PAKISTAN SOCIETY FOR RHEUMATOLOGY

NEWSLETTER

JUNE 2026

VOLUME 7

Welcome To This Issue

Publication Committee- PSR

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Chair

Dr. Shamaila Mumtaz
Co-Chair

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Dr. Tayyeba Khursheed

Dr. Sadia Khurshid

Dr. Syeda Rida e Zehra

PRESIDENT'S MESSAGE

It gives me great pleasure to present another issue of the official newsletter of the Pakistan Society for Rheumatology (PSR).

This newsletter reflects the continued academic, clinical, and professional activities of PSR and serves as an important platform for sharing updates, achievements, research highlights, educational initiatives, and developments in Rheumatology across Pakistan. It also helps strengthen communication within our professional community and keeps our members informed of the Society's ongoing efforts and future directions.

I am pleased to witness the steady progress of Rheumatology in Pakistan and the dedication of our members, trainees, and colleagues who continue to contribute to patient care, education, research, and professional collaboration. Their commitment remains central to the growth of our specialty and to the advancement of PSR as a national professional body.

I would like to sincerely appreciate the efforts of the newsletter team and all contributors who have worked diligently to compile this issue. I hope our readers will find it informative, engaging, and reflective of the meaningful work being carried out under the umbrella of PSR.

Best wishes for the continued growth and success of Rheumatology in Pakistan.

Prof. Dr. Tahira Perveen
President
Pakistan Society for Rheumatology (PSR)

MESSAGE FROM EDITOR IN CHIEF

Dear Colleagues,

It gives me immense pleasure to present this issue of the Pakistan Society of Rheumatology Newsletter, published after a gap of two years. Reviving this newsletter has been possible only through the dedication, enthusiasm, and tireless efforts of the Publication Committee and all those who contributed their time and expertise. I extend my heartfelt appreciation to every member of the team for making this possible.

This issue brings together updates from rheumatology departments across Pakistan, interesting case reports, clinical images, clinical pearls, historical perspectives, the latest developments in rheumatology, puzzles, riddles, and much more. We hope it informs, inspires, and strengthens our growing rheumatology community.

We look forward to your feedback and contributions. Please let us know what you would like to read in future issues as we continue to grow this newsletter together.

With best wishes

Prof. Uzma Rasheed

Editor in Chief-PSR Newsletter
Head of Rheumatology Department
Pakistan Institute of Medical Sciences
Shaheed Zulfiqar Ali Bhutto Medical University,
Islamabad.

PAKISTAN SOCIETY FOR RHEUMATOLOGY

NEW OFFICE BEARERS AND COUNCIL MEMBERS OF PAKISTAN SOCIETY FOR RHEUMATOLOGY 2026-2027

Courtesy: Prof. Uzma Rasheed
Head of Department, PIMS, Islamabad.

New Office Bearers

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Dr. Amjad Nasim (President Elect)
Dr. Alam Zeb (General Secretary)
Dr. Yasir Imran (Joint Secretary)
Dr. Babur Salim (Treasurer)

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Prof. Samina Ghaznavi (2022-2023)
Prof. Wajahat Aziz (2020-2021)
Prof. Sumaira Farman (2017-2019)
Prof. Kamran Hameed (2014-2016)
Prof. Javaid Mahmood Malik (2011-2013)
Prof. Nighat Mir Ahmad (2008-2010)
Prof. Abid Farooqi (2005-2007)
Dr. Shahid Abbas (2002-2004)
Dr. Khurram Manzoor Chowdhry (1998-2001)
Dr. Azra Arif Ali (Late) (1995-1997)

PSR 2025 AT A GLANCE

"Together, we transformed global expertise into practical solutions for Pakistani patients —advancing education, research and compassionate Rheumatology care."

Dr. Yasir Qamar

Joint Secretary PSR Conference 2025

THE STORY

Leading the Future of Rheumatology in Pakistan

The 28th Annual International Conference of the Pakistan Society for Rheumatology (PSR 2025), held from 17–19 October 2025 at the Pearl Continental Hotel, Lahore, was a landmark event for Rheumatology in Pakistan. Under the theme "Global Insights, Local Impact: Improving Outcomes in Resource-Limited Settings," the conference brought together more than 500 delegates, national and international faculty, trainees, allied health professionals and industry partners. More than an annual scientific meeting, PSR 2025 served as a platform for strengthening academic excellence, promoting collaborative research, nurturing future leaders and advancing high-quality, patient-centered Rheumatology care across the country. The conference reinforced the Pakistan Society for Rheumatology's vision of translating global scientific advances into practical solutions tailored to local healthcare needs.

The scientific program featured a comprehensive series of keynote lectures, expert panel discussions, debates and interactive case-based sessions covering Rheumatoid arthritis, Spondyloarthritis, Systemic lupus erythematosus, vasculitis, connective tissue diseases, Osteoporosis, Musculoskeletal ultrasound,

biologic therapies and emerging treatment strategies. Pre-conference workshops provided valuable hands-on training in musculoskeletal ultrasound, research methodology and systematic reviews, while dedicated sessions for young Rheumatologists encouraged leadership development, career mentoring and active participation in academic research. Oral and poster presentations showcased original research from institutions across Pakistan, highlighting the growing strength of local scientific contributions and encouraging multicentric collaboration.

Serving as Joint Secretary of the Organizing Committee, I had the privilege of contributing to the planning and successful execution of this prestigious event. Working closely with the organizing committee, scientific committee and volunteers, we coordinated academic sessions, facilitated communication among faculty members and ensured the smooth conduct of conference activities. The dedication and teamwork demonstrated throughout the preparation and execution of PSR 2025 reflected the collective commitment of Pakistan's Rheumatology community to excellence in education and professional development.

PSR 2025 concluded with several significant outcomes. The conference strengthened national and international collaborations, promoted multicentric research initiatives, encouraged greater participation of young Rheumatologists in scientific activities and reaffirmed the importance of evidence-based clinical practice. Delegates exchanged innovative ideas, developed professional networks and identified opportunities to improve Rheumatology services throughout Pakistan. The event also reinforced partnerships with regional and international Rheumatology organizations, supporting future educational and research collaborations.

Looking ahead, the momentum generated by PSR 2025 provides a strong foundation for the continued advancement of Rheumatology in Pakistan. Future priorities include expanding fellowship and ultrasound training programs, developing national clinical practice guidelines, strengthening disease registries and collaborative research networks, improving access to modern therapies and fostering mentorship for the next generation of Rheumatologists. As participants returned to their respective institutions, they carried with them renewed enthusiasm, stronger professional connections and a shared commitment to improving the lives of patients with rheumatic diseases throughout Pakistan.

AT A GLANCE

- **Participants:** Rheumatologists, Fellows-in-Training, Internists, Orthopedic Surgeons, Radiologists, Physiotherapists, Medical Students & Allied Health Professionals.
- **Cities represented:** Delegates from all major cities of Pakistan, with participation from international faculty.
- **Scientific Sessions:** PSR Review Course, Rheumatoid Arthritis, Spondyloarthritis, Lupus, Vasculitis, Myositis, Connective Tissue Diseases, Osteoporosis, Pediatric Rheumatology, Biologics & JAK Inhibitors, Multidisciplinary Board Meetings, Panel Discussions and Research Presentations.
- **Workshops:** Joint Injection Techniques, Research Methodology, How to conduct a systemic review, Hands in Rheumatology, Leadership development workshop under ILE Invictus.
- **Key outcome:** Strengthened national collaboration in Rheumatology through education, research, innovation and international partnerships.

AT A GALNCE

KEY SCIENTIFIC HIGHLIGHTS

Cutting-edge scientific sessions on Rheumatoid arthritis, Spondyloarthritis, SLE, Vasculitis, Osteoporosis and biologic therapies.

- Interactive MSK ultrasound and research workshops providing practical, hands-on learning for clinicians and trainees.
- Original research presentations, expert panel discussions and Young Rheumatologist sessions fostering innovation, collaboration and future leadership.

PAKISTAN INSTITUTE OF MEDICAL SCIENCES, ISLAMABAD

Courtesy: Prof. Uzma Rasheed

Head of Department, PIMS, Islamabad.

PIMS Rheumatology Symposium 2025 was conducted to raise awareness of Rheumatic diseases among health care workers, medical students and post graduate residents.

World Lupus Day 2026 was commemorated with an academic symposium aimed at enhancing awareness and promoting evidence-based guidelines on management of SLE by Dr. Somaya Shah. The symposium brought together faculty members, postgraduate trainees, healthcare professionals, and participants from various departments. . The academic discussions provided an excellent platform for knowledge exchange and encouraged participants to remain updated with evolving clinical practice.

To further reinforce learning and encourage active participation, an interactive quiz competition was organized following the presentations. Awards were given to best performers in recognition of their outstanding performance .

