steroids were then tapered and ATRA was safely resumed without recurrence of signs and symptoms.

CONCLUSION: With the increasing use of ATRA, it is imperative for clinicians to obtain a thorough history and physical examination in order to have a high index of suspicion and rapidly recognize this condition. This will prevent the use of unnecessary diagnostic tests and reduce overall patient morbidity.

RESEARCH FUNDING: Personal
OBJECTIVES: The goal of this research is to describe the disease presentation of Behcet’s Disease (BD)

DESIGN: Descriptive

SETTING: Clinics of rheumatology staff of the Philippine General Hospital (longest practice duration of 26 years- 1988 to 2014)

METHODOLOGY: A manual search was done for medical records with diagnosis of BD in the clinics of rheumatology staff of Philippine General Hospital. The diagnosis of BD was based on the 2006 International Criteria for BD. We noted the demographic data, clinical manifestations, results of ancillary procedures, treatments given, and outcomes.

RESULTS: There are thirty-one patients with the diagnosis of BD found from the manual search. Most of them are female (77%). The mean age at diagnosis is 38.6 years ± 10.4 (SD) and the mean time duration from onset of first symptom to diagnosis is 41 months (range 3-180 months). There is another family member with BD in 3 patients (10%). The most common criteria features of the disease are oral ulcers (94%), ocular manifestation (68%), and cutaneous disease (65%). The pathergy test is positive in 17%. The most common treatments prescribed are oral steroids (74%), colchicine (58%), and NSAIDs (48%). There was symptom control or improvement in most of the patients (61%) but there was recurrence in some. Thirteen patients (42%) had recurrent oral ulcerations while 23% had recurrence of skin lesions. Two of the patients (6%) developed blindness. There was no death recorded.

CONCLUSION: Behcet’s disease remains a clinical challenge for physicians. There is an average of three years’ delay in diagnosis. This hinders appropriate early treatment. While the majority of the cohort had good outcomes, the occurrence of blindness in 2 patients underlines the potential of the disease to disable. We recommend expansion of the cohort to include the BD patients of other rheumatologists in the Philippines.

RESEARCH FUNDING: None
CLINICAL PROFILE OF FILIPINO PATIENTS WITH YOUNG ONSET GOUT

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OBJECTIVES: To present the clinical characteristics of Filipino patients less than 30 years of age diagnosed with gout.

DESIGN: Descriptive

SETTING: Four rheumatology out-patient clinics.

METHODOLOGY: All patients fulfilling the ACR criteria for gout seen in four Adult Rheumatology services were included. Case records of patients were retrieved and demographic characteristics, medical history, laboratory parameters, presenting manifestations were reviewed and described.

RESULTS: There were 669 records of patients with gout that were reviewed and 101 (15%) of patients fulfil the criteria for young-onset gout. The mean age of onset is $25 \pm 4.40$ years (range 14-30) and the mean disease duration prior to diagnosis is $12.64 \pm 11.91$ years. All of the patients are males and mostly are married; 76% drink alcohol and 38% smoke cigarettes. There is family history of gout in 47%. Most of the patients are already on NSAIDS (66%) while 24% and 14% of them are already on colchicines and urate lowering therapy prior to consult at the Rheumatology clinic, respectively. By history, at onset, the most common pattern of joint involvement is monoarthritis (95%) affecting the ankles (60%), knees (52%) and 1st MTP (51%). However, on the first Rheumatology clinic visit, 34% of arthritis is polyarticular, more than 68% have more than 3 arthritis attacks per year, and there are tophi in 35%. The mean duration before visible tophi formation is $2.81 \pm 6.75$ years. Around 21% have or nephrolithiasis or a history thereof. The mean serum uric acid (SUA) is 9.18mg/dl and the mean serum creatinine is 1.5mg/dl. Thirty-seven percent have estimated glomerular filtration rate (GFR) <60ml/min.

CONCLUSION: In this population, young-onset gout is present in 15% and gout is familial in around 47%. There is a delay in diagnosis of as long as 10 years in most of these patients, thus, on presentation at the Rheumatology clinic, more than 34% have polyarticular arthritis, 35% have tophi, and 37% have low estimated GFR. This emphasizes the importance of awareness and prompt diagnosis to ensure correct treatment and prevention of complications.
GIANT CORONARY ANEURYSMS IN AN ADULT FEMALE WITH UNTREATED CHILDHOOD-ONSET KAWASAKI DISEASE
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¹Section of Rheumatology, Department of Medicine, St. Luke’s Medical Center, Global City, Philippines
²Section of Rheumatology, Clinical Immunology and Osteoporosis, Department of Medicine, University of Santo Tomas Hospital, Manila, Philippines

Abstract

Introduction: Kawasaki disease (KD) is a common vasculitis of childhood. It typically presents as fever, conjunctivitis, pharyngitis, desquamative rash on the palms and soles, and characteristic strawberry tongue. Treatment of KD with high-dose intravenous immunoglobulin within the first 10 days of illness reportedly decreases the prevalence of coronary artery aneurysms in childhood. If left untreated, there have been cases of adults being diagnosed with giant coronary aneurysms presenting as acute chest pain.

