



Debate: Should eponyms be banned ?

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## Debate : Should EPONYMS be banned ? Prakash Pispati



### Common Eponyms in Rheumatology

**W**hat is an EPONYM ? The Oxford Dictionary defines it as, "A person after whom a discovery, invention, place etc. is named or thought to be named", presumably for a positive contribution in the relevant endeavor. In Medicine there are over 15,000 eponyms galore. Rheumatology has it's own fair share of eponyms, **VOA** captures a few :



- Behcet's syndrome
- Caplan syndrome
- Charcot's joints
- Churg-Strauss Syndrome
- Cogan's syndrome
- Cretin's disease
- DeQuervain's tenosynovitis
- Dupuy-tren's contracture
- Farber's disease
- Felty's syndrome
- Francoise syndrome
- Gaucher's disease
- Handigodu syndrome
- Heberden's nodes
- Henoch-Schonlein purpura
- Hoffa's disease
- Hughes' Syndrome (Antiphospholipid syndrome)
- Jaccoud's syndrome
- Kashin-Beck disease
- Kawasaki disease
- Leri's pleonosteosis
- Libman Sachs endocarditis
- Lyme arthritis
- Lofgren syndrome
- Morton's Metatarsalgia
- Osgood-Schlatter's disease
- Osier's nodes
- Paget's disease
- Pott's disease
- Reiter's disease
- Sever's disease
- Sjogren's syndrome
- Still's disease
- Sudeck's atrophy
- Sweet's syndrome

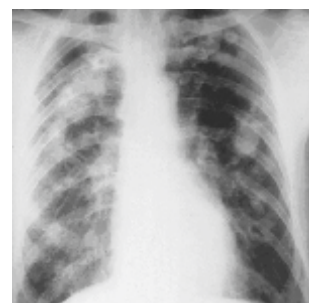
### Behçet's disease

1922: Turkish dermatologist and scientist Hulusi Behçet (1889–1948) first recognized the three main symptoms of the syndrome in one of his patients in 1924 and reported his research on the disease in Journal of Skin and Venereal Diseases in 1936



### Caplan's syndrome

1953: Anthony Caplan, of Cardiff, UK first described in coal miners with pulmonary fibrosis with joint involvement. It is a combination of rheumatoid arthritis (RA) and pneumoconiosis that manifests as intrapulmonary nodules, which appear homogenous and well-defined on chest X-ray. There is probably also genetic predisposition, and smoking is thought to be an aggravating factor



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# From the Editor's Desk



E-in-C

## What's in a name?

**E**PONYMS, are they justified in today's world of Medicine rapido ? Medicine is as ancient as mankind, the quest to live as long and healthy as possible is the main driving compulsion of any human, why not ? Thus from 'nature cure' to what we boast of today's, 'Medical Science' is long drawn with twists and turns of history, of roads travelled and unexplored, criss crossed with cross roads, speed breakers, bumps and craters ... yet with *milestones* to remember.

Those with passion went beyond the routine humdrum and took the trouble to document their observations, at times imperfect but generally with astute clinical acumen, surely good enough for others to take notice of, follow and improve upon ... few such doctors became famous even legendary and remembered with reverence well passed centuries eg. Hippocrates, and over time such respectable names as Heberden, Osler, Raynaud.... A few may have sought fame via eponyms; but isn't a little vanity ingrained in human nature ?

History can be kind and ruthless. Some names withstand the march of time, some evaporate. Currently we witness this debate on *should eponyms in Medicine continue to exist or extinguished ?*

Pros	Cons
A given name can sum it all	One man observation, not peer reviewed with maze of references / statistical tools.
Easy to remember	May be inadequate, imperfect
Inspirational....solo <i>Eminence Based Medicine</i>	No acknowledgment of colleagues / prior work <i>Evidence Based Medicine</i>
Observations surely reproducible	More for vanity than pure science
Simplicity the hallmark	Different eponyms in different countries (synonyms) to confuse
Reflect ethos of Clinical Medicine supremacy	Dominance of laboratory / statistical tools

- 2000... "Wegener's granulomatosis as an important contribution to rheumatology and was instrumental in gaining acceptance of cytotoxic therapy for certain nonneoplastic diseases" ... 'Review: History of Idiopathic Vasculitis... Arthritis Care & Research', by Eric L. Matteson in
- Review Article on 'Notes on the History of Eponymic Idiopathic Vasculitis: The Diseases of Henoch and Schönlein, Wegener, Churg and Strauss, Horton, Takayasu, Behcet, and Kawasaki' ...
- 2007... "Should eponyms be abandoned ? Yes" ... Alexander Woywodt and Eric Matteson in *BMJ*. 2007 Sep 1;335(7617):424
- Eventually the eponym Wegener's granulomatosis is officially abandoned and replaced by 'Granulomatosis with Polyangiitis'.