Our department remains committed to organizing educational activities that foster academic excellence while strengthening public awareness of rheumatic diseases, ultimately contributing to better patient outcomes and enhanced quality of care.

ILAR GRANTS

ILAR 2024 grant for “Health Education and Awareness for Rheumatic diseases, empowering youth, educating medical students and uplifting health care workers.”

ILAR 2025 grant for “Unmet reproductive health needs and obstetric outcomes in women with Rheumatic diseases: A prospective Registry”.

APLAR TRAVEL GRANT 2024: Dr. Tayyaba Khursheed.

ABSTRACTS/POSTERS

EULAR 2024: Bridging distances with Telerheumatology: Insights from a rural pilot project in Northern Pakistan.

APLAR 2024: Patient's satisfaction with rural telerheumatology program in the Gilgit-Baltistan region of Pakistan

EULAR 2026: Abstract no. 1331. Unmet Reproductive needs and knowledge gaps among women with Rheumatic diseases in Pakistan.

CO AUTHOURED ABSTRACTS/POSTERS

GCOM 2026: Contextualizing Sexual Well-being in Idiopathic Inflammatory Myopathies

EULAR 2026: AB1453-PARE, Factors associated with self-efficacy and health outcomes in rheumatic and musculoskeletal diseases.

PUBLICATIONS

1. Bridging distances and saving costs: insights from a pilot project of telerheumatology in a rural area of Pakistan. Clinical Rheumatology, 2024.
2. Evaluating the impact of sleep disturbances and depression on axial spondyloarthritis a cross-sectional study. Journal of Population Therapeutics and Clinical Pharmacology, (2024).31(6), 1036-1041.
3. Evaluation of a rural telerheumatology service in the Gigit- Baltistan region of Pakistan: patient and physician experience. Clin Rheumatol. 2025.
4. Assessment of Infections in Autoimmune Rheumatic Patients Treated With Disease Modifying Antirheumatic Drugs. Pak J Med ResVol. 64, No. 4, 2025.
5. Functional Capacity in Patients with Rheumatoid Arthritis and Its Correlation with Disease Activity. Ann Pak Inst Med Sci. 2025; 21(4):711-715. doi. 10.48036/apims.v21i4.1609.
6. Prevalence of inflammatory backache and radiographic axial spondyloarthropathy among outdoor patients of Rheumatology department of PIMS hospital. PakArmed Forces Med J 2025; 76(Suppl-2): S401-S404.
7. Diagnostic Delay in Chronic Inflammatory Rheumatic Diseases Presented to the Tertiary Care Rheumatology Unit in PIMS. JBUMDC Vol. 16 No. 01 (2026): Volume 16 Issue 01.
8. Proficiency in diagnosing and managing inflammatory back pain and axial spondyloarthritis among non-rheumatologists in Pakistan: a cross-sectional study', 2026, The Egyptian Rheumatologist.









LIAQUAT NATIONAL HOSPITAL AND MEDICAL COLLEGE

Courtesy: Dr. Syeda Rida E Zehra

Consultant, Liaquat National Hospital, Karachi

Lupus Marathon: A Multicentric Case Challenge and Quiz Competition at LNH

The Department of Rheumatology, Liaquat National Hospital & Medical College, successfully organized a Continuing Medical Education (CME) session titled “Lupus Marathon – A Multicentric Case Challenge & Quiz Competition” on Saturday, 25th April 2026. The session was effectively moderated by Dr. Syeda Rida-e-Zehra, who ensured smooth coordination and active engagement throughout the event.

The CME brought together leading tertiary care institutions, with insightful and academically enriching case-based presentations from Jinnah Postgraduate Medical Centre (JPMC), Civil Hospital, Indus Hospital and Health Network, Ziauddin Hospital, and Dow University of Health Sciences (Ojha Campus). Each institute presented complex lupus cases, fostering a collaborative learning environment and promoting the exchange of clinical expertise.

The program was further enriched by a stimulating panel discussion, followed by an interactive question-and-answer session that encouraged active participation from the audience. A competitive quiz segment added an engaging dimension to the event, reinforcing key learning points in an interactive format.

The esteemed panel comprised renowned experts in the field, including Dr. Tahira Perveen (LNH), Dr. Lubna Nazir (LNH), Prof. Dr. Samina Ghaznavi (South City Hospital), and Dr. Hafiz Mehmood Riaz (Aga Khan University Hospital). Their valuable insights, clinical acumen, and thoughtful deliberations significantly enhanced the academic quality of the session, making it a highly informative and impactful educational experience.

Overall, the CME served as a successful platform for knowledge sharing, interdisciplinary collaboration, and advancement in the understanding and management of systemic lupus erythematosus.

PAKISTAN SOCIETY FOR RHEUMATOLOGY

PUBLICATIONS

1. Chapter; Systemic Lupus Erythematosus. Book on Autoimmune Diseases; Springer Nature Switzerland. 2026.

2. The Frequency and Clinical Association of Anti-CCP Positivity in Patients with Psoriatic Arthritis (PsA) and its Significance in Skeletal Involvement. Annals of JSMU, 2026, Vol 12, Issue 1.

3. Role of Beta-2 Glycoprotein , anti-Cardiolipin, and Lupus anticoagulant antibodies in diagnosis of anti-Phospholipid antibody Syndrome. Pakistan Journal of Physiology. 2026, Vol 22, Issue 2.

4. Juvenile Idiopathic Arthritis -- A Holistic Examination of Clinical Profiles, Diagnostics, and Individualised Treatment Approaches in Southern Pakistan. The Research of Medical Science Review. 2025, Vol 3, Issue 4.

5. Drowsy on the Silk Road-A Case of Neuro-Behcet's Disease: Journal of Pakistan Society of Internal Medicine. 2024, Vol 5, Issue 3.

CENTRAL PARK TEACHING HOSPITAL - ACADEMIC AND RESEARCH ACTIVITIES

Courtesy: Dr. Umbreen Arshad

The Institute of Rheumatic Diseases at Central Park Teaching Hospital, Lahore has continued to make significant strides in advancing clinical services, academic excellence, research, and patient-centred care within Pakistan's rheumatology landscape.

1. Musculoskeletal USG Services:
A major departmental achievement has been the establishment and expansion of Musculoskeletal Ultrasound (MSK USG) services, providing both diagnostic and therapeutic interventions that enhance precision in rheumatologic care and procedural practice.

2. APLAR Poster Presentations:
Academically, the department has demonstrated a strong international presence through the presentation of multiple scientific posters at the Asia Pacific League of Associations for Rheumatology (APLAR) Congress.

- Frequency of Disease Subsets and Spectrum of Organ Involvement and Interstitial Lung Disease Patterns in Patients of Systemic Sclerosis in Pakistani Population – APLAR 2024 Singapore.
  Authors: Umbreen Arshad, Muhammad Ahmed Saeed, Muhammad Rafaqat Hameed, Maryam Aamer, and Hafiz Yasir Qamar.

- Spectrum of Interstitial Lung Disease Patterns in Connective Tissue Diseases and Their Outcomes: Retrospective Analysis – APLAR 2025 – Japan.
  Authors: Amar Lal, Muhammad Ahmed Saeed, Muhammad Rafaqat Hameed, Maryam Aamer, Umbreen Arshad, and Hiba Shariq.

- Long-Term Outcomes and Spectrum of Organ Damage in Systemic Lupus Erythematosus: ACF Lupus Cohort, Lahore, Pakistan.
  Authors: Umbreen Arshad, Faizan Ali, Muhammad Ahmed Saeed, Muhammad Rafaqat Hameed, Maryam Aamer, Sumaira Farman, and Nighat Mir Ahmad.

3. APLAR Research Grants:
In 2025, the department secured two prestigious APLAR grants, reflecting itas growing research impact: the Osteoarthritis COPCORD Grant 2025 and a Psoriatic Arthritis research grant evaluating methotrexate-leflunomide combination therapy in comparison with methotrexate and tofacitinib.

4. APLAR Travel Grants:
Two Rheumatology fellows (Dr. Yasir Qamar and Dr. Umbreen Arshad) received APLAR travel grants in 2024 and 2025.

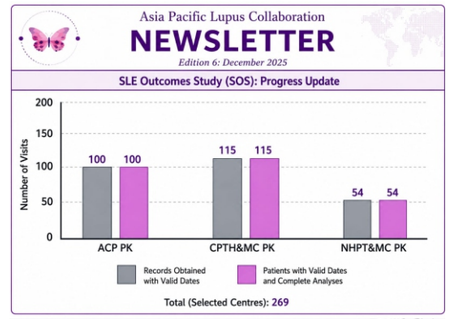
5. Support Groups:
Patient advocacy remains central to departmental activities, with active Lupus Support Group and Axial Spondyloarthritis Support Group initiatives providing education, empowerment, and community engagement.

6. APLAR Short Lupus Course:
Additionally, Assistant Professor Dr. Maryam has played a pivotal role in successfully leading the APLAR Short Lupus Course, significantly contributing to regional Rheumatology education.