Case report: A 42 year-old female presented at the emergency room with sudden-onset left-sided chest pain which was steady, non-radiating, lasting for two hours, with associated dyspnea and diaphoresis. An electrocardiogram (ECG) was done which showed complete right bundle branch block. Troponins were elevated, hence, she was treated as a case of non-ST elevation myocardial infarction. She was given nitroglycerin, aspirin, clopidogrel and low-molecular weight heparin. Repeat ECG on the following day showed nonspecific ST-T wave changes, and cardiac enzymes became normal. Echocardiogram showed an ejection fraction of 66%, mild concentric hypertrophy of the left ventricle, and mild diastolic dysfunction. She underwent coronary angiography which showed large aneurysms: left anterior descending artery measuring 12mm with sluggish blood flow on the proximal part, and right coronary artery measuring 9mm. Intravascular coronary ultrasound was likewise performed which showed no atherosclerotic thrombus. Considerations included congenital malformation and connective tissue disease, possibly medium-vessel vasculitis. Workup for systemic manifestations of vasculitis were done, acute phase reactants (erythrocyte sedimentation rate, C-reactive protein) were normal, complete blood count, urinalysis, liver and kidney function tests were also normal. A look into her past history of childhood illnesses was suggestive for a past bout with a flu-like illness with conjunctivitis, pharyngitis and high-grade fevers, of which, in hindsight, KD is a probable consideration. The patient was treated medically and was discharged on day 4 without any complications.

Conclusion: Untreated childhood KD is increasingly being considered as an important differential in adults with giant coronary aneurysms on coronary angiography. Having a high index of suspicion in children presenting with its classical manifestations will help prevent the future sequela of symptomatic coronary aneurysms.
GRANULOMATOSIS WITH POLYANGIITIS PRESENTING AS CHRONIC RHINOSINUSITIS IN A 37 YEAR OLD FEMALE PATIENT

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Abstract

Introduction: Granulomatosis with Polyangiitis (GPA) belongs to the group of antineutrophil cytoplasmic antibody-associated vasculitis (AAVs), commonly describe as fibrinoid necrotizing vasculitis involving small and medium-sized vessels. The prevalence of GPA in the United States is estimated to be 3 cases per 100,000 people, slightly more common in men.

Case report:

The patient is a 37 year old female who started having left maxillary pain and fever 4 months prior to admission. Pain was later associated with vague toothpain, prompting dental consult, eventual tooth extraction and antibiotic treatment without relief of symptoms. Patient later manifested with facial swelling, erythema, anosmia, decreased hearing on the left ear, nasal congestion, left eye pain and depression on the nose bridge. Persistence of symptoms prompted admission where patient was initially managed as Chronic Sinusitis with cholesteatoma formation. Despite mastoidectomy and empiric antimicrobial treatment, patient had worsening symptoms and persistent fever hence referral to Rheumatology. Physical examination revealed prominence of saddle-nose deformity with mild proptosis of the left eye. Initial laboratory tests revealed leukocytosis, normal urinalysis, elevated ESR an CRP, negative TB PCR and fungal culture of the maxillary tissue revealing Candida dubliniensis, negative ANCA and radiologic imaging studies showing subglottic stenosis and pulmonary nodules. Histopathology of the left maxillary tissue showed Chronic Granulomatous Inflammation showing collections of macrophages/multinucleated giant cells surrounded by inflammatory cells, predominantly by neutrophils. Patient was then managed as Granulomatosis with Polyangiitis and Fungal Sinusitis. Antifungal treatment and prednisone were given. Patient was then discharged, afebrile and improved with oral corticosteroid. On follow up however, patient started having renal involvement hence intravenous cyclophosphamide was initiated.

Conclusion:

ANCA associated vasculitis involve small and medium sized vessels. The main pathology in Granulomatosis with Polyangiitis is fibrinoid necrotizing vasculitis commonly presenting as upper airway disease. Limited GPA is defined if manifestations are limited to the respiratory tract. Treatment is tailored to the degree of systemic involvement. Glucocorticoids and methotrexate are indicated in limited and non-organ threatening disease. Cyclophosphamide with glucocorticoids is considered the “standard of care” as induction therapy for those with generalized disease, continued for 3 to 6 months with remission rates following induction treatment varying from 35% to 93% in GPA.
TRIPLE POSITIVE ANTIPHOSPHOLIPID ANTIBODY PROFILE & POSITIVE LAC IN A 57 YEAR-OLD FEMALE WITH SLE
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¹Section of Rheumatology, Department of Medicine, St Luke’s Medical Center – Quezon City, Philippines

Introduction: Antiphospholipid syndrome, also termed Hughes Syndrome, is a systemic autoimmune disease characterized by venous & arterial thrombosis, pregnancy morbidity as well as presence of antiphospholipid antibodies. Anticardiolipin antibodies (aCL) were the most common antibody detected. "Triple-positive" patients (LA, anti-beta-2 glycoprotein antibodies, AC antibodies) are at highest risk for thrombosis or abnormal pregnancy, and possibly for recurrence. APS can be present in 9.3 to 10% of SLE patients. We present a 57 year-old female retired teacher who came to our institution in 2014 due to recurrent distal gangrene, presenting with both APS and SLE with interstitial lung disease.

