

MEMO

Mar 22nd, 2015

Korean Neurological Association

Management of arthritis

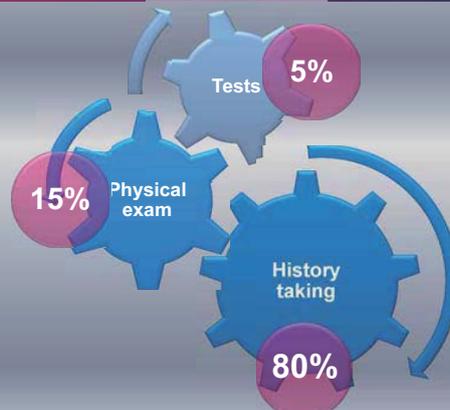
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Chungnam National University Hospital

Chungnam National University Hospital



Information from which we diagnose

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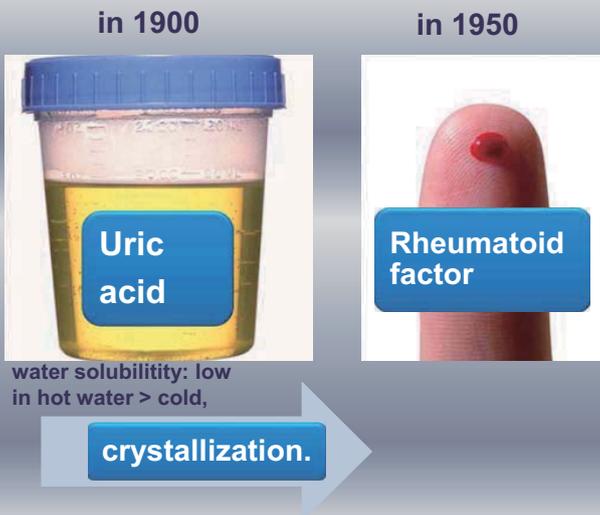
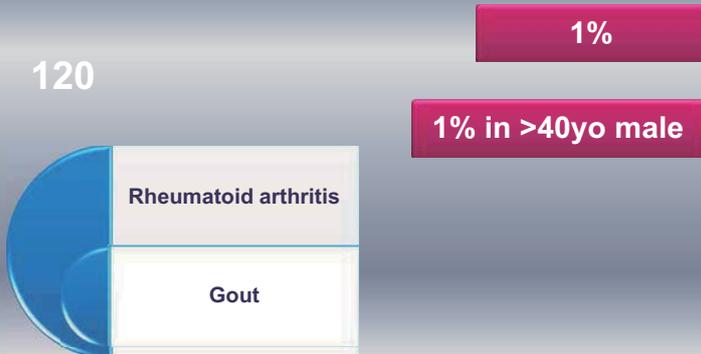
ssc@eulji.ac.kr

Classification criteria

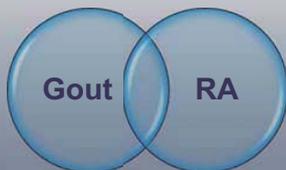
	History	Physical exam	Laboratory Test
RA	1	5	4
SLE	1	5	6
SpA	1	1	1

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M/C chronic inflammatory arthritis



Pain on toes



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1987 ACR classification criteria for RA

- 1) 3군데 이상의 관절염
- 2) 수부관절의 관절염
- 3) 조조강직(아침에 관절이 뻣뻣함)
- 4) 좌우 대칭성 관절염
- 5) 혈청 류마티스인자 양성
- 6) 피하 결절
- 7) X선상의 특징적 변화

2010 Revised classification criteria

	Score
Target population (Who should be tested?): Patients who	
1) have at least 1 joint with definite clinical synovitis (swelling)*	
2) with the synovitis not better explained by another disease†	
Classification criteria for RA (score-based algorithm: add score of categories A-D; a score of ≥6/10 is needed for classification of a patient as having definite RA)‡	
A. Joint involvement§	
1 large joint¶	0
2–10 large joints	1
1–3 small joints (w/o large joints)	2
4–10 small joints	3
>10 joints (at least 1 small joint)††	5
B. Serology (at least 1 test result is needed for classification)‡‡	
Negative RF and negative ACPA	0
Low-positive RF or low-positive ACPA	2
High-positive RF or high-positive ACPA	3
C. Acute-phase reactants (at least 1 test result is needed for classification)§§	
Normal CRP and normal ESR ¶¶	0
Abnormal CRP or normal ESR ¶¶	1
D. Duration of symptoms¶¶¶	
<6 weeks	0
≥6 weeks	1

Deletion of Hand involvement

Mono

Poly

Gout

RA

Infection

OA

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Gout

polyarticular

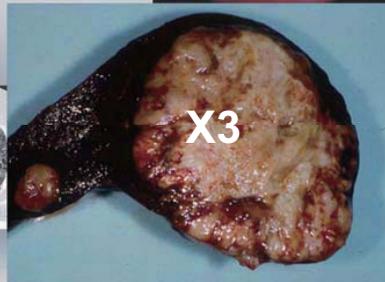
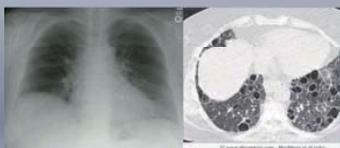
Male

39%

Female

63%

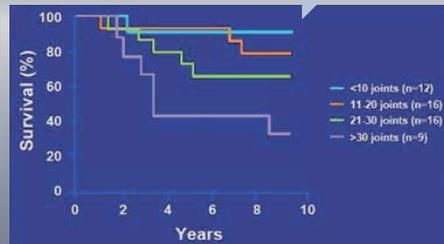
Extra-articular manifestation of RA



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It has nothing to do with death?

CV risk



What makes UA high?

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Billions cells are dying everyday

T cell

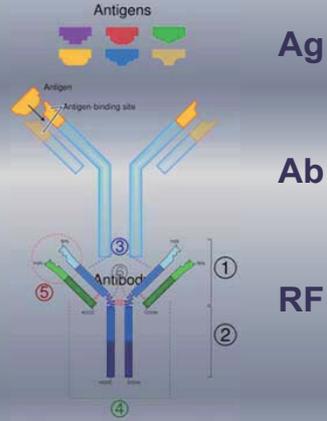
diet

Comorbidities of gout

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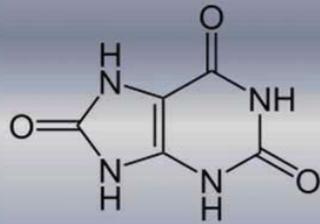


Rheumatoid factor



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Potent anti-oxidant



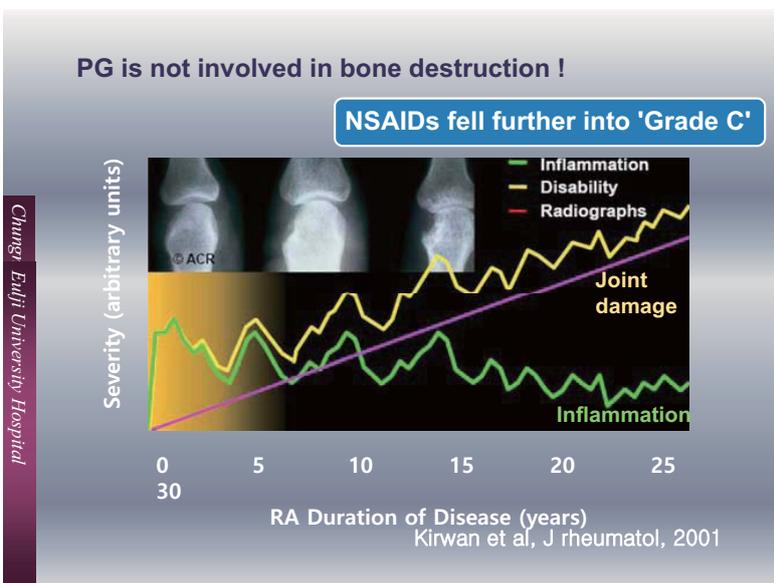
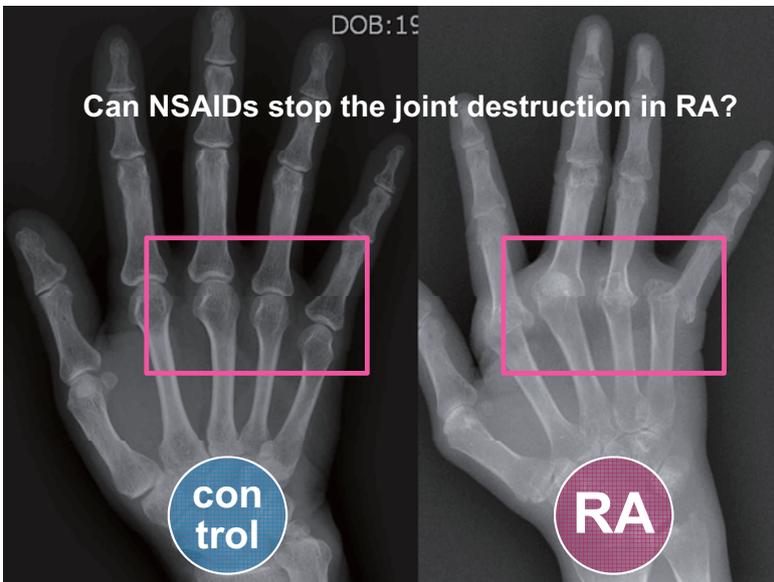
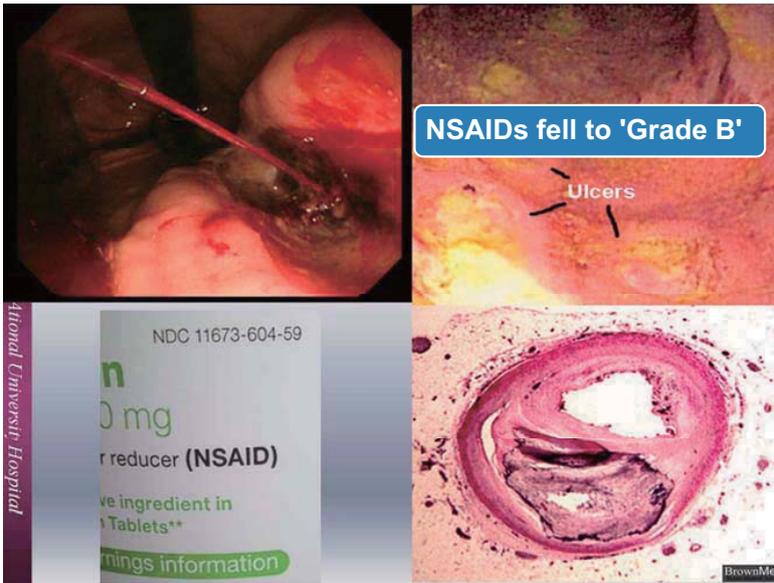
Uricase



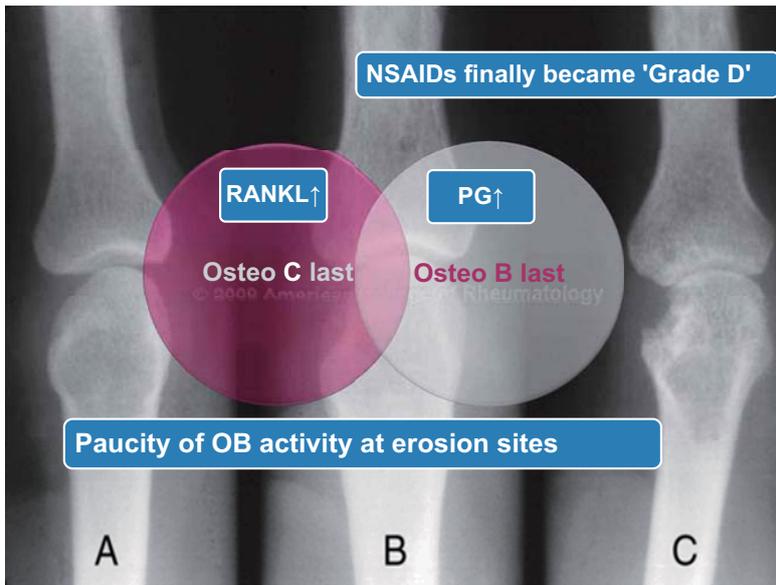
Allantoin

What should we treat?