7. APLAR SCPO SIG Workshop:
Further underscoring its academic leadership, Prof. Dr. Nighat Mir Ahmad, as Convenor of the SCPO SIG, is leading the development and implementation of an important workshop program for APLAR 2026 titled "Enhancing and Implementation of Shared Decision Making in Rheumatology Practice." This initiative reflects the department's commitment to promoting patient-centred care and strengthening shared decision-making frameworks across rheumatology services.

8. SCPO SIG Research Grant 2025:
"Rheumatology workforce capacity to address the rising burden of rheumatic and musculoskeletal conditions in the Asia Pacific region. Our Research Proposal got approved by APLAR.

9. APLC Lupus Project in Collaboration with Monash University, Australia:
Our department is actively contributing to the APLC Lupus Project in collaboration with Monash University, focusing on advancing research and understanding of systemic lupus erythematosus within the region. Central Park Teaching Hospital and National Hospital are key participating centers in this collaborative effort, reflecting the department's commitment to international research partnerships and generation of high-quality regional data.



10. Axial SpA registry:
Central park Teaching Hospital is also one of the contributing sites of APLAR Axial SpA registry contributing to maximum number of patients in the registry and follow up is entering in its 5th year.

11. Departmental Ongoing researches:

i. Treat-To-Target Strategies Incorporating Janus Kinase Inhibitors In The Management Of Rheumatoid Arthritis: Evidence And Practical Considerations

ii. Immunopathological study and mutational analysis of various genes in association with Scleroderma

ARTHRITIS CARE FOUNDATION IN COLLABORATION WITH NATIONAL HOSPITAL AND POST GRADUATE MEDICAL INSTITUTE

Courtesy: Dr. Umbreen Arshad

Arthritis Care Foundation, Lahore under the leadership of **Prof Dr Sumaira Farman Raja** hosted the Paediatric Rheumatology faculty from Singapore on the side-lines of PSR, 2025. Paediatric patients at the outdoor facility were seen and international experts' feedback for difficult to treat cases taken. This provided a valuable learning opportunity to the fellows in training and the faculty at the centre.

A comprehensive **Paediatric Rheumatology review course** was conducted as a part of PSR,2025. This 6 hour course included lectures from international Paediatric Rheumatologists aimed at General Physicians, Paediatricians and adult Rheumatologists covering all major Rheumatological domains.

Publications by faculty and fellows in training at National Hospital and Post Graduate Medical Institute, Lahore.

PUBLICATIONS

1. Impact of Climate Change on Rheumatology Care: A Global Perspective
Authors: Rebecca Slotkin, Giovanni Adami, Becky Abdissa Adugna, Sumaira Farman, Cindy Flower, and Evelyn Hsieh
Journal: Rheumatic Disease Clinics of North America

2. Pachydermoperiostosis Masquerading as Spondyloarthritis: Case Report of Therapeutic Response to Methotrexate and Etanercept
Authors: Maryam Haroon and Ammar Nawazish
Journal: Journal of Pakistan Society of Internal Medicine (JPSIM)

3. Do Two Clinically Distinct Inflammatory Arthritides—Rheumatoid Arthritis and Axial Spondyloarthritis—Coexist?
Authors: Maryam Haroon and Nighat Mir Ahmed
Journal:Journal of Pakistan Society of Internal Medicine (JPSIM)

4. Safety, Efficacy, and Tolerability of Tofacitinib in Children and Adolescents With Juvenile Idiopathic Arthritis in Pakistan
Authors: Tayyaba Zafar, Sumaira Farman Raja, Maryam Hanoon, Madeeha Siddiqui, Nighat Mir Ahmed, and Muhammad Ahmed Saeed
Journal: Journal of Health, Wellness and Community Research (JHWCR)

5. Clinical Manifestations, Immunological Profile and Short-Term Outcome in Pakistani Pediatric Lupus Patients
Authors: Muhammad Ans Abdullah, Madeeha Siddique, Sumaira Farman Raja, Nighat Mir Ahmad, Muhammad Ahmed Saeed, and Rabia Azhar
Journal: Journal of Health, Wellness and Community Research (JHWCR)

6. Is Folic Acid Truly Needed Beyond Methotrexate? A Critical Review of csDMARDs and Conventional Immunosuppressants
Author: Maryam Haroon
Journal: Insights-Journal of Health and Rehabilitation

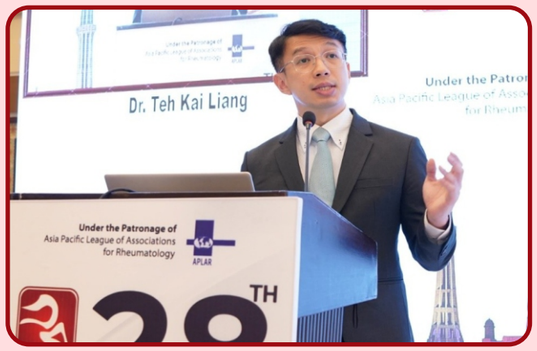
7. Awareness of SLE Patients About the Disease, Its Treatment, and Potential Complications
Authors: Ali Raza, Sumaira Farman Raja, Rizwan Ahmad, and M. Ans Abdullah
Journal: Journal of Health, Wellness and Community Research (JHWzCR)

APLAR SIG Research grant accepted to develop Childhood onset lupus Registry

Development of Asia-Pacific Childhood-Onset Lupus Registry: Childhood-Onset Lupus in Asia-Pacific Network (CLASPER)—A Work Towards Treat-to-Target in cSLE

Faculty at National Hospital and Medical Centre, Lahore was a part of **APLAR recommendations for the management of JIA**

The Asia-Pacific League of Associations for Rheumatology Consensus **Recommendations on the Management of Juvenile Idiopathic Arthritis (JIA):** Polyarticular Course JIA, Temporomandibular Joint Arthritis, Imaging, and Non-Pharmacologic Therapies



ACADEMIC AND RESEARCH ACTIVITIES OF THE RHEUMATOLOGY UNIT OF FEDERAL GOVERNMENT POLYCLINIC HOSPITAL, ISLAMABAD FROM MARCH 2025 TO 2026

Courtesy: Dr. Taqdees Khaliq

1. Celebrated World Young Rheumatic Diseases Day (WORD) DAY 2025 at a government school in TARLAI, Islamabad, to spread awareness about JIA. This was followed by screening of students for the presence of any MSK disease.

2. The Unit of Rheumatology FGPC was awarded the 2024 COPCORD research grant. The title of our project is "Burden of Musculoskeletal Pain in Pediatric Population and Prevalence of Juvenile Idiopathic Arthritis and Its Different Clinical Patterns in Urban/Semi-Urban Areas of Islamabad, Pakistan". After the disbursement of funds, data collection was started and was completed in 2025. Around 3000 children were screened for the presence of any form of childhood arthritis.

3. Presented three abstracts in PSR 2025 and won the first and second prizes in the poster presentation category.

4. Our department actively participated in APLAR 2025 Fukuoka, presenting three research posters.

5. Recipient of ILAR research grant for the year 2026, for the project titled, "General Practitioners' Awareness Program on osteoporosis and the use of Fracture Risk Assessment tool (FRAX) (GRAP-FRAX).

Our department has published the following publications to date in 2025–2026.

- A Concomitant Myriad of Neurological Symptoms in a Patient with SLE Ending up in a Rare Complication of Osteonecrosis of the Jaw. JCPSP Case Rep 2025; 3:365-367.
- Systemic Lupus Erythematosus and Acquired Angioedema: A Rare and Complex Presentation. JCPSP Case Rep 2025; 3:495-497.
- Spectrum of Radiographic Involvement in Axial Spondyloarthropathy Using the Modified Stokes Ankylosing Spondylitis Spine Score (MSASSS) and Modified Newyork Classification. Ann King Edw Med Univ.2025;31(spi2): 190-196.
- A. Fatigue Assessment Using FACIT-F Scale In Axial Spondyloarthropathy, Rheumatoid Arthritis And Systemic Lupus Erythematosus Patients Presenting To A Tertiary Care Hospital. JRMC. 2025 Dec. 31;29(4).
- Abbasi Q- ul-A, Khaliq T, Shah SA, Shafqat S, Rehman A. Evaluation of The Assessment of Spondyloarthritis International Society Non-Steroidal Anti-Inflammatory Drug (ASAS-NSAID) Score In Patients With Ankylosing Spondylitis Presenting To The Rheumatology Clinic at A Tertiary Care Hospital. JRMC. 2026 Mar. 31;30(1).

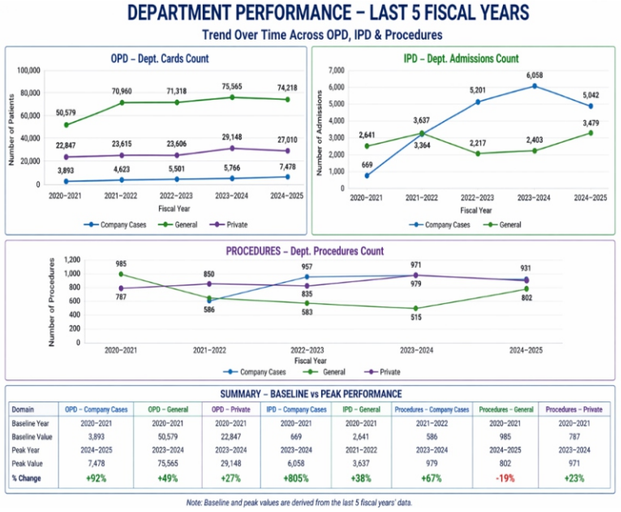
PAKISTAN SOCIETY FOR RHEUMATOLOGY

RHEUMATOLOGY DEPARTMENT, SHALAMAR HOSPITAL – OVERVIEW

Courtesy: Dr. Saira Elaine Anwar Khan

The Rheumatology Department at Shalamar Hospital, Lahore, continues to evolve as a leading center for the diagnosis and management of autoimmune and musculoskeletal diseases, with a strong emphasis on clinical excellence, research, and academic growth.

Over the past year, the department has demonstrated significant clinical expansion, with outpatient visits increasing by 47% (50,579 to 74,218), hospital admissions rising by 30% (2,641 to 3,479), alongside 1,781 soft tissue procedures and 313 patients receiving biologic therapies.



Academically, the department has initiated supra-specialty training in rheumatology and maintains active multidisciplinary engagement through MDTs, CPCs, and collaborative radiology and histopathology meetings. In addition, collaborations with the University of Dorset and Shaukat Khanum Memorial Cancer Hospital support the training and academic development of internal medicine trainees.

A key highlight is the ongoing collaboration with the University of Manchester on the Manchester Digital Pain Manikin Study – Pakistan Chapter, focusing on improving digital pain assessment and promoting health equity.

Research output includes the following key publications and projects:

- Challenges and Opportunities for Reducing Diagnosis Delay of Rheumatoid Arthritis in a Low-Resourced Country.
- Gathering user requirements and assessing usability of a digital pain self-reporting tool among people living with chronic musculoskeletal pain in Pakistan: A qualitative study.
- Effects of the summarised digital pain self-reports on clinical consultations and management of chronic musculoskeletal pain in Rheumatology practice: A mixed methods prospective feasibility study.
- Atypical initial presentations of Sjogren's syndrome: a case series.
- APLAR Consensus Statements for the Management of Reproductive Issues in Autoimmune Rheumatic Diseases.

Overall, the department exemplifies a growing model of integrated clinical care, impactful research, and innovation in digital health within Rheumatology in Pakistan.

PRE-ICON 2026 MSK-US WORKSHOP

Indus Hospital and Health Network, Karachi

Courtesy: Dr. Hamza Alam

The Department of Internal Medicine, Indus Hospital & Health Network, successfully organized a Pre-ICON 2026 Workshop on Musculoskeletal Ultrasound (MSK-US) on February 7, 2026, in Indus Hospital, Karachi. The workshop was led by Dr. Lubna Abbasi Head of Rheumatology Section, Department of Internal Medicine, as part of ongoing efforts to enhance Rheumatology education and hands-on training opportunities.

The workshop attracted enthusiastic participation from rheumatologists and radiologists, reflecting the growing interest in musculoskeletal ultrasound in clinical practice. The sessions focused on ultrasound basics, probe handling, normal musculoskeletal sono-anatomy, EULAR-recommended scanning techniques, and identification of common Rheumatologic pathologies including synovitis, enthesitis, effusions, and tenosynovitis.

The scientific program featured an accomplished panel of speakers and facilitators. Prof. Babur Salim from Fouji Foundation Hospital, Rawalpindi, shared his expertise in Rheumatologic applications of MSK ultrasound, while Dr. Rizwan Ajmal radiologist from LNH, provided valuable insights into imaging techniques and radiologic interpretation. Dr. Muneer Sadiq highlighted the practical integration of ultrasound into Rheumatology practice, and Dr. M. Shoaib Nasir radiologist at Indus Hospital, conducted interactive discussions on vascular and interventional imaging aspects. The workshop was moderated by Dr. Hamza Alam consultant Rheumatologist who coordinated the sessions and facilitated participant interaction throughout the day.

MILESTONE ACHIEVEMENT: NEW FELLOWSHIP TRAINING CENTER IN SINDH

Courtesy: Dr. Hamza Alam

Consultant, Indus Hospital and Health Network, Karachi

Indus Hospital & Health Network, Karachi achieved a significant milestone with the recognition of its Rheumatology Fellowship Training Program starting from January 2026. Over the past decade, the Rheumatology Section has been dedicated to providing specialized care to a large number of patients with diverse rheumatic diseases from across Sindh and beyond. With a steadily growing patient volume, active inpatient and outpatient services, multidisciplinary collaboration, and increasing academic activities, the department has evolved into an important center for rheumatology care and education in Pakistan. The recognition of the fellowship program reflects the institution's commitment to developing future Rheumatologists and strengthening specialized Rheumatology services in the region.

ESTABLISHMENT OF DEPARTMENT OF RHEUMATOLOGY IN DHQ HARIPUR

Courtesy: Dr. Shahzad Gul

Consultant, Rheumatologist, DHQ Haripur

I am pleased to announce the establishment of the Department of Rheumatology at DHQ Haripur, under the patronage of the School of Medicine, Dentistry and Allied Health Sciences (SMDAS), Pak-Austria Fachhochschule. This is a significant step toward strengthening specialized Rheumatology services for the people of Haripur and adjoining areas. A total of 10 beds have been allocated for Rheumatology services at DHQ Haripur to support inpatient care. The department will also provide specialized procedures including intra-articular injections and biologic infusions.

PAKISTAN SOCIETY FOR RHEUMATOLOGY

SECTION 2:

CLINICAL GUIDELINES AND UPDATES

AVACOPAN FACES UNCERTAIN FUTURE AS PIVOTAL ADVOCATE TRIAL IS RETRACTED AND EU APPROVAL WITHDRAWN

Courtesy: Prof. Uzma Rasheed

Head of Department, PIMS, Islamabad.

Avacopan, an oral C5a receptor inhibitor used in the treatment of ANCA-associated vasculitis, has come under major regulatory scrutiny following the retraction of the ADVOCATE trial, the key study supporting its approval. On June 29, 2026, the New England Journal of Medicine retracted the trial at the request of two academic authors after an ongoing US Food and Drug Administration (FDA) investigation identified concerns about the conduct of the study. The investigation found that primary endpoint assessments of nine patients were re-evaluated after the trial database had been locked and unblinded, without the knowledge of the academic investigators. This process was not reported in the published article and was considered inconsistent with good clinical research practice.

The regulatory consequences have now escalated. In June 2026, the European Medicines Agency (EMA) concluded that the ADVOCATE study had been conducted in breach of good clinical practice and that the data submitted for regulatory approval could no longer be relied upon to demonstrate Avacopan's effectiveness. Post-marketing data and post-hoc analyses were considered insufficient to overcome this loss of confidence.

This culminated in a European Commission decision on August 4, 2026, revoking Tavneos (Avacopan)'s marketing authorisation across the European Union. The decision made the EMA recommendation legally binding, meaning Tavneos is no longer authorised in the EU/EEA. In parallel, the FDA has proposed withdrawal of its US approval and continues its regulatory review.

Safety concerns have added to the uncertainty. Post-marketing reports have identified serious liver injury, including rare fatal cases of vanishing bile duct syndrome. These reports reinforce the need for liver-function monitoring.

Despite these developments, real-world studies have reported favourable clinical outcomes with Avacopan, including remission, improved kidney outcomes, and reduced glucocorticoid exposure. However, such evidence cannot substitute for randomized controlled trial data.

Avacopan therefore stands at a crossroads. US regulatory review may determine its future, but the European withdrawal represents a setback for a therapy that offered a glucocorticoid-sparing strategy in ANCA-associated vasculitis. The case highlights the importance of data integrity, transparency, and independent oversight in trials, particularly when pivotal evidence forms the basis for regulatory decisions worldwide.

References:

- *Retraction: Jayne DRW et al. Avacopan for the Treatment of ANCA-Associated Vasculitis, N Engl J Med 2021;384:599-609. Eric J. Rubin, M.D., Ph.D. June 29, 2026, NEJM.org.*
- *The end for avacopan. Online first July 10, 2026. The Lancet Rheumatology*

BEHÇET'S SYNDROME MANAGEMENT:
WHAT CHANGED IN THE LATEST EULAR UPDATE (2026) COMPARED WITH THE PREVIOUS RECOMMENDATIONS(2018)?

Courtesy: Dr Somaya Shah

Senior Registrar Rheumatology, PIMS Islamabad.

The latest EULAR update keeps the familiar organ-based, step-up approach used in the 2018 recommendations, but the message on escalation is now clearer. The major shift is earlier and more decisive treatment escalation in patients with major organ involvement, especially eye, vascular, and CNS disease, where rapid control is required to prevent irreversible damage.

For mucocutaneous disease, including oral and genital ulcers, erythema nodosum–like lesions, and papulopustular lesions, topical therapy and colchicine remain first line. When colchicine is inadequate or not tolerated, the update more clearly supports escalation to apremilast and/or TNF inhibitors. Chronic systemic glucocorticoids should be avoided for isolated oral or genital ulcer disease.For articular involvement, the approach is largely unchanged. Colchicine remains first line, with escalation considered in recurrent or chronic inflammatory arthritis, particularly when associated with higher-risk organ disease.

For Behçet uveitis, systemic glucocorticoids should not be used as monotherapy. The update places stronger emphasis on earlier monoclonal anti-TNF therapy, especially infliximab, in sight-threatening posterior segment disease, retinal vasculitis, rapid relapses, or steroid-dependent disease.For vascular disease, pulmonary or peripheral arterial aneurysms require urgent high-dose glucocorticoids plus immunosuppression. The newer update gives clearer preference to infliximab or other monoclonal anti-TNF agents in severe arterial disease, with cyclophosphamide as an alternative in selected cases. When intervention is needed, medical therapy should be started promptly and vascular/interventional teams involved early.

For venous thrombosis, including cerebral venous sinus thrombosis, treatment remains focused on controlling vessel wall inflammation rather than anticoagulation alone. Monoclonal anti-TNF therapy is more clearly supported in appropriate patients, followed by maintenance therapy to reduce relapse.For neuro-Behçet and gastrointestinal disease, the update supports early effective therapy, often with anti-TNF agents in severe, refractory, or high-risk disease, alongside close multidisciplinary input and exclusion of mimickers.

In summary, the 2025 EULAR update, published online in 2026, does not change the overall framework but strengthens the emphasis on risk stratification, steroid-sparing therapy, multidisciplinary care, and early biologic escalation in major organ disease.

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DOMAIN	2018 Eular – Typical Emphasis	Latest Eular Update (published 2026) – What To Notice
Overall approach	Organ based stepup; multidisciplinary; prevent damage.	Same framework, but more explicit: rapid control in major organ disease, reassess for evolution, individualise by risk.
Mucocutaneous	Colchicine firstline; escalate if refractory.	Clearer positioning of apremilast and TNF inhibitors; avoid chronic systemic steroids for isolated ulcers.
Joints	Colchicine firstline; escalate if persistent.	Similar, but decisions framed by whole patient risk and concomitant major organ disease.
Eye	No steroid monotherapy; immunosuppression; biologics in severe disease.	Earlier monoclonal anti TNF for sight threatening posterior disease to prevent damage.
Arterial Aneurysms	Steroids + immunosuppression; consider procedures.	Clearer preference for infliximab/monoclonal anti TNF early; embolisation favoured for highrisk PAA when feasible.
Venous thrombosis	Inflammationfirst; anticoagulation not primary alone.	Reinforces inflammationfirst (incl. CVST) and stronger biologic positioning in appropriate cases.
Neurologic	Steroids + immunosuppression; limited evidence.	Earlier effective therapy (often monoclonal antiTNF) and focus on preventing disability; exclude mimickers.
Gastrointestinal	Immunosuppression; biologics in refractory disease.	Supports timely anti-TNF escalation in refractory/highrisk disease; emphasises careful differential diagnosis.

References:

Hatemi G, et al. Ann Rheum Dis. 2026.
Hatemi G, et al. Ann Rheum Dis. 2018;77:808–818.

SECTION 3:

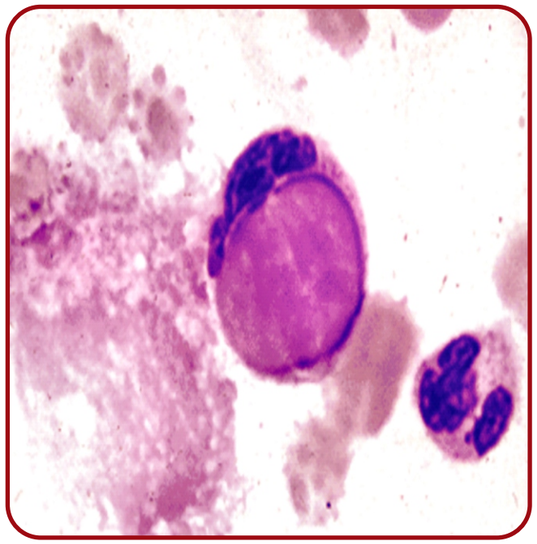
HISTORICAL PERSPECTIVES IN RHEUMATOLOGY

HISTORICAL TEST FOR SLE

Courtesy: Prof. Abid Farooqi, FRCPI

LE Cell Test (Lupus Erythematosus Cell Test)

Discovered by Malcolm Hargraves (1903 – 1982) in 1948, when he was working at the Mayo Clinic, USA as a histopathologist. This was the first specific laboratory test for SLE. It involved identifying a mature neutrophil that had phagocytized the denatured nuclear material of another cell. While revolutionary at the time, it was positive in only 70-75% of SLE cases and was removed from the American College of Rheumatology (ACR) criteria in 1997 due to low sensitivity and specificity compared to modern tests.



This was replaced by the fluorescent antibody test but continued to be used in Pakistan till the early 1990's.

THE FLOWER BEHIND COLCHICINE: COLCHICUM AUTUMNALE

Courtesy: Dr. Tayyeba Khursheed

Colchicine is derived from Colchicum autumnale, commonly known as the autumn crocus or meadow saffron. Preparations from this highly poisonous plant have been used since antiquity for inflammatory joint disease. Its active alkaloid was isolated in the early nineteenth century and was subsequently named colchicine after the ancient region of Colchis, with which the plant was historically associated.

Despite being one of the oldest anti-inflammatory medicines, colchicine has retained its significance in modern rheumatology. Its effect on microtubule assembly and neutrophil-mediated inflammation continues to make this ancient plant-derived compound relevant nearly two centuries after its isolation.

SECTION 4:

YOUNG RHEUMATOLOGIST CORNER

Fellow Journeys

Courtesy: Dr. Maryam Haroon

Fellow, National Hospital Lahore

Working as a young rheumatologist in a private healthcare setting often feels like standing between two very different worlds. Some patients, despite financial comfort, arrive with multiple opinions, reflecting uncertainty and quiet mistrust. Others come too late—carrying years of pain, deformity, and missed diagnoses such as psoriatic arthritis or axial spondyloarthritis—often with little support. These encounters reveal painful gaps in awareness and access to care. Managing severe illnesses like CNS vasculitis becomes especially heavy when young lives are disrupted despite every effort. There are moments when medicine feels powerful, and others when it feels painfully limited. Long hours drain the body, but it is the repeated exposure to suffering that weighs more deeply. Alongside this, the uncertainty of career stability quietly persists. This journey is not just clinical; it is deeply human—demanding resilience, compassion, and the strength to continue caring, even when the outcomes are heart breaking.

Courtesy: Dr. Muhammad Harris

Fellow, Fouji Foundation Hospital, Rawalpindi

Early in my Rheumatology training, I realised that disease activity scores and serology often tell only part of the story. A patient with well-controlled rheumatoid arthritis on paper may still struggle with fatigue, pain, or functional limitation. Conversely, some patients adapt remarkably despite active disease.

This specialty demands a shift from purely biomedical thinking to a biopsychosocial model—where patient-reported outcomes, adherence, and psychosocial context are equally critical. The challenge is not just choosing the right DMARD, but ensuring the treatment is meaningful for the patient.

As young Rheumatologists, we must develop clinical judgement that integrates evidence with empathy. In the era of targeted therapies, listening carefully may still be our most powerful tool.

MY JOURNEY AS A RHEUMATOLOGIST

Some Journeys Begin With A Dream.
Mine Began With A Pair Of Hands.

Courtesy: Dr. Saira Yasmin

Fouji Foundation Hospital, Rawalpindi

In 2011, during my final year of MBBS, I met a young woman who tried to hide her face behind a mask. From her beautiful eyes, I expected to see a healthy young girl. Instead, I saw hands scarred by systemic sclerosis—thin, ulcerated fingers and skin stretched so tightly that I still remember how it felt when I gently held them. But what broke my heart was not her disease; it was the sadness in her voice. She believed she had lost her beauty, her worth, and her future. In that moment, I realized that Rheumatology is about far more than treating autoimmune diseases—it is about restoring dignity and hope.