Case Report: History started 7 years prior when she developed gangrene of the 4th digit of the right foot. She had no history of trauma, no symptoms of claudication or peripheral neuropathy. Consult was done at a hospital where she underwent disarticulation. On work up, she was diagnosed with Abdominal Aortic Aneurysm and underwent bypass. She was discharged on clopidogrel, for which she was poorly compliant. In the interim she was asymptomatic until 2 years prior, when she again had gangrene of the 4th & 5th digits of the left foot, needing subsequent disarticulation. Duplex scan was normal, & clopidogrel was shifted to cilostazol which not maintained. Eighteen days prior she had a small blister over her left ankle, which then ulcerated. She was then admitted for debridement. Review of systems is pertinent for Raynaud’s phenomenon. She has no hypertension & diabetes, denies smoking or intake of alcoholic beverages. Family has history of lung carcinoma. She is a G2P1 (1011), with a miscarriage at 12 weeks AOG. On admission, she had stable vitas, clear breath sounds, soft abdomen with no organomegaly. There is a patchy bluish-purplish discoloration ath the 1st & 3rd digit of the left foot & 5th digit of the right foot. On referral to our service, the debridement was already done, leaving a clean based wound at the left ankle. Neurologic exam was normal. Two days after debridement, she developed fever, dyspnea and interstitial pneumonitis. She was hooked to BIPAP and transferred to the ICU. Serologic work up showed: ANA of 1:6 & anti-dsDNA of 66.7. APS profile showed significant titers of anticardiolipin & B2 glycoprotein. She was given warfarin & intravenous steroid pulse therapy for three days plus one cycle of Cyclophosphamide (1g).

Conclusion: Triple-positive APS patients have a high recurrence rate. Warfarin with a target INR of 2.0 - 3.0 is more effective than low-dose aspirin. Recognizing the risk of thrombosis and the coexistence of SLE with interstitial lung disease further challenges the treatment of this patient. She is presently responding well from her 5th cyclophosphamide therapy. Management of the thrombotic complications in these patients can be extremely challenging due to competing risks of bleeding and thrombosis.
DERMATOMYOSITIS PRESENTING AFTER DIAGNOSIS & TREATMENT OF BREAST CARCINOMA: A CASE REPORT
Traboco, Lisa S¹, Bermudez, Charito C ¹
¹Section of Rheumatology, Department of Medicine, St Luke's Medical Center, Quezon City, Philippines

Abstract

**Introduction:** Dermatomyositis is an inflammatory myopathy associated with an underlying malignancy in 6–60% of cases and in which case, it is considered a paraneoplastic syndrome. DM is strongly associated with malignant disease, in particular ovarian, lung, pancreatic, stomach, colorectal cancers and non-Hodgkin's lymphoma. The risk of malignancy is highest in patients aged 45–74 years at the time of diagnosis and is usually detected after the diagnosis of DM. We describe a case of dermatomyositis presenting after the patient had undergone treatment for breast malignancy.

**Case Report:** Our patient is C.B, a 43-year old female, married who initially presented in 2000 (33 years old) with recurrent blood tinged discharge from the nipple at the right breast. On ultrasound, a small mass was detected, hence a lumpectomy was done which had benign results. There was no recurrence of the bleeding afterwards and no other symptoms were noted, until 2010, when she was able to palpate a pea sized mass near the nipple of the right breast. Another lumpectomy was done, which again, had benign results. In 2013, the same mass was noted to be increasing in size, this time noted to be with a much harder consistency, and with a clear discharge. On June 2013, she underwent MRM of the R breast, with a corresponding biopsy of Stage IA. She underwent treatment with Tamoxifen, Zoladex and Arimedex. On January 2014, she began to note proximal weakness at both shoulders and the thighs. She had difficulty walking and lifting her arms. CKMM was elevated at 3723 U/L as well as CPK-Total at 4190. EMG NCV showed florid runs of fibrillation potentials, positive sharp waves & early recruitment patterns on both proximal upper and lower extremities demonstrating evidence for an acute myopathic disorder. Hepatitis B and C workup was negative.
NEONATAL LUPUS ERYTHEMATOSUS MANIFESTING AS HEART BLOCK IN A PRETERM MALE BORN TO A MOTHER WITH KNOWN SLE

Lazo, Marica A., Patricio, Joseph N., Navarra, Sandra V.  

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Abstract

Introduction: Neonatal lupus erythematosus (NLE) is a disorder characterized by the passage of maternal antibodies against Ro/SSA or La/SSB, causing various clinical manifestations in the skin, heart and liver. Congenital heart block is one of its most serious complications, which usually occurs in utero between 17 and 24 weeks gestation. Complete heart block is irreversible once detected, and the incomplete type may still progress after birth despite the clearance of maternal autoantibodies from fetal circulation. We describe a case of neonatal lupus erythematosus in a preterm male born to a mother with SLE, presenting as heart block.

Case report: A 31-year-old female diagnosed SLE, positive for antiphospholipid antibodies, was found to be pregnant with her fourth child. She had two previous miscarriages, and her 3rd child was born prematurely. During her fourth pregnancy, she was maintained on Hydroxychloroquine, Methylprednisolone, Aspirin and Tinzaparin. She had regular check-up with her Obstetrician and Rheumatologist, and had constant fetal ultrasound monitoring. On her 25th week AOG however, fetal echocardiogram revealed 2nd degree AV block and minimal pericardial effusion. She was given intramuscular betamethasone injections once daily for five days. Repeat echocardiogram on her 29th week showed resolution of pericardial effusion, but with slight progression of the heart block. On the 31st week AOG, during a routine pelvic ultrasound, there was noted fetal bradycardia, hence, she underwent emergency Caesarian section. She gave birth to a male with an APGAR score of 2,2, cyanotic, with depressed vital signs. The baby was revived after five minutes of resuscitation, heart rhythm returned to sinus. Since then, he has been having episodes of bradycardia with heart rate as low as 80 per minute. Monitoring of blood counts also showed persistent thrombocytopenia, although without any signs of bleeding. He was screened for antibodies and was found to be anti-Ro positive. Starting on the 36th day of life, the baby was given intravenous immunoglobulin (IVIG) 1 gram for 2 days. Resolution of bradycardia and improvement of platelet count were observed thereafter.

Conclusion: Congenital heart block is a well-recognized complication of neonatal lupus erythematosus, with the incidence of the complete type at 15-30%. Anti-SSA/Ro is thought to cause the pathophysiologic mechanism behind cardiac rhythm abnormalities in NLE. Neonatal mortality rate in those with complete heart block is 20-30%, and once detected, a pacemaker is frequently needed. Early detection in utero is necessary especially in second degree heart block which may still reverse. Fluorinated glucocorticoids such as dexamethasone and betamethasone which are not inactivated by placental 11-beta hydroxysteroid dehydrogenase, given prenatally once second degree heart block is detected, are shown to improve outcomes in observational studies.
RESEARCH PAPERS

PREGNANCY OUTCOMES AMONG LUPUS PATIENTS
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ABSTRACT
BACKGROUND: Pregnancy poses a relevant management challenge in systemic lupus erythematosus (SLE), a disease which usually affects women of child-bearing age.

OBJECTIVES: This study aims to review the maternal and fetal outcomes of SLE patients included in the SLE database of the University of Santo Tomas (UST) Hospital.

DESIGN/SETTING/PARTICIPANTS: Data were retrospectively reviewed from the SLE database of the UST Hospital Section of Rheumatology. Included were SLE patients diagnosed based on the ACR (American College of Rheumatology) criteria who became pregnant after SLE diagnosis. The medical records of these patients were used for reference of the maternal and fetal outcomes. There were 93 patients with 193 pregnancies occurring during the course of the disease.

RESULTS: The mean age in years at SLE diagnosis was 22.0 (± 4.24) while the mean age in years at pregnancy was 24.0 (± 2.83). Majority delivered via normal spontaneous delivery (53.2%) with 90.3% of infants having a normal birth weight. Pre-pregnancy co-morbidities included chronic hypertension (6.2%), tuberculosis (TB) (2.6%) and lupus nephritis (LN) (9.8%). During pregnancy, maternal complications were gestational diabetes (GDM) (0.52%), pre-eclampsia (7.8%), varicella-zoster (VZV) infection (0.52%) and hyperthyroidism (0.52%). Post-pregnancy complications included pericardial effusion (0.52%), pericarditis (0.52%), dilated cardiomyopathy (0.52%), postpartum depression (0.52%), and hypertension (0.52%). Among the pregnancy outcomes, term deliveries were recorded in 101 (81.5%) patients while 23 (18.5%) had preterm deliveries. There were 69 (35.8%) nonviable pregnancies consisting of miscarriages (84.1%), blighted ovum (8.7%) and intrauterine fetal demise (IUFD) (7.2%). Congenital diseases noted after delivery were congenital heart block (1.6%), meningocoele (0.8%), thyroid abnormality (0.8%), G6PD (0.8%), neonatal lupus (0.8%) and autism (0.8%).

CONCLUSION: Although successful pregnancy outcomes are possible for SLE patients, miscarriages, preterm deliveries, blighted ovum and IUFD remain a concern, requiring close monitoring and an effective multi-specialty team approach.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation Inc.
PREGNANCY AFTER IMMUNOSUPPRESSION AND HEMODIALYSIS IN A LUPUS PATIENT
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ABSTRACT

Systemic lupus erythematosus (SLE) is a disease of women of childbearing age and although fertility may be the same with the general population (1), medications and the course of the disease itself may pose a problem. In patients given cyclophosphamide, the incidence of ovarian failure is said to increase to as high as 53% (2) and pregnancy is said to be a rare occurrence on patients with end stage renal disease (3). We report a case of a 20 year old female diagnosed with SLE on 2005. She had lupus nephritis class IV on kidney biopsy and was given cyclophosphamide therapy and mycophenolate mofetil. Unfortunately, there was progression of her nephritis leading to hemodialysis in 2012. She had irregular menstrual periods since then. She was stable with adequate urine output, until July 2013, when she experienced nausea, vomiting, bilateral pitting edema, ascites and anuria. Persistence of the symptoms prompted her nephrologist to request for an abdominal ultrasound and this revealed that she was 24 weeks pregnant. Unfortunately she experienced profuse bleeding leading to preterm birth and eventual death of the baby, 4 hours after delivery. Although it was unfortunate that the outcome lead to the demise of the baby, pregnancy is still possible for lupus nephritis patients given cyclophosphamide and on dialysis, as exemplified by our patient. However, it is important to emphasize the need to achieve a stable disease before contemplating pregnancy in SLE patients, to ensure better outcomes.

Funding: Lupus-Inspired Advocacy Project of Rheumatology Educational Trust Foundation Inc.
PRIMARY ANGIIITIS OF THE CNS: A REPORT OF TWO PEDIATRIC CASES
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ABSTRACT

BACKGROUND AND OBJECTIVE: Primary angiitis of the central nervous system (PACNS) is a rare disease wherein the pathogenesis is not well understood. It has an estimated annual incidence of 2.4 cases per 1 million person-years. Middle aged men are more often affected with a median age of approximately 50 years. In 2005, Lindsley et al reported that there are fewer than 50 cases in children that were published. This paper aims to present 2 pediatric cases of PACNS seen in UST Hospital.

