

Rapporteur Report (Hall B) – 24th Nov 2024

1) The AVN Dilemma: Conservative Management or Core Decompression

For conservative management

- Conservative treatment addresses the systemic nature and have a preventive role also
- Cost effective, minimal adverse events
- Further intervention can be done at any time if disease progresses
- Addresses some parallel concerns of underlying disease (osteoporosis, atherosclerosis, coagulopathy)
- There is scope for improvement(early detection, better preventive strategies)

For Core decompression

- In patients with stage 1 or 2 ONFH with >15 % involvement, irrespective of symptom status option of core decompression + bone /marrow/MSC grafting should be offered
- More so in non lupus/ Idiopathic cases because outcomes are worse

2) The Role of Early Antifibrotic Therapy in SSc ILD: Do or Delay

For early use

ILD progression in SSc occurs in phases rather than gradually over time, and a 1 year period of FVC decline is often followed by a period of stability with further decline thereafter

Therefore, by waiting for ILD progression to occur before starting antifibrotic, we may miss the opportunity to prevent further pulmonary damage.

Treatable traits of SSc ILD with antifibrotics

- Early disease duration (duration <3-5 yrs from first non Raynaud symptom)
- Clinical expression of ILD (symptoms ,reduced QOL and abnormal PFTs)
- Extrapulmonary involvement(skin and MSK activity)
- Elevated acute phase reactants
- AutoAb status (Anti-topoisomerase high risk)
- HRCT (high risk if extent >10%)

For delay in use

- Antifibrotics should be started in Advanced ILD
- Especially when symptomatic, FVC <80%,, FVC decline annually >10% or 5-10% and DLCO decline >15%,HRCT lung involvement >20%
- Data matches with that of Sencis trial

3) Beyond Calcium & Vitamin D: What's Your First Move in Osteoporosis Treatment?

Prefer antiresorptives because of

- Cost effectiveness
- Long term safety data
- Convenient dosing option
- For anabolic therapies, trial findings may not necessarily translate to clinical practice, where poor adherence is an issue for many OP therapies

Prefer Anabolics

- Anabolic agents improve bone microarchitecture
- Very high risk patients should be considered for anabolic treatment first
- Head to Head trials Anabolic vs bisphosphonates-anabolic clearly superior
- Sequential treatment beginning with anabolic followed by antiresorptive - Most likely to reduce fracture risk rapidly and achieve non osteoporotic BMD

Going back to Indian Roots: Embracing our Heritage

- Yoga can be used as a safe mind body intervention in patients with RA
- Yoga helps modulate pain and mood disorders associated with chronicity of the disease
- It helps improve functional QOL in RA patients if used early along with DMARDS.
- Harnessing Ayurveda for autoimmune wellness
 - Concept of Rasayana
 - Health promotion approach
 - Nourishment of tissues, immunomodulation anti-aging and rejuvenation
 - Specific to prakriti tissue status and disease risk
- Mindfulness and Meditation:
 - promising Especially in coping type 2 symptoms
 - Role in controlling and prevention of autoimmunity (more evidence, better studies)
 - However risk of misguidance and exploitation; beware of placebo effect

Myofascial pain syndrome

- Pathophysiology

Mechanical : joint hypermobility muscle overuse , scoliosis , among others including metabolic causes as well

Abnormal acetyl choline release - autonomic dysregulation

- **Trigger point complex:** central and peripheral
Active - elicitable and latent - constitutive

No well defined diagnostic criteria

Important to differentiate from FMS

USG : hypochoic region suggests trigger point complex

Management

Non-invasive : exercise therapy & Manual therapy

Dry needling therapy and wet needling

Pharmacotherapy no significant response

Trigger point injections - guided

Botox - when conservative therapy does not work

Lidocaine > Botox

However wet needling overall not better than dry needling

Medical Maze

Dr Usha Holla, Bangalore

Inflammatory cardiomyopathy - use of pet CT

Monitoring - regular imaging may not be feasible

To use nt pro bnp

Tnf I in cardiac sarcoid - double edged sword

21 patients sarcoid - 83% with arrhythmia

Dr Harsha hari, Kochi

Malignancy mimicking rheumatological illness - wolf under sheep skin

Rule out malignancy , watch for / monitor for malignancy

Angioimmunoblastic lymphoma

Dr Phanindra, Orissa

RTA in sjogrens disease can mimic myositis -

Excellent response to replacement alone

Steroids and immunosuppression In severe cases

Dr Radhika Bajaj, Bangalore

Mesenchymal stem cells in digital ulcers in systemic sclerosis

Used in Refractory cases

Complete resolutions in 6 months

Dr Manikandan, Vellore

Amyloidosis can present as soft tissue mass in SLE.

11 patients mimicking various rheumatological illness with atypical presentations.

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