That encounter stayed with me for years. Despite delays, discouragement, and family responsibilities, I could never let go of the calling it awakened within me. When I finally began my Rheumatology training, the subject that once intimidated me became the love of my professional life, thanks to extraordinary mentors who inspired me every day.

Today, every patient reminds me of that young woman. Each smile regained, each wheelchair left behind, each mother who returns carrying her child reminds me why I chose this path. My purpose is not simply to treat disease—it is to help people believe in their future again.

THE BALLAD OF THE BEWILDERED RHEUMATOLOGIST

Courtesy: Dr. Saira Yasmin

Two fellowships, exams galore,
I finally earned the title I swore.
Years of study, sweat and strain...
"So... you just inject steroids?" Again?

"No," I smile, "it's more than that—"
"Ah yes... the doctor for arthritis, stat!"
I treat lupus, vasculitis too...
"But eczema?" "No." "Haematology?" "Who?"

Lupus attacks the brain? I'm Neuro by day.
The kidneys? Nephro joins the fray.
The heart? Cardiology takes a seat.
The lungs? Respiratory I happily greet.

Every organ joins the game,
Yet somehow *I'm* the one to blame.

I quote EULAR, ACR with pride,
Update guidelines far and wide.
Teach, research, publish, inspire...
Then fill insurance forms till I retire.

"Doctor, my bones were weak," they moan.
"I took one fall—why break a bone?"

I whisper softly, "Gravity won..."
They still decide **I'm** the guilty one.
The aching knee gets one injection,
Then seeks Ortho for a second opinion.
Next comes Pain, then back to me—
Medical musical chairs, you see!

One asks, "Rheumatology... what's that word?"
Another says, "Isn't that blood?" How absurd!
I simply nod with practiced glee...
"Close enough... but not quite me."

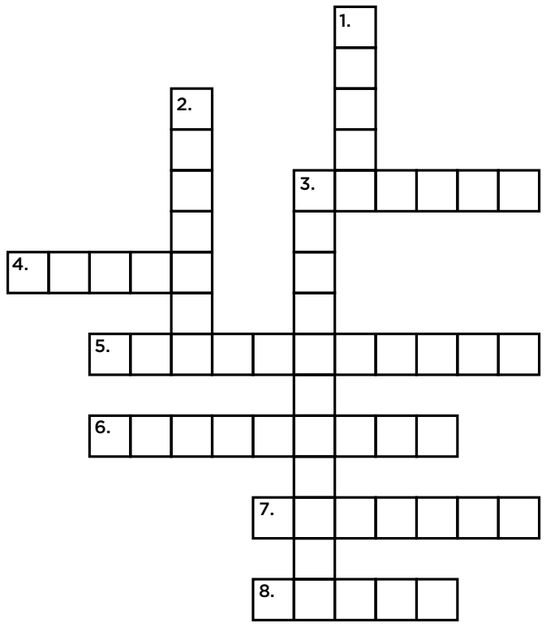
We chase antibodies day and night,
When the immune system starts a fight.
One patient, ten organs, twelve consults,
Three MDTs... and everyone's fault's...
...the rheumatologist!

So here's to the doctors no one can name,
Who quietly play every specialist's game.
Misunderstood? Perhaps that's true—
But when autoimmunity comes for **you**,
You'll soon discover, with great delight...
The "steroid doctor"... was actually right.

CROSS WORD PUZZLE

Courtesy: Dr. Lubna Nazir

Consultant, Liaquat National Hospital, Karachi



Clues to Cross Word

Down:

1. Dry eyes,
2. Histiocytic necrotizing lymphadenitis,
3. For refractory Gout

Across:

3. Inflammatory invasive tissue,
4. Syndrome of Bechets with inflamed cartilage,
5. Type I interferone receptor antagonist,
6. Ocular emergency in RA,
7. Triphasic color change,
8. RA, splenomegaly, neutropenia

RHEUMATOLOGY PUZZLE

D	E	U	C	R	A	V	A	C	I	T	I	N	I	B
A	Q	M	T	X	Z	L	P	R	N	S	H	K	O	I
C	Y	Y	E	N	T	H	E	S	I	T	I	S	E	X
T	A	E	N	C	O	U	P	D	E	S	A	B	R	E
Y	N	O	O	R	J	O	G	R	E	N	S	V	A	K
L	E	I	S	C	L	E	R	O	S	I	S	E	D	I
I	G	D	J	D	I	C	U	L	I	T	I	S	S	Z
T	P	D	O	R	A	Y	N	A	U	D	S	A	D	U
I	A	A	A	B	E	H	C	E	T	S	X	T	S	M
S	O	P	R	D	D	P	O	E	M	E	R	P	H	A
I	S	O	E	O	A	A	S	N	V	I	A	N	T	B
T	P	C	H	E	N	O	D	Y	N	R	B	I	T	P
T	A	P	C	R	Y	E	G	A	T	O	M	N	A	A
B	A	T	I	F	O	N	E	G	A	M	M	A	E	B
S	E	V	E	K	O	E	B	N	E	R	E	E	E	R

Find 16 hidden words. You can go horizontally, vertically and diagonally. Answers are given on the last page.

FROM THE MENTORS DESK

WHERE ARE YAJOOJ AND MAJOOJ!!!

Courtesy: Prof. Samina Ghaznavi

Consultant, South City Hospital, Karachi

We have all come across about Yajooj and Majooj, who have been imprisoned behind the wall constructed by Zul Qarnain. A wall which is so gigantic, that it covers the space between 2 mountains from ground to the very peaks, and is 60 yards in width!

So, in this era of AI, where satellite and drones can detect even the tiniest life form on earth or the sea bed, it is indeed beyond imagination, as to how this enormously humongous wall, and the uncountable throngs of Yajooj and Majooj remain undiscovered...

According to the Quran, this wall comprises of molten iron and copper. Thus, if the iron was to represent magnetic force and copper, electricity, then, is it possible that this is not a physical structure, but an "Electromagnetic field" as yet undetectable by human and artificial intelligence, which has imprisoned Yajooj and Majooj. Perhaps underground, or under the sea bed, or in yet another dimension, to be released before the doomsday!!

God Almighty knows the best.

W Allah o Alam.

SECTION 5:

PERSPECTIVES IN RHEUMATOLOGY

WOMEN WITH RHEUMATIC DISEASES NEED MORE THAN DISEASE CONTROL

Courtesy: Dr. Tayyeba Khursheed

In Rheumatology, the major goal of treatment is disease control. The aim is to reduce pain, suppress inflammation, preserve function, and prevent long-term damage. Yet for many women living with rheumatic diseases, disease control alone is not enough. Many women are diagnosed during their childbearing years, when issues related to reproductive health become highly relevant. Fertility, contraception, pregnancy, breastfeeding, and medication safety can significantly influence both health outcomes and quality of life.

Emerging research from Pakistan has begun to quantify these unmet needs. With academic collaboration from the EULAR Reproductive Healthcare and Family Planning Study Group, the Department of Rheumatology at Pakistan Institute of Medical Sciences conducted a large survey of women with RMDs. In the survey, knowledge about disease and reproductive health aspects were poor. Understanding of medication safety was limited, with many patients unable to correctly identify commonly used Rheumatology drugs that may pose risks during pregnancy. Awareness of contraceptive methods did not always translate into actual use, and some women reported no awareness of any contraceptive option at all.

One of the most concerning findings was the high frequency of preventable teratogenic risk. Among women not planning pregnancy, exposure to medications with established or potential pregnancy-related risk was common, yet many were not using contraception. Nearly one-third met criteria for high-risk exposure, i.e. the use of teratogenic medications, lack of contraception, and poor awareness regarding drug safety in pregnancy. In addition, counselling regarding contraception remained limited, was in effective when given.

These unmet needs have important clinical consequences. Women not planning pregnancy may remain exposed to medications requiring contraceptive precautions without adequate counselling. Likewise, pregnancies occurring during active disease or without prior planning may carry greater risk of adverse outcomes. In such situations, the challenge is not only disease activity but also missed preventive care.

Missed reproductive care is often not a matter of neglect, but a reflection of the time pressures and system demands faced in busy Rheumatology services. Greater patient education and closer collaboration with obstetric and Gynaecology colleagues may help support more coordinated care. With growing awareness of these issues, we hope the integration of holistic reproductive health into routine practice will continue to expand, helping improve outcomes for women living with rheumatic diseases.

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PATIENT PERSPECTIVE

Courtesy: Dr. Sufyan Khan

S. Registrar, Pakistan Institute of Medical Sciences, Islamabad

Finding Hope After Lupus: My Journey Back to Life
Anonymous Patient
I was a young woman when my life changed completely. Until then, I had been living a normal life, but suddenly I was diagnosed with a disease I had never even heard of — systemic lupus erythematosus (SLE). Within a short time, I learned that my kidneys were severely affected, my blood counts were dangerously low, and my blood pressure was becoming increasingly difficult to control.