CASE 1: An 11 year old, female presented with sudden onset of drowsiness with left sided weakness. Laboratory work-ups were unremarkable, ANA panel was negative, blood cultures revealed no growth, MRI revealed subacute infarct in the right MCA distribution and MRA revealed stenosis of the anterior cerebral artery and right middle cerebral artery.

CASE 2: An 11 year old male presented with chronic insidious headache for four years. He was initially managed as a case of migraine and vertigo, blood examinations were unremarkable, however on further work-ups, MRA revealed irregularities on the left posterior cerebral artery consistent with vasculitis.

CONCLUSION: There are no controlled trials on the treatment of PACNS and therapy is based on principles extrapolated from systemic vasculitis. Both patients were given glucocorticoids and cyclophosphamide which apparently arrested progression, although residual neurologic deficit in one patient additionally required intensive physiotherapy.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation Inc
EFFECT OF AGE ON CLINICAL PRESENTATION AND SURVIVAL OUTCOME OF FILIPINO PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN A TERTIARY HOSPITAL

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OBJECTIVE: This study compared the clinical presentation and survival outcome of patients with childhood-onset systemic lupus erythematosus (c-SLE) and adult-onset SLE (a-SLE).

DESIGN: A retrospective study was done on all patients included in the University of Santo Tomas (UST) Lupus Database from 1998-2014. Clinical presentation on SLE diagnosis was based on the 1997 ACR classification criteria. Population was divided into 2 age groups: C-SLE included patients diagnosed <18 years old, and a-SLE included patients diagnosed >18 years of age.

SETTING: University of Santo Tomas Hospital, tertiary care institution.

PATIENTS/PARTICIPANTS: All patients in the University of Santo Tomas (UST) Lupus Database from 1998 to 2014 were included in the study.

RESULTS: Of the 2,530 patients (2,372, 93.8% females), mean age at diagnosis was 28.6±11.7 (range 4-76) years, with mean disease duration of 8.2±7 (range 1-57) years. There were 435 (90.8% females) patients with c-SLE and 2,095 (95.4% females) with a-SLE. Mean age at diagnosis for c-SLE was 14.1±3.3 (range 4-18) years and mean disease duration was 8.3±7.2 (range 1-57) years; while for a-SLE, mean age at diagnosis was 32.0±10.2 (range 19-76) years and mean disease duration was 8.2±7 (range 1-42) years. Compared to a-SLE, those with c-SLE presented more commonly with malar rash (52.4% vs. 40.2%, p<0.0001), photosensitivity 40.2% vs. 29.7%, p=0.00007), oral ulcers (30.3% vs. 22.9%, p=0.0021), renal involvement 34.5% vs. 24.4%, p=0.00005), and hematologic involvement (33.8% vs. 25.2%, p=0.0069). Survival was 98.9%, 94.5%, 91.7%, 88.0% at 1, 3, 5, and 10 years respectively for c-SLE, and 96.9%, 94.7%, 93.1%, and 89.9% at 1, 3, 5, and 10 years respectively for a-SLE.

CONCLUSION: Mucocutaneous, renal, and hematologic involvement were more common presenting manifestations in children compared to adults with SLE. Overall survival patterns, however, did not differ between c-SLE and a-SLE. Further analysis is required to determine other prognostic risk factors that can significantly impact survival, including cumulative organ involvement and damage accrual.

RESEARCH FUNDING: Lupus Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation, Inc.
CORONARY ARTERITIS IN A NINE YEAR OLD FILIPINO FEMALE WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

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OBJECTIVE: To present the case of a 9 year old Filipino female with systemic lupus erythematosus (SLE) with coronary arteritis.

CASE: A 9 year old female was admitted at our institution due to progressive pallor and edema for two months, associated with fair appetite, easy fatigability, and weight loss. Work up showed severe anemia, thrombocytopenia, leukopenia, massive proteinuria, normal creatinine, and diffuse renal parenchymal disease by ultrasound. On admission, she was pale, afebrile, ill-looking, and anasarco us. Blood pressure was 110/80mmHg (P95 for height 117/77mmHg), had petechiae over her face, periorbital edema, decreased breath sounds and vocal fremitus over the right lung base, soft systolic murmur over the apex located at the 6th left intercostal space along the midclavicular line, distended abdomen with slit-like umbilicus, positive fluid wave sign, swollen knees and proximal interphalangeal joints of both hands, and grade 3 bipedal edema. No oral ulcers or rash was noted. Further tests showed random urine protein/creatinine ratio of 3.7, and this time an elevated serum creatinine level of 1.69 (eGFR 43mL/min/m²), hyperkalemia, hyponatremia, and hypoalbuminemia. She had severe anemia, mild leukopenia, negative Coombs test, and positive ANA and anti-dsDNA. Chest radiograph showed cardiomegaly and 15-L echocardiogram showed sinus rhythm. Two-dimensional echocardiography showed mild posterior pericardial effusion, 1+ mitral and 1+ tricuspid regurgitation, dilated left ventricle, dilated right coronary (3.3mm) and left main coronary (3.4mm) arteries, and normal ejection fraction of 82%. The patient received cardiac support medications, electrolyte correction and albumin infusion, fluid restriction, blood replacement therapy, and three doses of methylprednisolone pulse. Upon discharge, she was started on prednisone and hydroxychloroquine, and eventually, cyclophosphamide pulse therapy.