*Why the change ?* Because Friedrich Wegener was a Nazi and sought as a 'war criminal'.

My humble submission ... Be that as it may, those who wish to purge eponyms in Medicine may well coin descriptive labels to speak and write with clarity overcoming confusion and apprehension in patients ... *short even if not so sweet!* Only time will tell if historical Eponyms will be buried in the archives, or perpetuated forever. Honestly, I don't have the courage to banish Heberden or Raynaud

.... Do you ?



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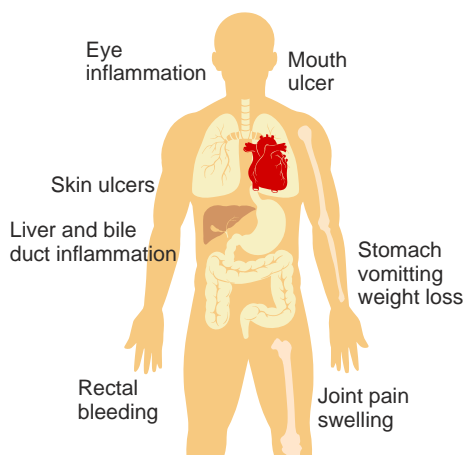
Churg-Strauss syndrome

1951: Jacob Churg and Lotte Strauss from US described "allergic granulomatosis", reported "fever...hypereosinophilia, symptoms of cardiac failure, renal damage, and peripheral neuropathy, resulting from vascular embarrassment in various systems of organs. Three features which distinguished their patients from other patients with periarteritis nodosa but without asthma: necrotizing vasculitis, tissue eosinophilia, and extravascular granuloma.



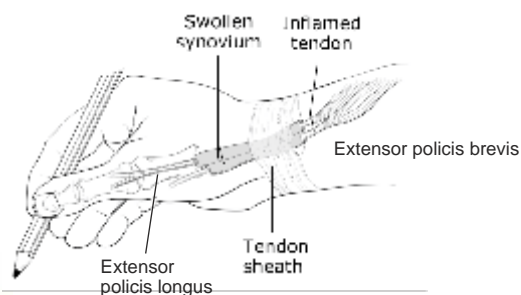
Crohn's disease

1913: Multi authors from Scotland Poland and NewYork described 14 patients of describe "Terminal ileitis" in another serises regional ileitis a pathologic and clinical entity In alphabetical order Crohn's name appeared first.



De quervain's tenosynovitis

1895: Swiss surgeon Fritz de Quervain first identified it. It should not be confused with de Quervain's thyroiditis, Dupuytren's contracture another condition named after the same person.



Felty's syndrome

1924: Augustus Roi Felty, from Johns Hopkins Hospital described 5 patients of chronic arthritis, splenomegaly, and leucopenia. Published in the Johns Hopkins Hospital Bulletin. The eponym Felty's syndrome was established by Hanrahan and Miller when they described the next case in the Journal of the American Medical Association in 1932.



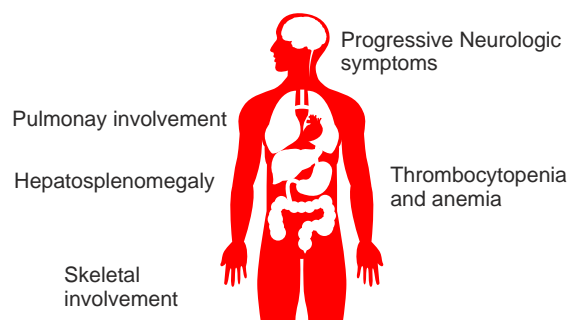
RA



Splenomegaly

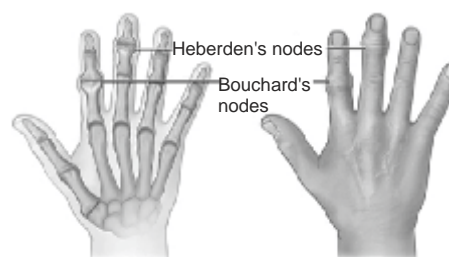
Gaucher's disease

1882: Philippe Gaucher, French dermatologist described it in 1902, its mode of inheritance was discovered by Nathan Brill.[3] The neuronal damage associated with the disease was discovered in the 1920s, and the biochemical basis for the disease was elucidated in the 1960s by Roscoe Brady. The first effective treatment for the disease, the drug alglucerase (Ceredase), was approved by the FDA in April 1991. An improved drug, imiglucerase(Cerezyme), was approved by the FDA in May 1994 and has replaced the use of Ceredase.