My lupus was extremely active. I was diagnosed with Class IV lupus nephritis and severe thrombocytopenia. I was admitted to hospital several times, and despite taking many medications, my condition continued to worsen. The steroids needed to control my disease caused significant side effects. Before my illness, I weighed around 65 kg, but over time I gained nearly 60 kg, reaching approximately 125 kg. This rapid weight gain affected every aspect of my life. Simple daily activities became exhausting, and I no longer recognized myself.

I was taking four medications for high blood pressure, yet it remained uncontrolled. I felt physically weak and emotionally drained, and I began to wonder if my life would ever be normal again. When I came under the care of the Rheumatology Department, I was critically ill. My hemoglobin had fallen to only 3 g/dL, and I required urgent transfusion of three units of blood. From that point onward, my treatment was carefully planned and closely monitored.

The first priority was to bring my lupus under control. I was started on appropriate immunosuppressive therapy and treatment for lupus nephritis. Gradually, with regular follow-up and adjustment of medications, my disease activity began to improve. It was not a quick recovery, but for the first time there was real progress.

Once my lupus became stable, my doctors addressed the severe steroid-related weight gain. Because obesity was affecting my health and quality of life, I underwent sleeve gastrectomy as part of a multidisciplinary treatment plan. By this stage, my lupus was well controlled, making surgery a safer option. After surgery, I gradually lost a significant amount of weight. My blood pressure improved, my strength returned, and everyday activities became easier. More importantly, my lupus remained under good control.

Recovery took almost three to five years of treatment, patience, and trust in my healthcare team. Today, I weigh around 70 kg, my lupus is well controlled, steroids have been completely stopped, other immunosuppressive medications have been successfully tapered, and I continue only on hydroxychloroquine with regular follow-up. Lupus affects far more than the kidneys or blood. It affects confidence, relationships, mental health, and daily life. But with expert care, persistence, and a team that looks after the whole person — not just the disease — recovery is possible.

To anyone living with lupus: difficult days will come, but there is hope. Healing takes time, and every small step forward matters. Today, lupus is no longer the center of my life. It is only one chapter of my story — and no longer the chapter that defines me.

LIVING WITH RHEUMATIC DISEASES: A SHARED PATIENTS JOURNEY ACROSS MOST PREVALENT RHEUMATOLOGICAL DISEASES.

Courtesy: Dr. Maryam Haroon

Fellow Rheumatology National Hospital Lahore

Patients living with rheumatic diseases such as rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis, and vasculitis often describe a prolonged and uncertain journey before diagnosis. Early symptoms—pain, fatigue, skin changes, or intermittent swelling—are frequently underestimated or attributed to minor conditions, resulting in repeated consultations and delayed recognition. Many patients express emotional distress due to fluctuating disease patterns, functional limitations, and the invisible nature of their illness. Inflammatory flares affecting joints, skin, vessels, or internal organs significantly impact quality of life and daily functioning. Beyond pharmacological treatment, patients consistently emphasize the importance of timely diagnosis, clear communication, empathy, and reassurance from clinicians. Shared decision-making and continuity of care are highlighted as key factors that restore trust and improve adherence to long-term therapy.

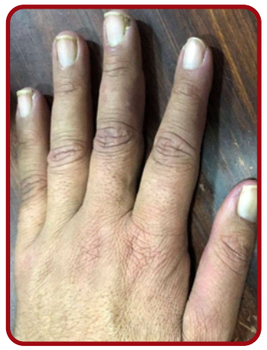
So, take home message is beyond disease control, empathy and early recognition define the patient experience in Rheumatology.

SECTION 6:
CLINICAL CASES AND IMAGES

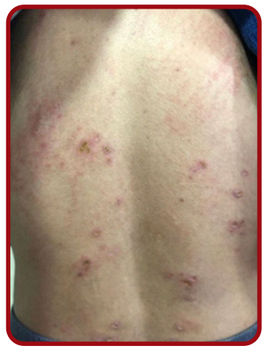
CUTANEOUS MANIFESTATIONS OF ANTI-MDA5 CADM
(CLINICALLY AMYOPATHIC DERMATOMYOSITIS) IN A 45 YEAR OLD MALE PATIENT

Courtesy: Dr. Aisha Rehman

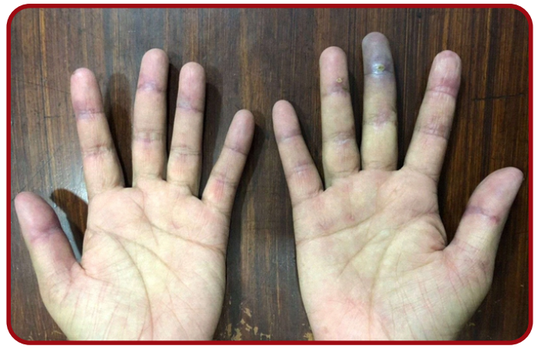
Fellow, Pakistan Institute of Medical Sciences, Islamabad



Nail-fold infarct and Gottron's sign on the dorsum of the hand



Flagellate Erythema, Papules and Ulcers on the back



Inverse Gottron's Sign on the palmar aspect of interphalangeal joints and vasculopathic digital ischemia

CLINICAL PEARLS: NOT EVERY SERONEGATIVE ARTHRITIS IS RHEUMATOID ARTHRITIS

Courtesy: Prof. Uzma Rasheed

Pakistan Institute of Medical Sciences, Islamabad

A 41-year-old female from Dir, mother of seven children, presented for re-evaluation of her longstanding inflammatory arthritis. She had been diagnosed with seronegative rheumatoid arthritis (RA) seven years earlier based on chronic inflammatory polyarthritis involving small joints. Previous records showed normal complete blood counts and creatinine, mildly elevated ALT, markedly raised inflammatory markers, and negative rheumatoid factor (RF), anti-CCP antibodies, and hepatitis B/C screening. She had initially been treated with methotrexate and later switched to hydroxychloroquine after a positive ANA test.

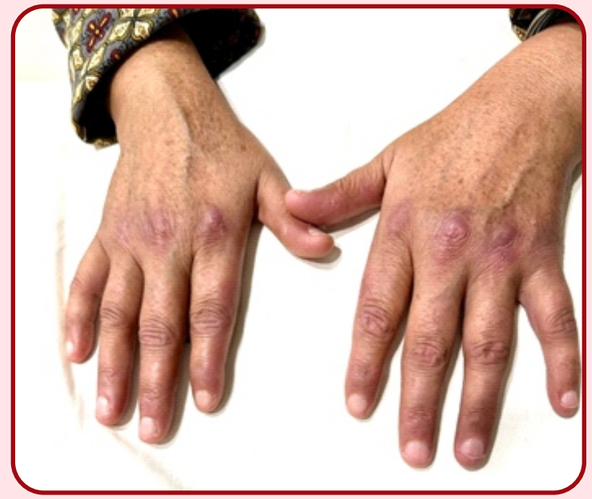
On current presentation, she had active arthritis involving the small joints of the hands and knees. Careful examination revealed an erythematous rash over the dorsal aspects of the MCP and PIP joints, consistent with Gottron's papules. Chest examination demonstrated bibasal crepitations. Neurological examination showed proximal lower limb muscle weakness with power of 3/5, while reflexes were preserved.

Investigations revealed persistently elevated inflammatory markers, ALT 163 U/L, markedly elevated CPK 4039 U/L, normal complete blood counts, and ANA positivity (1:160 cytoplasmic pattern). Anti-dsDNA and ENA profile were negative. Further evaluation with EMG, HRCT chest, and myositis antibody profile (anti MI-2, anti Jo-1 positive) confirmed the diagnosis of antisynthetase syndrome.

The patient was started on Glucocorticoids and Mycophenolate mofetil, with significant improvement in arthritis and muscle enzyme levels

Clinical Pearl:

In patients labelled as seronegative inflammatory arthritis, clinicians should remain vigilant for alternative diagnoses, especially when atypical features are present. A thorough systemic examination can provide critical diagnostic clues. In this case, the key findings were Gottron's papules, bibasal crepitations, and proximal muscle weakness, which redirected the diagnosis from seronegative RA to antisynthetase syndrome. Early recognition is essential, as prompt immunosuppressive treatment can significantly improve outcomes and prevent progression of interstitial lung disease.



CUTANEOUS T-CELL LYMPHOMA MIMICKING AMYOPATHIC DERMATOMYOSITIS WITH PROGRESSIVE PULMONARY AND NODAL INVOLVEMENT: A DIAGNOSTIC CHALLENGE

Courtesy: Dr. Sadia Khursheed, Dr. Muhammad Wasaf Ul Haq, Dr. Abdul Wajid

Ayub Teaching Hospital, Abbottabad.

Amyopathic dermatomyositis (ADM) is an autoimmune disorder characterized by classic cutaneous manifestations of dermatomyositis in the absence of clinically significant muscle involvement. Cutaneous T-cell lymphoma (CTCL), particularly mycosis fungoides, may mimic inflammatory dermatoses, creating significant diagnostic challenges.