CONCLUSION: Coronary arteritis is an unusual finding in SLE. This case illustrates that coronary artery dilatation may be part of the presenting manifestations of childhood-onset SLE.

FUNDING: Luisa Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation, Inc.
RESEARCH PAPERS

CLINICAL MANIFESTATIONS OF VIRAL ARTHRITIS AMONG FILIPINOS
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BACKGROUND AND OBJECTIVE: Arthritis can be a prominent manifestation of infections caused by viruses including parvovirus B19, hepatitis, rubella, retroviruses, and alphaviruses especially Chikungunya. This study describes the clinical manifestations and outcomes of Filipino patients with viral arthritis.

METHODS: Medical records of patients diagnosed as viral arthritis consecutively seen and diagnosed at the Rheumatology clinics of University of Santo Tomas Hospital and St Luke’s Medical Center, Philippines were reviewed. Demographics, clinical and laboratory features, management and clinical course were recorded. Patients who did not return for scheduled clinic follow-up were contacted by phone to determine response or non-response to therapy.

RESULTS: Fifty-six patients (40 females) were included. Most patients (67%) presented with fever and arthritis, 33% had rash described as transient generalized maculopapular eruption. Other symptoms included severe headache, sore throat, myalgia, morning stiffness, and flu-like features. Sixteen of 20 patients tested positive for Chikungunya IgM, and 2 of 7 patients tested positive for dengue NS1 antigen. Majority reported at least one other household member with similar manifestations. All patients received NSAIDs and analgesics, with 9 patients additionally requiring glucocorticoids for symptom relief. Twenty-nine patients reported resolution of symptoms within an average of 3 weeks from diagnosis, 20 patients had persistent though milder joint pains at 6 to 8 weeks; 7 patients were lost to follow up.

CONCLUSIONS: The diagnosis of viral arthritis is largely clinical based on the onset of a febrile illness with or without a rash, and involvement of other household members as useful diagnostic clues to distinguish this from chronic inflammatory arthritides like rheumatoid arthritis (RA). Treatment is symptomatic and the condition is usually self-limited. A few patients with persistent symptoms may require close monitoring for evolution to RA.

FUNDING: Rheumatology Educational Trust Foundation, Inc.
FATHER AND SONS WITH ANKYLOSING SPONDYLITIS: A REPORT OF THREE CASES
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BACKGROUND AND OBJECTIVE: Ankylosing spondylitis (AS) is a chronic systemic inflammatory rheumatic disorder with predilection for axial skeleton. The factors causing AS are largely genetic and have been addressed by multiple family studies since the 1980s. There is 10% risk of developing AS among 1st degree relatives of AS patients. The objective of this study is to present AS in a Filipino family that happens to be “father and sons”. The 2 affected sons are off-springs of 2 different mothers with same father.

Case 1: A 42 year-old male, presented with intermittent nocturnal back pain, relieved by exercise and NSAIDs, but not by rest. From 2011-2014, there was progressive restriction in trunk and lumbar flexion. HLA B27 was positive. BASMI: 15cms tragus to wall, modified Schober’s test(2.5cms), limited chest expansion(3.5cms). X-rays revealed sclerosis of SI joint margins, syndesmophytes at C2, C3, L1-L5.

Case 2: A 24 year-old male, presented with neck pain and stiffness in 2009, managed with muscle relaxants. In 2011-2012, he had low back pain, stooped posture, and persistent neck pain with limited cervical range of motion(ROM). In May 2014, there was further restriction in cervical ROM. X-rays showed syndesmophytes C1-C7, L3-S1; sclerosis of SI joint margins. HLA B27 was positive. BASMI: 17.5cms tragus to wall, limited cervical rotation (30°), modified Schober’s test(1cm) and limited chest expansion(1cm).

Case 3: A 16 year-old male, presented with enthesitis(right heel) in 2011 temporarily relieved by NSAIDs. From 2012-2014, he has been experiencing intermittent right knee joint, heel, and low back pain. X-rays showed sclerosis of SI joint margins. HLA-B27 was positive. BASMI: modified Schober’s test(4cms) and limited chest expansion(3cms).

The third son is currently asymptomatic, HLA B27 negative, and therefore has not undergone any imaging test.

Conclusion: Family members of affected people are at higher risk. The extent and severity of axial disease and occurrence of other extra-articular manifestations vary considerably. AS can be diagnosed using series of clinical, radiological and laboratory tests.
RESEARCH PAPERS

PIRFENIDONE FOR SCLERODERMA WITH INTERSTITIAL LUNG DISEASE UNRESPONSIVE TO IMMUNOSUPPRESSIVE THERAPY
Mary Flor Joy Y. EDAR, Joseph Patrick N. PATRICIO, Sandra V. NAVARRA
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Background: Interstitial Lung disease, along with pulmonary hypertension complicates scleroderma. It is the most common cause of morbidity and mortality in scleroderma. Scleroderma Lung Study recommends cyclophosphamide followed by azathioprine. A favorable response is defined as improvement in symptoms and functional capacity, or disease extent on HRCT or pulmonary physiology. Halting of progression and maintaining stability should also be considered a success. Moreover, some patients experienced progressive decline in pulmonary function despite aggressive immunosuppressive therapies. Pirfenidone inhibits transforming growth factor-beta inhibiting cell proliferation and differentiation. It also inhibits synthesis of TNF-alpha decreasing inflammation. Its efficacy in SSc-ILD has not been established.