Heberden's nodes

1710-1801: William Heberden(UK)...Nodes more common in women than men, affecting DIP joints as against Bouchard's nodes affecting PIP joints



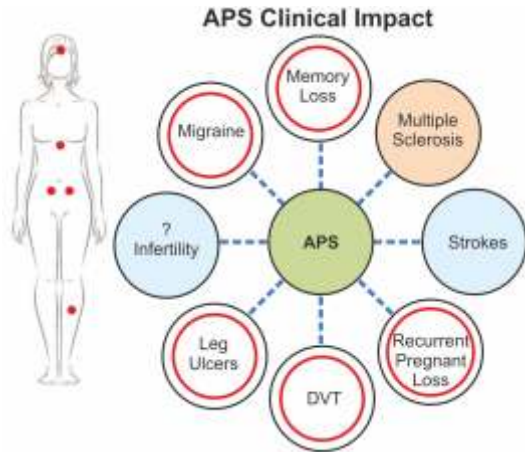
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**Hughes' Syndrome** (Antiphospholipid Syndrome)

1983: Nigel Harris, Azziz Gharavi et al of the team headed by Graham R V Hughes (London). elucidated this well recognised APS impacting Rheumatology, Hematology, Neurology and Obstetrics.



**Henoch-Schonlein Purpura**

1860: Edouard Henoch, German pediatrician and his teacher Johann Schönlein described purpura with arthritis.. although William Herberden, Robert Willian had described it earlier and William Osler was the first to recognise the underlying allergic mechanism of HSP



**Jaccoud's syndrome**

1867: Sigismond Jaccoud (Swiss) documented chronic non erosive joint disorder following repeated episodes of rheumatic fever also SLE.



**Poncet's disease**

1897: Antonin Poncet, French surgeon, described Reactive arthritis (ReA) in tuberculosis (TB) frequently mimicking seronegative rheumatoid arthritis ... not uncommon in India.



**Pott's disease**

1782: Tuberculosis of the spine was well known even to Hippocrates. Percivall Pott english surgeon gave a very good description of the disease and corrected some errors. lower thoracic and upper lumbar vertebrae are the areas of the spine most often affected. The formal name for the disease is tuberculous spondylitis and it is most commonly localized in the thoracic portion of the spine.



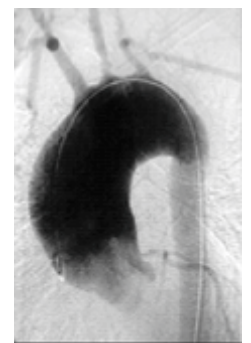
**Still's disease**

1897: Sir George Frederick Still, at Cambridge compiled 22 cases, of which he personally examined 19 children with a special form of progressing arthritis. He published his results in his now almost classical paper "On a form of chronic joint disease in Children", published in 1897. This was also the main theme of his 1896 M.D. thesis at Cambridge: He worked at Childrens Hospital, Great Almond Street, London.



**Takayasu's disease**

1908: Mikito Takayasu ophthalmologist from Japan described a peculiar "wreathlike" appearance of the blood vessels in the back of the eye (retina). Two Japanese physicians at the same meeting (Drs. Onishi and Kagoshima) reported similar eye findings in individuals whose wrist pulses were absent. It is now known that the blood vessel malformations that occur in the retina are an angiogenic response to the arterial narrowings in the neck and that the absence of pulses noted in some people occurs because of narrowings of the blood vessels to the arms.



Dear VOA reader, description above is certainly not comprehensive but for a quick recap. You are welcome to send your cases on these or other eponyms.

Prakash Pispati  
E-n-C, VOA

## By the way...

## Acronyms in Rheumatology

Acronyms are inevitable. Here is a list approved by the editors of the principal journals in the field of Rheumatology. It originally appeared in the November 1998 issue of *Arthritis and Rheumatism* (vol. 41, no. 11, pp. 1901-5) ... updated in 2010.

Acronyms are short... the list is long.

1,25(OH) <sub>2</sub> D <sub>3</sub>	1,25-dihydroxyvitamin D <sub>3</sub>
25(OH)D <sub>3</sub>	25-hydroxyvitamin D <sub>3</sub>
1m	1-microglobulin
2M	2-macroglobulin
2PI	2-plasmin inhibitor
ACA	anti-centromere antibodies
aCL	anti-cardiolipin antibodies
acLE	acute cutaneous lupus erythematosus
ACPA	anti-citrullinated protein antibodies
ACR	American College of Rheumatology
AECA	anti-endothelial cell antibodies
AF	Arthritis Foundation
AIDS	acquired immunodeficiency virus
AIMS	Arthritis Impact Measurement Scales
ALP	alkaline phosphatase
AMA	anti-mitochondrial antibodies
ANA	anti-nuclear antibodies
ANCA	anti-neutrophil cytoplasmic antibodies
aPL	anti-phospholipid antibodies
APL	IgA anti-phospholipid antibodies
APS	anti-phospholipid syndrome
aPS-PT	anti-phosphatidylserine-prothrombin antibodies
aPT	anti-prothrombin antibodies
aPTT	activated partial thromboplastin time
ARA	American Rheumatism Association
ARAMIS	Arthritis, Rheumatism and Aging Medical Information System
ARDS	adult respiratory distress syndrome
ARF	acute rheumatic fever
AS	ankylosing spondylitis
ASA	acetylsalicylic acid
ASMA	anti-smooth muscle antibodies
AZA	azathioprine
BASDI	Bath Ankylosing Spondylitis Disease Activity Index
BASFI	Bath Ankylosing Spondylitis Functional Index
BAS-G	Bath Ankylosing Spondylitis Patient Global Score
BASMI	Bath Ankylosing Spondylitis Metrology Index
BASRI	Bath Ankylosing Spondylitis Radiology Index
BILAG	British Isles Lupus Assessment Group
BMC	bone mineral content
BMD	bone mineral density
BMI	body mass index
BMP	bone morphogenic protein
BSA	bovine serum albumin

BVAS	Birmingham Vasculitis Activity Score
cANCA	cytoplasmic ANCA
CCP	cyclic citrullinated peptide
cdcLE	chronic diffuse cutaneous lupus erythematosus
cDNA	complementary DNA
CIA	collagen-induced arthritis
CIC	circulating immune complex
CIE	counterimmunoelectrophoresis
CMC joint	carpometacarpal joint
CMV	cytomegalovirus
CNS	central nervous system
CNS lupus	central nervous system lupus
COMP	cartilage oligomeric matrix protein
CPDD	calcium pyrophosphate deposition disease
cpm	counts per minute
CPPD	calcium pyrophosphate dihydrate
CREST	calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, telangiectasias
cRNA	chromosomal RNA
CRP	C-reactive protein
ChSu	chondroitin sulfate
CS	corticosteroid
CSA	cyclosporin A
CSSRD	Cooperative Systematic Studies of the Rheumatic Diseases (group)
CT	computed tomography
CTD	connective tissue disease
CTG	cathepsin G
CTS	carpal tunnel syndrome
CVB	coxsackievirus B
CYC	cyclophosphamide
DRVVT	dilute Russell viper venom time
DAS	disease activity score
dcSSc	diffuse cutaneous systemic sclerosis
dDNA	denatured DNA
D-Pen	D-penicillamine
DHEA	dehydroepiandrosterone
DHEAS	dehydroepiandrosterone sulfate
DIF	direct immunofluorescence
DIP joint	distal interphalangeal joint
DISH	diffuse idiopathic skeletal hyperostosis
DLE	discoid lupus erythematosus
DM	dermatomyositis
DMARD	disease-modifying antirheumatic drugs
DMEM	Dulbecco's modified Eagle's medium
DNA	deoxyribonucleic acid
DPA	dual-photon absorptiometry

This list of acronyms covers **A - D**. For the rest please check it out: *Clin Exp Rheumatol* 2010; 28;1

**Acronyms... The long and short of it !**

Prakash Pispati  
E-n-C VOA





## The 30th Anniversary of the Hong Kong Society of Rheumatology

The Hong Kong Society of Rheumatology (HKSR) celebrates its 30th anniversary this year. The society aims to promote interest in the rheumatic diseases and establish standards of care in Hong Kong. Founded in 1988, it began as a small interest group of 5 doctors, and has grown into a society with a membership of 248 in 2017.

1999 for rheumatologists in the mainland, Taiwan and Hong Kong. In 2006, we organized the Asia Autoimmunity Forum, and in 2010 we hosted the 14th APLAR Congress for the first time.

Locally, the HKSR hosts various scientific meetings and monthly inter-hospital meetings.



*Musculoskeletal ultrasound course, 2017*

Members include rheumatologists, family physicians, private practitioners, speciality nurses and allied health care professionals.

Throughout the years, the society has contributed much to the development of the specialty of rheumatology in Hong Kong as well as in regional areas. The HKSR joined the South East Asian League Against Rheumatism (SEPAL) -- the former name of the Asian Pacific League of Associations for Rheumatology (APLAR) in 1998, the same year of its premiere scientific meeting -- the Pre-SEPAL scientific meeting. Since 1989, the HKSR has attached great importance to collaborations with rheumatology associations in China, and have hosted various exchange meetings. In 1997, a close relationship with the Guangdong Rheumatology Association lead to the regular Huaxia Congress on the Diagnosis and Management of Rheumatic Disease in

Different special interest groups (SIG) have been set up to enhance rheumatology skills and develop recommendations for management. Its official journal, the Hong Kong Bulletin on Rheumatic Diseases, has become an important platform for knowledge and information for regional rheumatologists. This biannual publication has started on-line publishing since 2016, and now includes original articles, review papers, case reports, local consensus guidelines and a biologics registry in Hong Kong.

The HKSR also supports rheumatology patients by organising seminars, promoting charity fundraising events, and producing educational materials. It closely networks with the Hong Kong Arthritis and Rheumatism Foundation, the Hong Kong Community Rehabilitation Network, and rheumatology patient self-help groups.

The HKSR is a strong advocate for academic

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## Pakistan Society for Rheumatology: 22nd Annual International Conference, Lahore, April 2018

The conference theme “*Rheumatology beyond Borders*”, takes inspiration from “*Mede'cins Sans Frontie'res*”, known internationally as ‘Doctors without Borders’,

In the spirit of Dr. Kouchner who had travelled from Paris to Nigeria with 50 physicians, to provide medical

audience was explained in detail: how to do quality bone densitometry, the pitfalls in DXA interpretation, which site(s) to request, why & when to do VFA along with utility of bone turn over markers.

The Post graduate course on adult rheumatology was opened by the, 'Founding Father of Rheumatology,



Standing (L to R): Dr. Choon, Dr. Sockalingham, Dr. D'cruz, Dr. Lau, Mr. Rehman, Mr. Hassan, Dr. Handa, Dr. Khan, Ms. Rehman, Dr. Madhu Handa, Dr. Margery, Dr. Bhavna Khan, Dr. Salman, Dr.T. Kristian, Dr. Pispati, Mrs. Kristian, Dr. Rogalski, Dr. Lateef, Dr. Hameed  
Sitting (L to R): Dr Hasni, Dr. Haroon, Dr. Saeed, Dr. Haq, Dr. Farman, Dr. Khan, Dr. Pande, Dr. Mir, Dr. Latief, Dr. Sager, Dr. Axford

care, the Pakistan Society for Rheumatology was founded in 1995 by a handful of Rheumatologists who had returned home from UK & USA, with the vision to provide patient care, education and research in the field of Rheumatology. Since then it has held annual conferences with international speakers and participants from every corner of Pakistan.

The recent 22nd Conference was held from 6-8th April 2018 in the vibrant city of Lahore, and included public awareness program, pre-conference pediatric and adult rheumatology courses, MSK ultrasound & osteoporosis workshops, eight scientific sessions with twenty four international speakers and almost five hundred registered participants.

Dr. Betina Rogalski, Specialist in General Pediatrics and Pediatric Rheumatology from Germany gave a marathon session of 3 hours on Pediatric Rheumatology.

The Basic MSK USG workshop headed by Dr. Khalid Latief, Consultant Radiologist from Nottingham University Hospital UK was a huge success with the fellows in training of rheumatology as it gave them the rare opportunity of getting hands-on training with the experts.

The osteoporosis workshop was headed by Dr. Ira Pande from Nottingham UK. The

Leader Rheumatology India', Dr Prakash Pispati who made a dramatic entrance in the back drop of 'JAI HO' and won the heart of the audience especially family physicians with his talks on; '*Confessions of a rheumatologist*' and '*Clinical approach to arthritis without a single lab test*'.

This was followed by talks from renowned scholars from across the world. The highlights of only a few have been mentioned below:

The pioneer of rheumatology in Pakistan, Prof. Dr. Terence Gibson from Guys Hospital, London, UK outlined in his talk; "*The basis of hyperuricemia and gout*," presentation, biochemistry, the kidneys role in cause and effect, the formation of crystals, the variability of the clinical disease of gout.