A 49-year-old female with a five-year history of ADM presented with progressive exertional dyspnea, dry cough, arthralgia, and worsening cutaneous lesions. She had previously been diagnosed with ADM based on characteristic photosensitive poikilodermatous plaques, positive antinuclear antibody (1:2560), anti-Mi-2 positivity, and skin biopsy findings demonstrating lichenoid inflammatory infiltrates. She was managed with methotrexate under dermatological supervision.

Despite treatment, her skin disease progressed. Repeat skin biopsy performed in July 2025 demonstrated epidermotropism with band-like lymphocytic infiltrates at the dermoepidermal junction, basal cell vacuolation, and pigment incontinence. Immunohistochemistry showed diffuse CD3 positivity, scattered CD20-positive cells, focal CD4 positivity, and diffuse CD8 positivity, establishing a diagnosis of cutaneous T-cell lymphoma (mycosis fungoides). Ultraviolet-B phototherapy was initiated; however, the patient developed marked photosensitivity, lip swelling, proximal muscle weakness, dysphagia, and worsening respiratory symptoms.

High-resolution computed tomography of the chest initially demonstrated bilateral patchy infiltrates and consolidative changes. Subsequent contrast-enhanced computed tomography revealed multiple pleural-based and intraparenchymal nodular lesions, cavitary consolidation, mediastinal lymphadenopathy, and bilateral fibrotic lung changes suggestive of systemic disease progression. Bone marrow aspiration and trephine biopsy showed reactive trilineage hematopoiesis without marrow involvement. The patient was ultimately diagnosed with advanced CTCL with suspected pulmonary and nodal dissemination and was referred for systemic chemotherapy.

This case highlights the importance of reconsidering alternative diagnoses in patients with presumed ADM who exhibit atypical progression, treatment resistance, or evolving systemic manifestations.

DUAL ANCA-POSITIVE VASCULITIS OVERLAP WITH CONNECTIVE TISSUE DISEASE: A RARE CASE REPORT

Courtesy: Raheel Ali Shah, Zia Ud Din, Adnan Khan

Department of Rheumatology, MTI Lady Reading Hospital, Peshawar, Pakistan.

BACKGROUND

Overlap syndromes between systemic vasculitis and connective tissue diseases (CTDs) are rare autoimmune conditions characterized by complex multisystem involvement. Pulmonary renal syndrome is a life-threatening manifestation requiring early recognition and aggressive immunosuppressive management.

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CASE SUMMARY

A 23-year-old male presented with a four months history of bilateral lower limb swelling, recurrent epistaxis, inflammatory knee pain, alopecia, and oral ulcers, followed by facial swelling. Laboratory evaluation revealed elevated inflammatory markers, nephrotic-range proteinuria, hematuria, hypoalbuminemia, and impaired renal function. Autoimmune profiling revealed positive antinuclear antibody (ANA) and dual antineutrophil cytoplasmic antibody (ANCA) positivity, including both cytoplasmic (C-ANCA) and perinuclear (P-ANCA) patterns, along with extensive extractable nuclear antigen (ENA) antibody reactivity. These findings were suggestive of an autoimmune overlap syndrome involving systemic vasculitis and systemic lupus erythematosus (SLE). Renal biopsy showed grade 3,4 immune complex-mediated glomerulonephritis with IgM, C3, and C1q deposition. During hospitalization, the patient developed hemoptysis and worsening respiratory distress. Computed tomography (CT) of the chest revealed bilateral pulmonary involvement with patchy consolidation, bilateral ground glass haze, and pleural effusion, consistent with pulmonary renal syndrome.

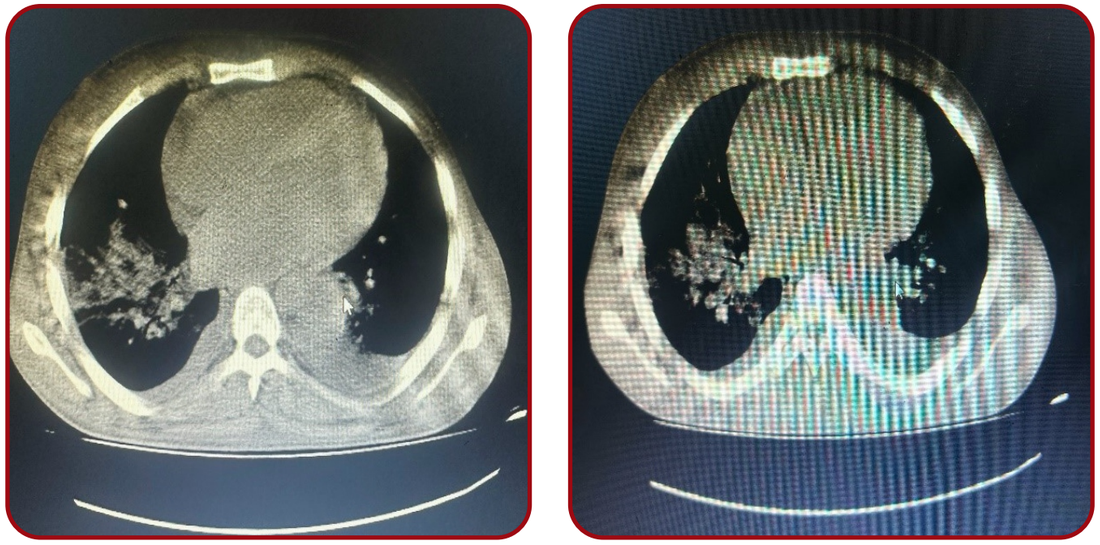

Figure 1:
CT chest showing pulmonary involvement.
After exclusion of infection, treatment was initiated with intravenous methylprednisolone pulse therapy followed by a single dose of rituximab. Induction therapy was completed with low-dose intravenous cyclophosphamide using the Euro-Lupus regimen. The patient demonstrated significant clinical improvement with resolution of hemoptysis, improved renal function, and stabilization of hematological parameters.

LEARNING POINT

This case highlights the diagnostic complexity of vasculitis–SLE overlap syndromes, particularly in patients presenting with pulmonary–renal involvement. Dual ANCA positivity with extensive ENA reactivity should alert clinicians toward overlap autoimmune pathology. Early diagnosis, multidisciplinary management, and prompt immunosuppression are essential to prevent irreversible organ damage.

AN UNCOMMON HEMATOLOGICAL SEQUELA OF RHEUMATOID ARTHRITIS: PURE RED CELL APLASIA IN A TREATMENT -REFRACTORY PATIENT

Courtesy: Dr. Saira Bano

PNS Shifa, Karachi

A 52-year-old female with a 20-year history of seropositive rheumatoid arthritis presented with progressively worsening symptomatic anemia over two years. Her RA remained clinically active despite leflunomide, hydroxychloroquine, and prednisolone, with a DAS28 of 4.6. She reported severe joint pain and swelling, prolonged early morning stiffness, easy fatigability, exertional dyspnea, chest tightness, and palpitations.

Despite intravenous iron, vitamin B12 replacement, and repeated packed red cell transfusions, no sustained hematological improvement was observed. Over one year, she required more than 30 units of packed red blood cell transfusions.

Bone marrow biopsy showed markedly depressed erythropoiesis (<5%) with preserved granulopoiesis and megakaryopoiesis, consistent with pure red cell aplasia (PRCA). Hemoglobin was 6.5 g/dL with profound reticulocytopenia, while platelet and white blood cell counts remained normal. No abnormal infiltrates, granulomatous inflammation, dysplasia, or infectious agents were identified.

Leflunomide was discontinued due to its potential association with PRCA. Prednisolone was increased to 50 mg/day and cyclosporine was initiated, but stopped within a few days because of severe gastrointestinal intolerance. Given refractory disease, rituximab 1 g was administered intravenously, followed by a second dose two weeks later. Gradual hematological recovery became evident over subsequent weeks, with stabilization of hemoglobin approximately four months after rituximab therapy.

PRCA is a rare but potentially life-threatening hematological manifestation of rheumatoid arthritis. This case highlights the importance of considering PRCA in severe unexplained transfusion-dependent anemia and illustrates rituximab as a potentially effective therapeutic option in refractory RA-associated PRCA.

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Key

Down: 1. Sicca, 2. Kikuchi, 3. Pegloticase; Across: Pannus, 2. MAGIC, 5. Anifrolumab, 6. Scleritis, 7. Raynauds, 8. Felty

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RHEUMATOLOGY PUZZLES WORDS

Deucravacitinib, Dactylitis, Enthesitis. En coup de sabre, Sclerosis, EGPA, COPA, SAPHO, Raynaud's, Behcet, AOSD, DADA, VEXAS, TIF-ONE-GAMMA (TIF1-Gamma), Koebner, TRAPS

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