Case Discussion: A 67 year old Filipino woman with scleroderma complicated with ILD last 2009, presented with skin tightening and chronic dry cough not relieved by antibiotic and antihistamine. On physical examination, there was noted tight skin on face and hands with fine crackles on both lung bases on auscultation. ANA, Anti-dsDNA and Scl 70 all showed positive result. Rheumatoid factor, C3, anti-smith antibody, RNP, SSa, SSb, Jo-1, and Histone were all normal. HRCT revealed ground glass opacities both lower lobes with dilated bronchioles, increased subpleural fibrosis and parenchymal bands. Cyclophosphamide 500mg with 500mg of methylprednisolone for 6 doses and bosentan 125mg ½ tab OD was started. There was no resolution of cough and dyspnea. In 2013, Repeat HRCT showed confluent ground glass opacities predominantly on lower lobes. Another cycle of Cyclophosphamide 500mg + methylprednisolone 500mg course given. Repeat PFT showed restrictive lung defect with DLCO 7.9%. Immunodeficiency panel showed T cell parameters are decreased indicative of cell mediated immunodeficiency. Rituximab 1gm infusion x 2 doses, 1 month apart done. She still had persistent cough and shortness of breath, pirfenidone 200mg/tab BID was started.

Conclusion: We presented a case of 67 year old, female with progressive decline in PFT and worsening HRCT despite immunosuppressive therapies who was subsequently treated with pirfenidone. In refractory ILD, pirfenidone can be an option.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation, Inc.
RESEARCH PAPERS

GASTROINTESTINAL INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS: CASE SERIES
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Introduction: Systemic lupus erythematosus (SLE) presents with protean clinical manifestations, with infrequent involvement of the gastrointestinal (GI) tract. This reports GI involvement in a group of Filipino patients with SLE.

Cases. Included were 7 SLE patients (6 females) seen at the University of Santo Tomas Hospital, Manila, Philippines, whose lupus flare also consisted of GI manifestations. Ages ranged from 24 to 55 years old, with SLE disease duration ranging from 1 month to 19 years at the time of presentation. All patients had active lupus with SELENA-SLEDAI scores ranging from 9 to 18, with dysuria as the most common extra-abdominal manifestations; all patients had hypocomplementemia. Among the GI manifestations, abdominal pain with vomiting was the most frequent with imaging studies suggestive of intestinal obstruction. Other forms of involvement included ascites in 2 patients, intestinal vasculitis in 4 patients, and endoscopic findings of gastric erosions and gastritis in 3 patients. The GI manifestations resolved with high dose steroids, with 2 patients also receiving cyclophosphamide pulse therapy for thrombocytopenia and nephritis. Two patients underwent exploratory laparotomy with eventual small bowel resection for intestinal gangrene due to vasculitis.

Conclusion. This reports 7 patients with GI involvement associated with active SLE. Early recognition of this infrequent involvement in SLE improves the prognosis and lessens overall morbidity.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation Inc (RETFI)
COEXISTENCE OF SLE WITH CROHN’S DISEASE TREATED WITH INFliximab
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Background. Both SLE and Crohn’s disease can occur as primary disease though some of the systemic presentations may overlap. The occurrence of both disease entities at the same time is rare. We present a case of a lupus patient who had chronic diarrhea eventually diagnosed with crohn’s disease with rectovaginal fistula.

Case Presentation. A 33 year old Filipino woman with SLE for 7 years initially presented with recurrent oral ulcers, arthritis, maculopapular rash (+) ANA (speckled pattern) (+) anticardiolipin IgG developed chronic diarrhea and abdominal pain. She was maintained on prednisone, methotrexate and hydroxychloroquine. She underwent several Upper and lower GI endoscopy compatible with crohn’s disease confirmed by two separate biopsies. Her symptoms of frequent bowel movements and abdominal pain were accompanied by normal complement levels atypical of lupus flare. Her Crohn’s disease is further complicated by rectovaginal fistula surgically repaired at age 32. With recurrence of diarrhea and abdominal pain, colonoscopy was performed again. Macroscopic examination strongly suggests Crohn’s disease confirmed by histological findings. Addition of infliximab to her medications significantly relieved the patient’s abdominal symptoms and kept her lupus in remission.

Conclusion. Coexistence of Systemic lupus erythematosus in patients with inflammatory bowel disease particularly Crohn’s, although rare, should still be considered. Infliximab as a standard treatment regimen of Crohn’s disease may also be effective for gastrointestinal symptoms associated with SLE.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation Inc (RETFI)
INTRODUCTION. Tuberculosis (TB) is a leading cause of morbidity and mortality in SLE particularly in endemic countries. We describe the organ involvement and outcomes of TB infection among Filipino SLE patients, and analyzed the effect of adequate TB treatment on corticosteroid requirement.

METHODS. Retrospective review of medical records of SLE patients seen at the Rheumatology Clinics of USTH who completed a minimum 6-month TB therapy was done. Average prednisone (mg/day), disease activity scores and selected laboratory parameters were recorded before, during, and upon completion of therapy.

