

4th International Conference on

Orthopedics & Rheumatology

October 26-28, 2015 Baltimore, Maryland, USA

Sjogrens syndrome and hyperlipoproteinemia (a): A detrimental association

Sagaram Uday Shanker
Maruthi Rheumatology Research Center, India

Introduction: In my 30 years of experience in the field of Cardiology and Rheumatology, I have come across several cases of dyslipidemia, hyperlipoproteinemia (a) and inflammatory arthritis. Dyslipidemia not responding to regular treatment with statins were investigated further and found to have higher levels of lipoprotein (a) which is detrimental to the arthritis patients. On further investigations, few patients were found to have an uncommon combination of Sjogrens syndrome and hyperlipoproteinemia. Such association may lead to sudden/early death.

Objective: Identification of the association of hyperlipoproteinemia (a) with Sjogrens syndrome and vasculitis in autoimmune arthritis diseases.

Methods: Clinical OP basis: Identified seven cases of inflammatory arthritis like RA, SLE, MCTD, enteropathic arthritis, psoriatic arthritis, etc., and their association with hyperlipoproteinemia (a) and associated Sjogrens syndrome (period 2009-2015).

Medical Treatment: For inflammatory arthritis: DMARDS and Deflazacort; Hyperlipoproteinemia (a): Niacin NF 1 gm per day and omega fatty acids 500 mg per day; Associated dyslipidemias: Statins; Associated diabetes (if required): Oral Hypoglycemics; and Associated hypothyroidism (if required): Thyroxine tablets.

Result: Sjogrens syndrome: There was symptomatic relief, such as correction of dryness of oral cavity, dyspepsia retroorbital pain, preauricular glandular enlargement, lubricant eye drops to dry palpebrae- lipoprotein (a) levels reduced to optimum values in 3 to 6 months.

Conclusion: Though very rare, the association of hyperlipoproteinemia (a) with Sjogrens syndrome and vasculitis in autoimmune inflammatory arthritis does exist, and the incidence is more in rheumatoid arthritis when compared to SLE, MCTD, scleroderma and psoriatic arthritis.

Biography

Sagaram Uday Shanker received medical degree from Gandhi Medical College, Hyderabad, India in 1978. He then worked as a Sr. Intern in Cardiology in Gandhi Hospital, Hyderabad. In 1984, he worked as a Research Associate in Department of Nephrology at Thomas Jefferson University Hospital, Philadelphia. He returned to India to do extensive clinical work in Cardiology and Nephrology and started his own Cardiac emergency ICCU where he treated over 10,400 Myocardial Infarctions. He worked in Cardiac Catheterization Unit, Apollo Hospital, Hyderabad where he produced a paper on Hibernation Myocardium and won fellowship in American College of Angiology. In 2005, he won his first national award, Bharatiya Chikitsak Ratan in New Delhi. Subsequently, he won 14 awards including a felicitation and award in London and Bangkok. His passion to serve the rural India made him travel extensively as a consultant rheumatologist treating around 13000 patients.

udayshanker.sagaram28@gmail.com

Notes: