Title	A comparison of the in- and out-patient referral patterns of four tertiary rheumatology centres in Beijing, Hong Kong, Kaohsiung and Los Angeles
Author(s)	Lee, GKW; Lau, WCS; Huang, F; Tsai, WC; Yu, D
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A comparison of the in- and out-patient referral patterns of four tertiary rheumatology centres in Beijing, Hong Kong, Kaohsiung and Los Angeles. GKW Lee and CS Lau, The University of Hong Kong, Hong Kong. F Huang, People's Liberation Army General Hospital, Beijing, PRC. WC Tsai, Kaohsiung Medical School, Kaohsiung, Taiwan. D Yu, University of California, Los Angeles (UCLA), USA.

Rheumatology is a developing medical subspecialty in Asia and there is currently a shortage of rheumatologists in this region. The aim of this study was to assess the rheumatic disease case-mix and workload of 3 tertiary rheumatic disease referral centres in China, Hong Kong and Taiwan. Details of the diagnosis of 100 consecutive in- and out-patients referred to these units were recorded. Results were compared with those obtained from a well established rheumatology centre in USA.

For in-patient referrals, spondyloarthropathies (SA), rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) were the commonest conditions encountered. However, the number of SA patients seen in Beijing was disproportionately high (Beijing n=32, Taiwan n=13, HK n=5 and UCLA n=2) while SLE was the most commonly referred in-patient condition in Taiwan (Taiwan n=42, HK n=31, UCLA n=28 and Beijing n=13). Adult-onset and juvenile Still's disease were more commonly seen in Beijing (n=15) when compared with Taiwan (n=4), HK (n=1) and UCLA (n=1). There were more vasulitis cases from UCLA (n=13) when compared with Taiwan (n=5), Beijing (n=4) and HK (n=0). UCLA also saw more crystal arthropathy in-patients. Concerning the out-patients, RA, SA, osteoarthritis (OA), SLE and crystal arthropathies were the 5 most commonly referred conditions. Again, the number of SA cases seen in Beijing was disproportionately high (Beijing n=30, HK n=10, Taiwan n=10 and UCLA n=6). Despite common believe that SLE is more commonly seen in HK, only 6/100 outpatients referred had this diagnosis (Beijing n=9, Taiwan n=17 and UCLA n=17). Fibromyalgia was an uncommon diagnosis in the Asian countries (Beijing n=2, Taiwan n=2 and HK n=0) when compared with UCLA 9n=10).

Rheumatic disease case mix varies between centres in different countries. While some of these observations can be accounted for by ethnic differences in disease prevalence, other considerations such as patient related factors (cultural and socio-economic), differences in the health care system (clinic setting, referral system, waiting time, manpower and health financing) and availability of expertise in a particular disease entity are also important.

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ACUTE TRANSVERSE MYELOPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) : CLINICAL CHARACTERISTICS, TREATMENT AND OUTCOME

MOK CC, LAU CS, WONG RWS. Division of Rheumatology, Department of Medicine, Queen Mary Hospital, Pokfulam, Hong Kong

Objectives : Acute transverse myelopathy (ATM) is a rare manifestation of systemic lupus erythematosus (SLE). The pathogenesis is unclear and the optimal management strategy is uncertain because of the lack of controlled trials. In this study, the clinical presentation, autoantibody profile, treatment and outcome of cases of ATM in our local SLE population were retrospectively analysed and compared with other SLE controls.

Results : Ten cases of ATM were identified among 315 SLE patients studied, giving a prevalence of 3.2%. In 5 of the patients, ATM was the initial manifestation of SLE. The cervical cord was the commonest site of involvement (50%). Cerebrospinal fluid (CSF) abnormalities were present in 63% of the patients while magnetic resonance imaging (MRI) of the spinal cord revealed abnormal T2 signals in 56%. Only one patient had lupus nephritis. ATM was not associated with anti-ribosomal P or anti-ENA antibodies. A positive dsDNA antibody was present in 40% of the ATM cases, which was significantly lower than that of active SLE patients without spinal cord disease (75%, p=0.04). No significant differences in the prevalence of anticardiolipin antibodies and lupus anticoagulant between the ATM and the non-ATM group were observed. Only 3 ATM patients showed hypocomplementaemia or disease activity in other organs at the time of diagnosis. All the ATM patients received corticosteroid while 9 of them were given cytotoxic agents in addition. The response to treatment was variable - 40% of patients had complete motor and sphincter recovery and 30% suffered from mild residual spasticity of the lower limbs.

Conclusions : In our population of SLE, ATM is not associated with anti-ribosomal P, anti-ENA or anti-phospholipid antibodies. Systemic complement activation was not evident in most patients during the acute phase of myelitis. Early aggressive therapy using a combination of corticosteroid and cytotoxic agents is associated with a satisfactory outcome. Further prospective study is needed to delineate the best treatment regimen and its efficacy in the prevention of relapses.