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Glucocorticoids

(a) Steroid skeleton

(b) Cholesterol

The Nobel Prize in Physiology or Medicine

Can not stop joint destruction

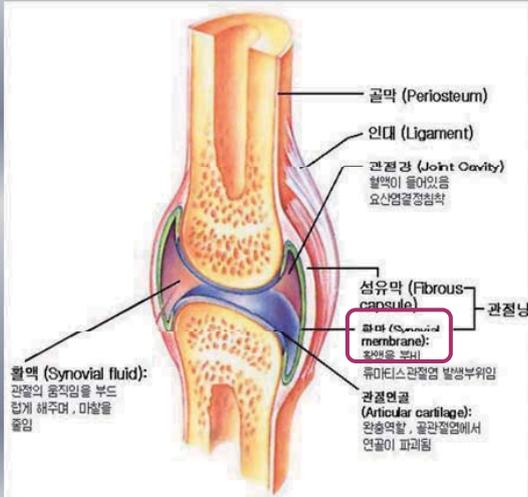
Edward Calvin Kendall Tadeus Reichstein Philip Showalter Hench

Then, how can we

the disease progression?

DMARD

Basic structure of joint

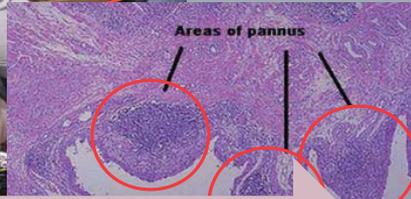


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Does obesity cause the arthritis?



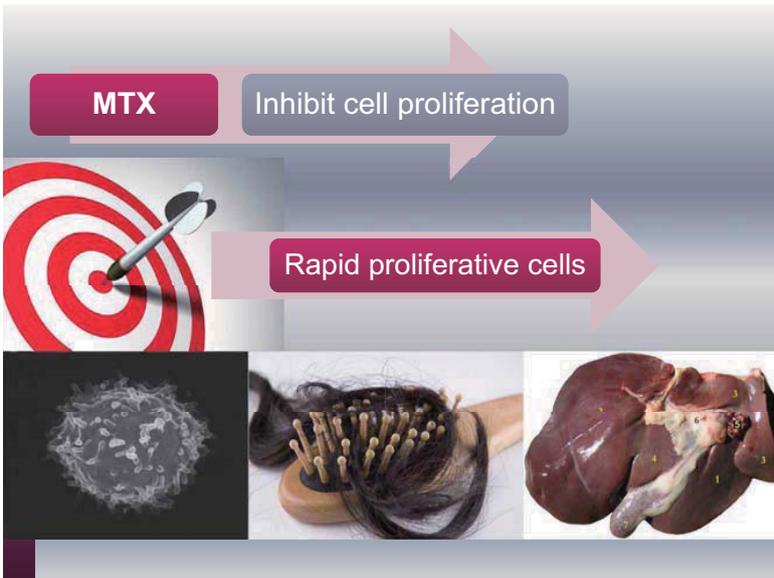
Pannus



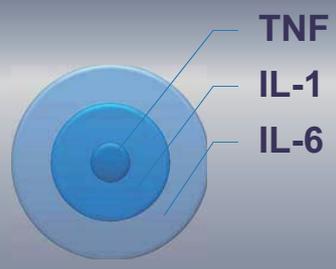
MTX

Inhibit DNA synthesis

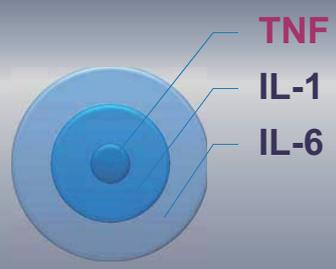
Inhibit cell proliferation



Cytokines are key mediators



Cytokines are key mediators



Guideline for RA treatment



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A vertical column of 25 horizontal lines for taking notes.

