EFFECTS OF ALEXITHYMIA ON ACTIVITY PAIN, UPPER EXTREMITY FUNCTION, SYMPTOM AND DEPRESSION LEVELS IN PATIENTS WITH THORACIC OUTLET SYNDROME

Yasin Tunç,1 Nur Baru Karaca,1 Tüzün Fırat,1 Ayten Kaya Gangir,2 Hacettepe University, Ankara, Turkey;2 Ankara University, Ankara, Turkey

Background: Presentation of the most common changes in the thoracic outlet syndrome causing functional disorders of the upper limb (1). The majority of the studies published on TOS highlight physiotherapy strengthening exercises and postural reeducational drills as being the mainstay of any conservative management programme for TOS (2). However, in the literature, the effect of emotional state on progression in treatment programs has not been investigated. Alexithymia, which refers to deficiencies in the self-awareness of emotional states, has been reported to be associated with poor ability in various aspects of social cognition (3). The ability of TOS patients to express themselves and their emotions will affect the success of the treatment.

Objectives: The aim of this study was to investigate the effect of alexithymia on upper extremity functions, symptoms, pain level, depression and anxiety in patient with Thoracic Outlet Syndrome.

Methods: Forty-three TOS patients (36.67±13.99 years; 38 women, 5 men) were enrolled to the study. Alexithymia was assessed with Toronto Alexithymia Scale (TAS-20). The patients were divided into two groups as non-alexithymia group and alexithymia group according to 51 points of TAS -20 cut-off score. Pain levels at rest and activity were assessed with visual analogue scale; upper extremity function was assessed with Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire, and upper extremity symptom was assessed with using Servical Brachial Symptom Questionnaire. Mann-Whitney U test was used for data analyses.

Results: Activity pain level and depression in alexithymia group was higher than the non-alexithymia group, p>0.008 and p=0.007, respectively. Also, functional level and symptoms were worst in alexithymia patients, p=0.041 and p=0.05, respectively. No difference was found between groups in anxiety and resting pain level (p>0.05).

Conclusion: Thoracic outlet syndrome patients who have alexithymia show worse pain, symptoms, function, and depression. Emotion should be considered in physiotherapy programs. Because the progression of alexithymia patients are worst than non-alexithymia patients.

REFERENCES

Disclosure of Interests: None declared
was suspected and markers revealed serum ferritin 30,000 ng/ml, fibrinogen 250 mg/dl,Triglycerides 350 mg/dl and soluble CD25 12.000 U/ml. Bone marrow aspiration confirmed the diagnosis.Cytomegalovirus (CMV) IgM and PCR were significantly high.With regard to all the previous clinical and laboratory features,a CMV-induced secondary MAS in JSLE was confirmed.Patient was managed according to HLH-2004 treatment protocol ( pulsed methylprednisolone 30mg/kg/day,cyclosporine A 6mg/kg/day, IV etoposide 150mg/m²)and IVIG.Ganciclovir was also added (5mg/kg IV q/12h x 7 days). Patient showed marked clinical improvement together with significant diminution of the MAS laboratory markers to normal.Two weeks post discharge on oral dexamethasone and cyclosporine A, the patient showed a severe clinical and laboratory MAS relapse ( serum ferritin 50,000 ng/ml). The previous treatment protocol was restarted together with adding Rituximab 375mg/m² x 3 doses two weeks apart.Patient showed marked clinical and laboratory improvement and was maintained on full dose oral prednisone and oral Cyclosporine A. Tight gradual withdrawal of oral steroids was done with close clinical and laboratory follow up.

Conclusion: JSLE is a major diagnostic conundrum in pediatrics owing to its extremely variable clinical manifestations which can mimic many common pediatric conditions(e.g.malignant disease,other auto-inflammatory conditions,malignancy and any specific organ associated disease).Compared to adults JSLE has a more severe disease presentation.MAS is a life threatening condition that requires high index of suspicion and prompt management.In our case, controlling JSLE activity using Rituximab was significantly beneficial in arresting HLH evolution.

REFERENCES


AB0922

UPDATES ON THE EVIDENCE BASED INTERDISCIPLINARY GUIDELINES FOR HENCHÖN-SCHÖNLEIN PURPURA

Mohammed Hassan Abu-Zaied, Yasser El Midany1,2, Waleed Hassan3, Yornna Farag3, Hala Lotfy4, Mervat Eissa5, Mohammed A. Mortada6, Samah Ismail Nasel6, Dalia Mekkawy1, Ghada El Deirny1, Maha El Gaafary1, Yosra Atef1, Nadia El Aroussy2.

Methods: Interdisciplinary guidelines were developed with representative management of HSP

Objectives: To set an updated interdisciplinary recommendations for the management of HSP have been formulated, that provide an up-to-date guidance of HSP management.

Conclusion: A total of seven evidence based interdisciplinary recommendations for management of HSP have been formulated, that provide an up-to-date guidance of HSP management.

Background: Henoch-Schönlein purpura (HSP) is the most common childhood vasculitis, it is characterized by inflammation of small vessels leading to non-thrombocytopenic purpura, arthritis/arthralgia, GI hemorrhage, evidence of nephritis/nephrotic syndrome or renal impairment, evidence of neurological symptoms. Criteria for early referral to pediatric nephrologist were also identified including: hypertension, abnormal renal function, macroscopic hematuria for 5-days, nephrotic syndrome, acute nephritic syndrome, as well as persistent proteinuria.

Figure 1: recommendations for management of HSP

Figure 1

REFERENCE


AB0923

EFFECTS OF EXON 10 MUTATIONS VS NON-EXON 10 MUTATIONS ON FMF PHENOTYPE AND RESPONSE TO TREATMENT

Halice Adiguzel Dündar1, Özge Altug Guenceniz2, Ceyhun Acan2, Serkan Turukcu2, Baltahan Makay3, Erbil Unsali1, Dokuz Eylul University Faculty of Medicine, Department of Pediatrics, Pediatric Rheumatology Unit, Izmir, Turkey; 2Dr. Behcet Uz Childrens’ Hospital, Pediatric Rheumatology Unit, Izmir, Turkey

Background: Familial Mediterranean fever (FMF) is the most common monogenic periodic fever syndrome. The MEFV gene mutation encoding the pyrin protein results in an uncontrolled increase in interleukin-1. Today, more than 333 MEFV mutations have been identified; however, exon 10 mutations are still seem to be best correlated with clinical findings.

Objectives: In this study, we aim to investigate the role of exon 10 mutations vs non-exon 10 mutations on clinical features and response to treatment in patients with FMF.

Methods: Data charts of children (n=935) with FMF from Dokuz Eylul University childrens’ hospital and Dr.B.Uz childrens’ hospital were reviewed. Patients were divided into two groups with regard to having criteria for admission were identified as: severe arthritis or arthralgia limiting ability to weight bearing and mobilization, severe abdominal pain, GI hemorrhage, evidence of nephritis/nephrotic syndrome or renal impairment, evidence of neurological symptoms. Criteria for early referral to pediatric nephrologist were also identified including: hypertension, abnormal renal function, macroscopic hematuria for 5-days, nephrotic syndrome, acute nephritic syndrome, as well as persistent proteinuria.

Conclusion: A total of seven evidence based interdisciplinary recommendations for management of HSP have been formulated, that provide an up-to-date guidance of HSP management.

Background: Henoch-Schönlein purpura (HSP) is the most common childhood vasculitis, it is characterized by inflammation of small vessels leading to non-thrombocytopenic purpura, arthritis/arthralgia, GI hemorrhage, evidence of nephritis/nephrotic syndrome or renal impairment, evidence of neurological symptoms. Criteria for early referral to pediatric nephrologist were also identified including: hypertension, abnormal renal function, macroscopic hematuria for 5-days, nephrotic syndrome, acute nephritic syndrome, as well as persistent proteinuria.

Conclusion: A total of seven evidence based interdisciplinary recommendations for management of HSP have been formulated, that provide an up-to-date guidance of HSP management.