Prof. Emeritus Muhammad Asim Khan, winner of Lifetime of Dedication and Devotion to People with Spondylitis award, enriched the audience with his expertise on *Enthesitis related arthritis and role of Secukinumab in Psoriatic arthritis IL-17/IL-23 axis for AS/Psoriasis*.

Professor Sami Salman from Baghdad Medical University, Iraq, gave an in-depth insight into the clinical picture and management of *Behcet's disease*

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## Sri Lanka

The College of Specialists in Rheumatology and Rehabilitation-Sri Lanka (CSRRSL) is the national body for rheumatology services in the country. In Sri Lanka, healthcare is delivered through government and private providers. At the end of 2017, total number of consultant rheumatologists in the government health services was 29 and in the Universities and private sector it is 3 and 10 respectively. There are 28 in specialty training in Rheumatology.



Website of CSRRSL

This is under construction and will be available soon.

Annual Scientific Sessions, CSRRSL-ASS 2018

This is the major academic event of CSRRSL and scheduled to be held in 24th and 25th November, 2018. This year CSRRSL-ASS will be a joint meeting with British Society of Rheumatologists (BSR). Program will be published shortly. Five experts in the field of rheumatology from UK will be contributing at ASS.

ILAR project 2017

The project proposal titled "Towards uniform record keeping and uniform clinical practice in rheumatology clinics in Sri Lanka" by *Dr. Kalum Deshapriya*, Consultant Rheumatologist, had been selected as a recipient of ILAR (International League of Associations for Rheumatology) project funding for 2017. This is the first time Sri Lanka has selected for this grant. Project has been completed and new record keeping system is being introduced to all clinics in the country.



Biologics Register

CSRRSL has developed an online software for collecting data of patients registered for biologics in rheumatological diseases. This has been introduced to all clinics in the country and is at its initial testing period.

- CME meetings
- Monthly CME program

This is held in National Hospital of Sri Lanka. This is attended by trainees in medicine and rheumatology, consultants in the field of medicine. The presentations are by senior registrars and rheumatologists and comprised of a case based discussion and a journal club.

Regional CME program

Quarterly regional CME program is another regular event conducted by the College. This is mainly aimed at disseminating knowledge in rheumatology among medical officers serving in different parts of the country including, consultants and medical officers serving in hospitals and general practitioners.

Dr. Kalum Deshapriya

President

College of Specialists in Rheumatology and Rehabilitation (CSRRSL)  
Sri Lanka

*(continued from... Page 6 ... Hong Kong Society)*

research. A project fund was set up in 2013 to support local research projects. Throughout the years, our members have contributed much to academic pursuits in systemic lupus erythematosus, rheumatoid arthritis, psoriatic arthritis, spondyloarthritis, and myositis. Current research topics of our members include lupus low disease activity state (LLDAS), atherosclerosis in rheumatic diseases, applications of high resolution peripheral quantitative CT (HR-pQCT) scan in rheumatic diseases, biomarkers and MRI for diagnosis and monitoring in spondyloarthritis, and myositis associated auto-antibodies in Hong Kong.

Looking towards the future, the HKSR will continue to assume the responsibility of a leading organisation for rheumatology education and development, not only in Hong Kong but also in the Asia-pacific region.

Professor Chung Ho-yin  
Hong Kong University



Council members of the Hong Kong Society of Rheumatology, 2018



## The Tajik Rheumatology Society

### APLAR'S Extensive Course (June 2018) Dushanbe, TAJIKISTAN

News and modern rheumatology approaches, diseases mechanisms, epidemiology, clinical manifestation and treatment were considered during the course. Role of comorbidity in rheumatic diseases, inflammatory and immunologic issues as well as endemic rheumatic diseases were discussed.

Themes:

1. Comorbid disorders in rheumatic diseases;
2. Joint syndrome epidemiology in the Republic of Tajikistan;
3. Behcet's disease modern diagnostic and treatment approaches;
4. Chronic rheumatic heart disease;
5. Approaches of population screening for rheumatic diseases in low-income countries,
6. Pediatric rheumatology challenges, news and results.
7. Innovative treatment approaches for autoimmune rheumatic diseases.
8. Osteoporosis in rheumatic patients on treatment



The course hosted international speakers from India, Japan, Kazakhstan, Kyrgyzstan Russian Federation and Singapore. Speakers are highly qualified and have a great expertise in rheumatology field. Many of them are interested in modern view on epidemiology, pathogenesis, diagnostic mechanisms and treatment of rheumatic diseases, as well as rheumatology system management and intervention to the healthcare systems.