RESULTS. There were 153 episodes of TB infection in 122 SLE patients (112 females, 92%). Average age was 29.30±12.97 (range 7-67) at SLE diagnosis, with duration of 88.5±64.2 months (range 1-276) to TB diagnosis. Pulmonary TB (PTB) involvement was seen in 62%. 43% had extra-pulmonary TB (EPTB), 11.76% having solely EPTB while 13.73% were disseminated TB. EPTB included meningitis (26%), soft tissue (22%), arthritis (20.75%), genitourinary, gastrointestinal, spine and pericarditis. Average daily prednisone (mg/day) decreased from 16.45±12.58 before to 10.85±7.93 during (p<0.05), and 7.13±5.36 after TB therapy (P<0.05). Overall SLEDAI scores decreased after TB therapy (p <0.5). Hemoglobin (g/L) increased from 104.34±17.20 to 113.62±11.98 (p<0.05) and sedimentation rate decreased from 76.34±32.69 to 26.96±15.43 post-TB therapy.

CONCLUSION. Appropriate TB therapy positively impacts SLE by decreasing steroid requirement, potentially decreasing overall disease activity. Expected improvement in anemia and ESR levels suggest possible confounding effect of TB infection in assessment of their disease activity.

Funding: Lupus-Inspired Advocacy (LUISA) of Rheumatology Educational Trust Foundation, Inc.
FACTORs THAT INFLuENCE DYSLIPIDEMIA IN FILIPINO LUPUS PaTIENTS
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Background: Dyslipidemia is a well-established risk factor for atherosclerosis contributing to increased morbidity and mortality in systemic lupus erythematosus (SLE).

Objective: We determined the prevalence of and factors contributing to dyslipidemia among Filipino SLE patients at the University of Santo Tomas (UST) Hospital.

Methodology: This is a retrospective review of medical records of SLE patients consecutively seen at Rheumatology clinics of UST Hospital from September 2012 to August 2013, who had lipid profile determinations. Demographics, SLE disease characteristics, cardiovascular risk factors and lipid profile including total cholesterol, triglyceride, HDL and LDL were recorded. The Mexican Modification of SLE disease activity (MEX-SLEDAI) was used to assess disease activity at the time lipid profiles were obtained. Statistical analyses included the following: Test-test, Mann Witney U test, Chi-square test, Fisher Exact test, and Logistic Regression Analysis.

Results: Included were 57 patients (96% female) with mean age of 41.38±10.64 (range 10-70) at SLE diagnosis and mean disease duration of 10.48±6.86 (range 12-432 months). Dyslipidemia was noted in 46 patients (80.7%). There was a significant association between renal involvement with total cholesterol of >200 mg/dL (p<0.05), triglyceride >150mg/dL (p<0.05), LDL >130mg/dL (p<0.05) and HDL>40mg/dL (p<0.05). Hypertension was significantly with associated with total cholesterol of >200 mg/dL (p<0.05), triglyceride >150mg/dL (p<0.05). By logistic regression, MEX-SLEDAI score of ≥7 was a significant predictor of dyslipidemia showing 10 times risk compared to patients with a MEX-SLEDAI score of <7.

Conclusion: Renal involvement, increased disease activity, and hypertension were associated with dyslipidemia in this group of SLE patients. These findings emphasize the importance of controlling both disease-related and traditional risk factors in the prevention of dyslipidemia and related co-morbidities.

Funding: Rheumatology Education Trust foundation Inc.
CONTRIBUTING FACTORS TO FLARE IN FILIPINO PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) AT SINGLE TERTIARY HOSPITAL
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Introduction:
Systemic lupus erythematosus (SLE) has a relapsing-remitting course, with patients experiencing disease activity flares over time. Flare (mild, moderate, or severe) is common, occurring in 65–70% of patients with SLE within 1 year. Identification of flare predictors may identify patients who are at risk of development moderate to severe flare, which may improve patient clinical management. Close monitoring of patients with disease activity or biomarkers predictive of SLE flare may improve their care and long-term outcomes.

Objective:
The aim of this study is to determine the contributing factors of flare among Filipino patients with SLE.

Materials & Methods:
Patients with SLE who came in for a medical check up or admission for a lupus flare at the Rheumatology Clinics of the University of Santo Tomas Hospital from March to December 2014. SLE diagnosis was according to revised 1997 American College of Rheumatology (ACR) criteria. SLE flare was defined as an increase of 3 or more points in the total SELENA-SLEDAI. The data of the patients with SLE flare were analyzed for possible contributing factors.

Descriptive statistics was used to summarize data in terms of means and percentages.

Results:
A total of 42 patients (41 females) were included in the study each with a single flare. The mean age of SLE diagnosis was 25 years, with the mean disease duration of 58 months from SLE diagnosis to the index of flare. Types of flare were mucocutaneous 15 (35.7%), renal 13 (30.9%), hematologic 7 (16.6%), cardiopulmonary 4 (9.5%) and neuropsychiatric 3 (7%). There were 24 (57%) severe flare and 18 (42.8%) mild to moderate flare. Contributory factors to SLE flare included infection 21 (50%), non-compliance to medications 11 (26%), stress 8 (19%) and sunlight exposure 2 (4.7%).

Conclusion:
In this study, the flare was mostly severe and infection was the most common contributory factor to a disease flare.

Funding: Rheumatology Educational Trust Foundation, Inc.
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