Rheumatology

22. An Audit of Test Ordering Practices for ANA at a Tertiary Care Center

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Objective: To analyze test ordering practices for ANA at a tertiary care teaching hospital in North India.

Methods: All requisitions for ANA received in the Dept. of Immunology from January to June 2003 were analyzed for their referral diagnosis, outcome of test result and eventual final diagnosis of the patients who were positive.

Results: For the 998 requests received for ANA the referring dept. were immunology (331, 33.3%), nephrology (212, 21.2%), gastroenterology (244, 24.4%), neurology (105, 10.5%), others (104, 10.4%). A total of 150 (15%) tests were found positive for ANA. The positivity rate was immunology (93, 33.3%), nephrology (25, 12%), gastroenterology (10, 10%), neurology (4, 10.5%), others (10, 10.4%). The final diagnosis for these patients were SLE (60), RA (24), systemic sclerosis (11), MCTD (11), inflammatory myositis (9), other glomerulonephritis (5), systemic vacuities (4), chronic liver disease (4), inflammatory bowel disease (1), hypothyroidism (1), ITP (1), misc. (16). Out of 59 referrals of SLE, a positive ANA was helpful in confirming a diagnosis for SLE in 41 cases (69.4%) while from 108 referrals for probable SLE, this figure was only 12 cases (11.1%).

Conclusion: The positivity rate for ANA varied widely among departments. This study reflects that ANA test was being ordered without specific diagnostic consideration in a tertiary care referral center.

26. Etanercept in Rheumatoid Arthritis - A Preliminary Study of Three Cases

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Aims: To study the response to TNF-α antagonist, etanercept in cases of severe rheumatoid arthritis, refractory to other DMARD’s.

Material and Methods: Three female patient with severe rheumatoid arthritis (as per ACR criteria) who had been on other DMARD’s including methotrexate for more than two years and were refractory to treatment were chosen to receive etanercept in a dose of 25 mg biweekly via subcutaneous injections. The improvement was assessed using the ACR 20%, 50%, 70% criteria after four weeks of therapy. None of these patients had any underlying chronic infection, tuberculosis, malignancy or demyelinating disease.

Results:

Conclusions: There was a more than 20% improvement in all the three patients after just four weeks of treatment. Hence etanercept is a promising new drug whose use will become widespread once more experience is gained in Indian subjects.
evaluated for adverse effects. The following adverse events were seen. Two patients developed oral ulcers which necessitated stoppage of the drug. Diarrhea occurred in one patient five days after starting Leflunomide, but was self limiting and the drug continued. Four patients developed skin rash. In two patients the rash was self limiting, but in two patients the drug had to be stopped. One patient developed Hypertension, but continued the drug with anti hypertensive therapy. One patient developed transaminits and the drug had to be stopped. One patient developed 11 kgs weight loss in 1.5 months and the drug had to be stopped. One patient developed alopecia owing to which the drug had to be stopped. Thus, out of 40 patients, 36 reported for followup. Adverse effects were noted in 11 patients. However, the drug had to be discontinued in seven patients. The largest follow up has been more than 1.5 years in three patients. The response has been good. To conclude, Leflunomide is a useful drug in treatment of RA, but we must be aware of its adverse effects like skin rash, oral ulcers, diarrhea, transminitis, alopecia, weight loss, hypertension and others.

29. Clinical Response to Injection Methyl Prednisolone in Rheumatoid Arthritis

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Patients of rheumatoid arthritis (RA) with active disease respond well to steroids. Injection Methyl Prednisolone (Depot preparation) is effective in the management of RA especially as a bridge therapy before DMARD’s begin to act. This study was undertaken between May 2002 to May 2004 to study the efficacy of this drug in our patients. Patients with active RA were included. Patients with at least 4 or more inflammed joints were given injection Methyl Prednisolone Acetate 80 mg IM weekly for four weeks. DMARDS singly or in combination were started at the same time. The duration of illness prior to diagnosis of RA ranged from 3 to 18 months. Clinical examination, routine haematological, biochemical parameters were done at baseline and four weeks later and chest X-ray PA view done prior to starting steroids. The patients were followed up after four weeks and the response assessed in terms of percentage improvement. The patients and Physician’s assessment were added up and divided by two to ascertain mean. Twenty four patients were included, 19 of these returned for follow up after four weeks. Of these 19, 15 were females and 4 males. The age ranged from 21 to 65 years (mean age - 46.9 years). However, one patient developed pulmonary TB. Steroids were stopped in this patient. The response in 18 patients after four doses ranged from 20% to 100% improvement. Mean improvement was 62.7%. Number of patients with improvement ≤ 20% was 2/18 (11.1%). Improvement >20% but ≤ 40% was seen in 3/18 (16.6%). Improvement > 40% but ≤ 60% was seen in 4/18 (22.2%). Improvement >60% but ≤ 80% was there in 3/18 (16.6%). Improvement > 80% but ≤ 100% was there in 6/18 (33.3%). It is evident that response to steroids varied from good to excellent and nearly 1/3rd patients had more than 80% improvement. However, one patient developed pulmonary TB within four weeks of starting steroids and this is a matter of concern in our country which has high prevalence of TB.

*Adjudged Best Papers and got an award of Rs. 1000/- each from Chairman Scientific Committee, Diamond APICON 2005.