- Professor DEDYKINA Irina (Russian Federation)
- Professor GOIBOV Amonullo (Tajikistan)
- DR. Goloviznin Mark (Russian Federation)
- Professor HAQ Syed Atiqul (Bangladesh)- "Initial treatment of lupus nephritis", "Emerging therapies in SLE"
- Dr. KHAMROEVA Zumrad (Tajikistan)
- Professor MIRODJEV Giyosiddin (Tajikistan)
- Professor NASONOV Evgeniy (Russian Federation)
- Prof. NAKAJIMA Toshi (Japan)-

"What's Rheumatoid synovial cells tell us: apoptosis"

- Dr. Omurzakova Nazgul (Kyrgyzstan) - "Synoviolin and rheumatic fever in Kyrgyz Republic"
- Professor PIHLAK Andrey (Russian Federation)
- Professor PILE Kevin (Australia) - "Traditional DMARDs in RA"
- Dr. PISPATI Prakash (India)- "HLA B27, the Sacroiliac Joint and Spondyloarthropathies", "Clinical approach to a rheumatic patient"
- Professor SHUKUROVA Surayo (President Tajikistan Rheumatology Society)



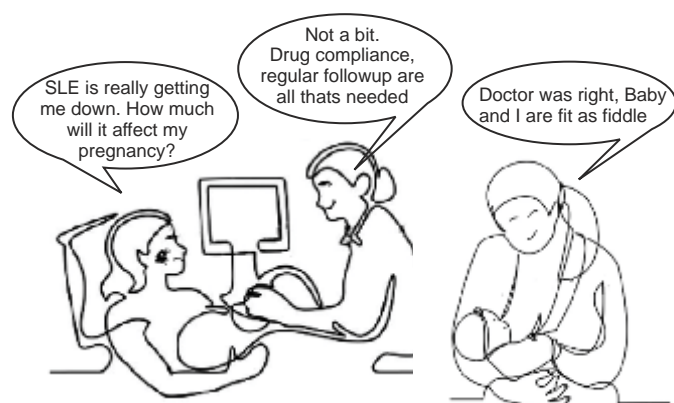
Aims of the Workshop: *Admirably fulfilled*

- Educate rheumatologists and practitioners from different fields
- Spread innovative approaches in treatment of rheumatic diseases
- Establish scientific connections among participants
- Discuss the prevalence of rheumatic diseases in low-income countries
- Introduce and promote APLAR in the Central Asian region

Lay a foundation for the long lasting relationship between Tajik Rheumatology Society and international practitioners

Professor Surayo M Shukurova  
President, The Tajik Rheumatology Society  
Dr Zumrad Khamroeva  
Organising Secretary

### Off beat !!



Courtesy: Subramanian Nallasivan  
Yuva Vishalini Ravindran, Intern, Velammal, India

## Swim For Rheumatology! 2018 ... Singapore

Department of Rheumatology and Immunology, Singapore General Hospital is organising Swim for Rheumatology! 2018 on 15th September 2018. This is the second year the department has organized a swim event for public awareness and research fund-raising. Last year, 128 swimmers, ranged from 7 to 60 (age) swam a total 5,256 laps. With the generous support from our donors, the department has garnered over 240K SGD in total. Our aims of this year's event are:



1. Educate the public on the little-known Rheumatology diseases through talks on osteoarthritis and rheumatoid arthritis. The participants will also learn about the diet for gout. The public awareness forum also includes sharing of patient stories. Specially prepared educational booths about diseases and the roles of allied health professionals will also provide opportunity for the public to



learn about rheumatological diseases.

2. Raise funds to support Rheumatology research

All gross proceeds raised through the event will go towards the Reverie Rheumatology Research Fund (endowed) in support of research initiatives in five Rheumatological diseases - Systemic Lupus Erythematosus, Systemic Sclerosis, Osteoarthritis, Rheumatoid Arthritis and Spondyloarthritis. The research fund will be used to improve the lives of our patients by accelerating discoveries and uncover new cures

Dr Ng Chin Teck  
MBBCh, MRCP(UK), MD, FRCP(UK), FAMS(Rheumatology)  
Senior Consultant  
Department of Rheumatology and Immunology  
Singapore General Hospital



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in the era of biologics while explaining that not only silk was carried over the silk route.

Highlights of the main conference;

President elect APLAR, Prof. Syed Atiqul Haq from BSM medical University Dhaka reiterated the infectious etiologies of vasculitides and emphasized the need for accurate etiological diagnosis as inadvertent immunosuppressive treatment may lead to further deterioration.