Window

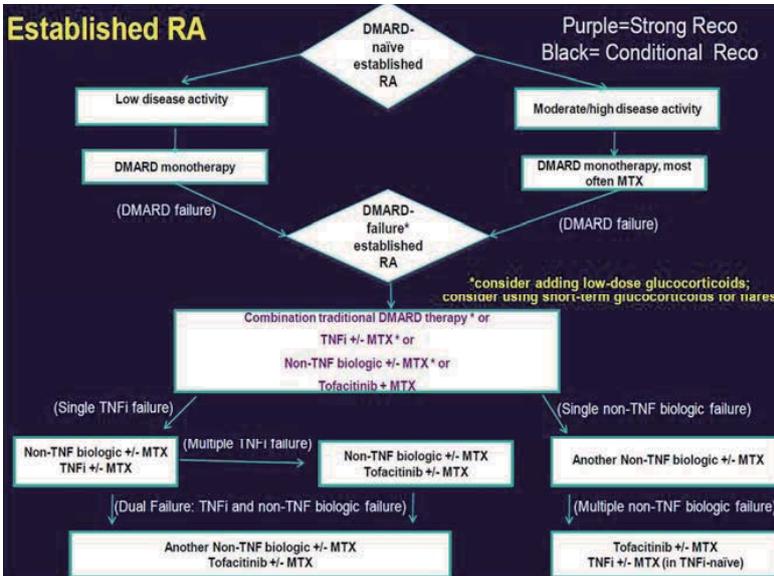
of

opportunity

?

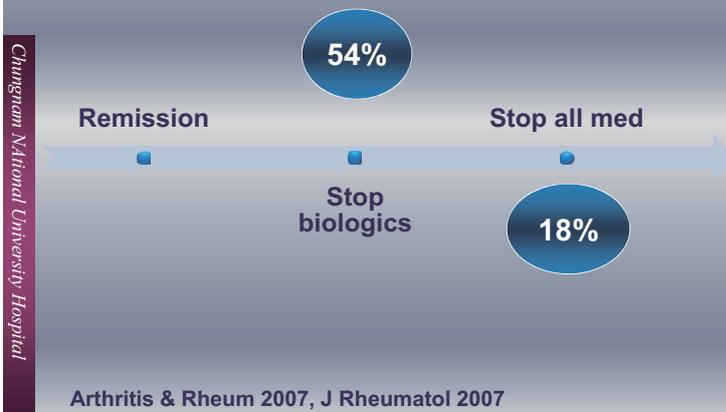
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2015 Recommendations for the Treatment of RA



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The outcome of using biologics in RA?

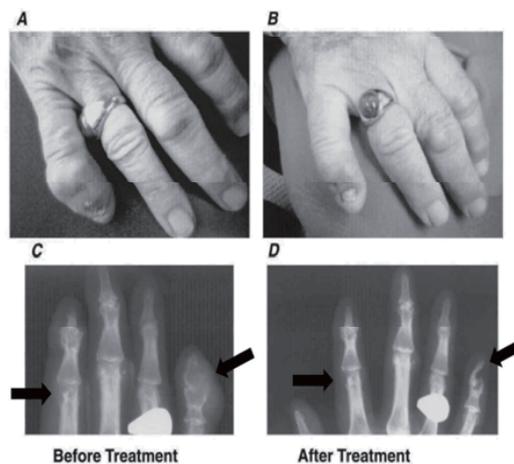


Management of Gout



Pegloticase 치료 12주 후에 통풍결절의 변화

- ▶ 남자 70세
- ▶ 25년간의 통풍 병력
- ▶ 혈중 요산: 9.2mg/dl
- ▶ 년간 20회의 통증 발작
- ▶ 8mg씩 6회 주사, 2주 간격
- ▶ 첫번째 주사 24시간내에
- ▶ Urate <0.1mg/dl



(Arthritis Rheum 2008;58:3632-4)

