

ABSTRACTS

Case Reports

CR01 Ankylosing spondylitis: how does it affect the quality of life?

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KEYWORDS: ankylosing spondylitis; mental health; quality of life; upadacitinib

INTRODUCTION/OBJECTIVES: Ankylosing spondylitis is a progressive and debilitating disease known to immensely affect the quality of life and frequently cause disability. There are several instruments that measure this effect, such as Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Visual Analogue Scale (VAS), Patient Global Assessment (PGA) etc.

CASE PRESENTATION: In 2023 a 43-year-old man with ankylosing spondylitis underwent disease activity and function evaluation as well as screening for depression. Several self-administered questionnaires were used. The results were 5.4/10 for BASDAI, 5.1/10 for BASFI, 7/10 for PGA of disease activity, VAS scores were 6/10 for pain and fatigue and 70/100 for impairment of overall health, all indicating significant level of disease activity. Surprisingly, Beck's Depression Inventory (BDI) score was only 1/63 indicating almost perfect mental health despite symptom intensity. Due to persistence of symptoms on NSAIDs, upadacitinib (1x15 mg) was initiated. Disease activity reevaluation 3 weeks later showed no significant improvement and even worsening in some assessments (BASDAI 6.6/10, BASFI 6.6/10, PGA 7/10, VAS for pain 6/10, fatigue 6/10 and impairment of overall health 30/100), although mental health was still impeccable (BDI 0/63). According to guidelines, full reevaluation of upadacitinib effect is made after 3 months, as 3 weeks is too soon.

CONCLUSION: Effects of rheumatologic diseases on life quality and mental health must be evaluated for each patient individually. Discordance between disease severity and patient's mental wellbeing is possible, as is shown in this case. Nonetheless, alternative treatment options should be considered until adequate disease control is achieved.


CR02 Association between venous anomaly of the cerebellum and tremor

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KEYWORDS: cerebellum; clonazepam; tremor; venous anomaly

INTRODUCTION/OBJECTIVES: Tremor is an involuntary movement of a body part that often occurs due to damage to the extrapyramidal system. Action-intention tremor usually occurs in ipsilateral lesions of the cerebellum. Such lesions can be caused by changes in venous drainage created by venous anomalies.

CASE PRESENTATION: A 73-year-old man is presented for his first examination in the Polyclinic for Extrapyramidal Diseases upon referral from a neurosurgeon due to left hand tremor that had appeared in the certain activities, positions, and stress over the past three years. His medical history includes hyperlipidemia, hypertension and a right kidney nephrectomy at the age of 69 due to cancer. He was also diagnosed with a venous anomaly in the right cerebellar hemisphere. He did not take dopamine receptor blockers and there were no reports of tremor in other family members. Upon examination, a postural and action tremor of the left hand was observed, without rigidity and with coordination tests consistent with the tremor. To rule out suspicion of paraneoplastic syndrome, anti-Hu, anti-Yo, and anti-Ri antibodies were requested, which were negative. The diagnosis of a movement disorder, most likely primarily caused by venous anomaly of the cerebellum, with contralateral presentation, was established. Clonazepam therapy was recommended. An excellent effect of the drug was observed during the follow-up examination, with only a slight tremor noticeable.

CONCLUSION: The venous anomaly of the right cerebellar hemisphere caused a contralateral tremor of the left hand, which is a nonspecific finding of a malformation with such localization. The patient is successfully treated with clonazepam.