Prof. Monika Østensen from Norwegian National Advisory Unit on Pregnancy and Rheumatic Diseases, St. Olavs Hospital - Trondheim University Hospital, Norway addressed gynecologists in addition to rheumatologists on managing patients with rheumatic diseases before, during and after pregnancy. She explained with latest literature review the safety of DMARDs in pregnancy and breastfeeding.

Prof. David D'Cruz, Head Louise Coote Lupus Unit, Guys and St Thomas' Hospital NHS Foundation Trust, London UK while explaining Catastrophic APLS highlighted that the role of direct oral anticoagulants to replace vitamin K antagonists such as warfarin remains unclear especially for patients with complex APS. He also discussed in detail an overview with clinical examples, of an approach to the diagnosis and management of

neurological manifestations of the autoimmune rheumatic diseases.

Prof. John Axford, Emeritus Professor of Clinical Rheumatology at St George's, University of London cautioned to always expect the unexpected with PMR in his talk, "Myalgia and all that."

Dr. Rohini Handa, Senior Consultant Rheumatologist at Apollo Indraprastha Hospitals, New Delhi, India crossed the Wagah border to give a ground breaking talk on, "Bio-similars: Name changers or game changers?"

Prof. Tore Kristian Kvien, Professor of Rheumatology at University of Oslo, Norway came from a skiing trip in the Alps to the heat of Lahore to give an excellent update on the management of osteoarthritis and early inflammatory arthritis.

Dr. Chak Sing Lau, Chair of Rheumatology and Clinical Immunology, The University of Hong Kong delivered a state of the art lecture on revised RA treatment recommendations and also reflected on the future of rheumatology in Asia.

Social events: The magnificent city of Lahore was in it its full glory with spring in the air, Cultural programs, arts & craft melas, musical programs and festive nights rounded off each day's busy schedule.

Dr. Saira Elaine Anwer Khan,  
MRCP, SCE (Rheumatology)  
Assistant Professor, Division of Rheumatology,  
Fatima Memorial Hospital, Lahore - Pakistan



// Dear friends and colleagues, Please come to Kaohsiung, Taiwan for the 20th APLAR Congress in 2018. We have prepared a rich program with exciting social events. Kaohsiung's sunshine and cuisine are just amazing. Make sure you will be there. //



cuisine are just amazing. Make sure you will be there. //

*Wen Chan Tsai*

Prof. Wen-Chan Tsai  
Secretary General of APLAR  
President of Taiwan Rheumatology Association



VOA  
Voice of APLAR  
presents

Session date: Friday 7 September  
Session time: 07:30-08:30 am  
Session name: Meet the expert  
Session room: 304A  
Presentation title:

**Expression and Impression:** How to, rather How NOT to Stage Scientific Presentation: Interactive, participative Golden Hour

Conductor

Dr Prakash Pispati, E-in-C, VOA

Kindly arrive by 7.15 am

Master APLAR, Hon. Member APLAR

Registration complimentary, email:

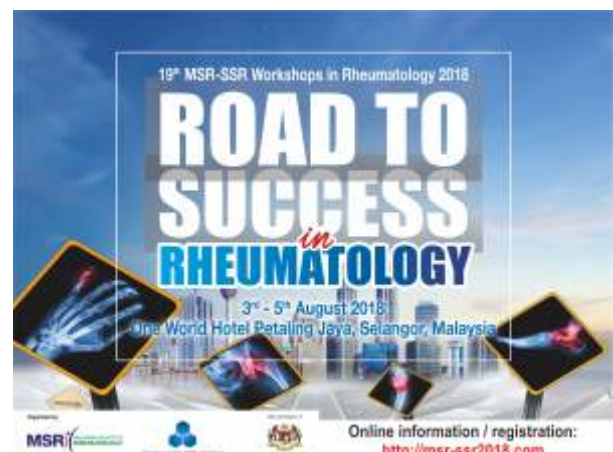
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[info@aplar2018.com](mailto:info@aplar2018.com)

Past President, APLAR, IRA

[prakashpispati@gmail.com](mailto:prakashpispati@gmail.com)

Malaysian Society for  
Rheumatology  
3-5 August 2018







**Registration details**

Category	Upto 30 <sup>th</sup> March	Upto 31 <sup>st</sup> August	Upto 31 <sup>st</sup> October	Spot
IRA Member	5000	6000	7500	12500
Non-IRA Member	6000	7000	9500	13000
Accompanying Person	4500	5500	7500	11000
P.G. Student	3000	3500	5000	8000
Foreign Delegate	\$150	\$200	\$250	\$300
IRA Senior	Free Registration for IRA Life members of 15 years standing and older than 65 years			

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