AN INTERESTING CASE OF RHEUMATOID ARTHRITIS

Shyvin K S

(General medicine consultant, San Jos Parish hospital, India)

Christopher Mathew,

(MRCP internal medicine trainee, Aster wayanad speciality hospital, India)

Abstract:

Felty's syndrome is a rare complication of rheumatoid arthritis, less than 1% of RA people experience this. Felty's syndrome being characterized by triad of rheumatoid arthritis, enlargement of the spleen and low neutrophil count. Typically, the syndrome only affects people with long standing disease characterized by RF and ANA seropositivity and the presence of rheumatoid nodules and articular deformities, often in the context of minimal synovitis. This case report highlights the features of Felty's syndrome.

Image

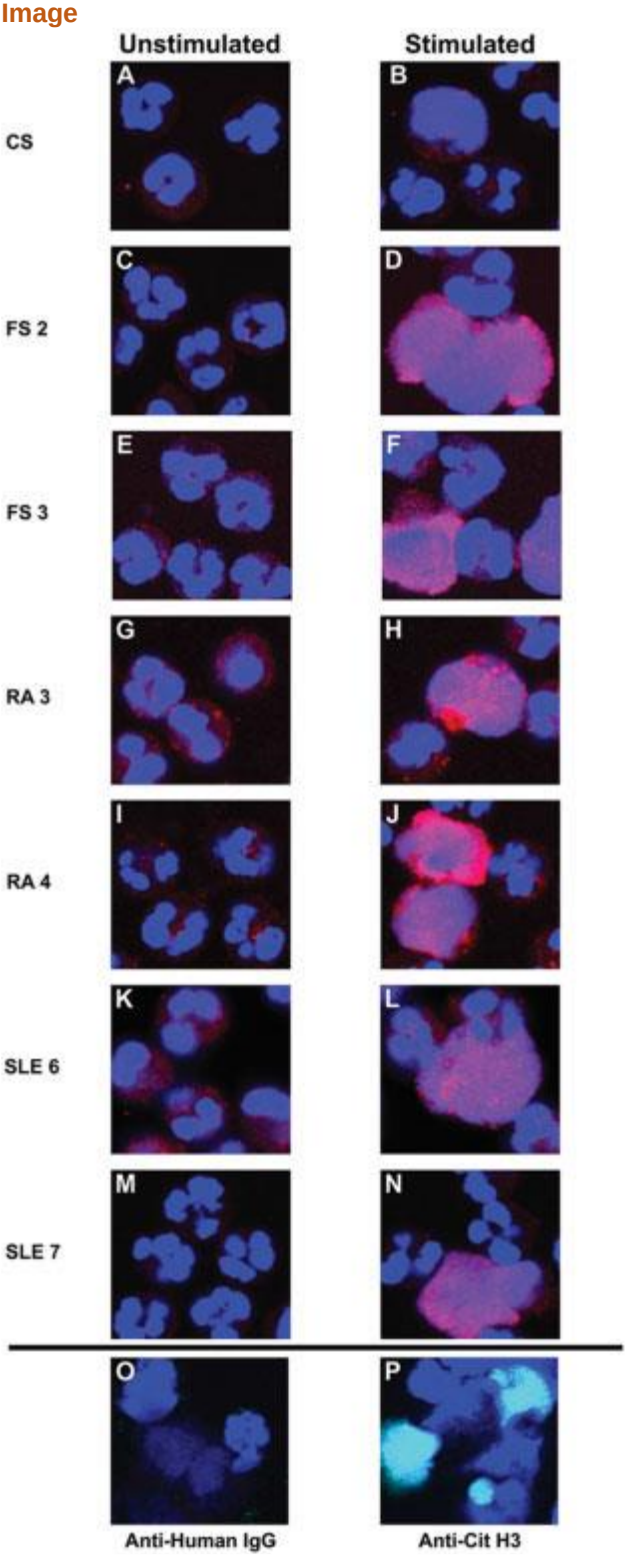


Figure 1. Binding of autoimmune sera to activated neutrophils. **A–N,** Unstimulated and lipopolysaccharide (LPS)–stimulated neutrophils were tested for binding by autoimmune and control serum (CS) IgG. Representative sera are shown. **A** and **B,** Control serum. **C** and **D,** Serum from Felty's syndrome (FS) patient 2. **E** and **F,** Serum from FS patient 3. **G** and **H,** Serum from rheumatoid arthritis (RA) patient 3. **I** and **J,** Serum from RA patient 4. **K** and **L,** Serum from systemic lupus erythematosus (SLE) patient 6. **M** and **N,** Serum from SLE patient 7. Stimulated neutrophils, particularly those that had released neutrophil extracellular chromatin traps, reacted more strongly with autoimmune IgG. **O,** As a negative control, anti-human IgG alone was used on LPS-stimulated neutrophils. **P,** LPS-treated neutrophils were used to detect deiminated histone H3. Anti–citrullinated histone H3 (Anti-Cit H3) was detected with green fluorescence. IgG binding is shown in red; DNA is shown in blue. The overlap of green and blue appears as aqua. Original magnification _ 400[i].

Recent Publications

1)https://www.ncbi.nlm.nih.gov/myncbi/1dSU7jQIv2ZQa/bibliography/public/ [https://ijisrt.com/polyarteritis-nodosa-presenting-as-acute-pancreatitis (I am the first author)

Abstract note: POLYARTERITIS NODOSA PRESENTING AS ACUTE PANCREATITIS]

2)https://www.ncbi.nlm.nih.gov/myncbi/1dSU7jQIv2ZQa/bibliography/public/ [https://ijisrt.com/an-interesting-case-of-rheumatoid-arthritis (I am the first author) abstract note: an interesting case of rheumatoid arthritis]

3)https://www.ncbi.nlm.nih.gov/myncbi/1dSU7jQIv2ZQa/bibliography/public/ [https://ijisrt.com/acute-liver-failure-in-dengue-shock-syndrome (I am the first author) abstract note: Acute Liver Failure in Dengue Shock Syndrome]

4) https://www.ijdmsrjournal.com/current-issue.php?issueid=31(i am the first author)

Abstract note: NEUROENDOCRINE ABNORMALITIES IN TRAUMATIC BRAIN INJURY

5) https://www.ijdmsrjournal.com/current-issue.php?issueid=32 (I am the first author)

Abstract note: A cohort study to compare the benefits of Levosimendan vs

Dobutamine for acute decompensated heart failure cases

6) https://jalh.org/article.asp?issn=2772-7165;year=2022;volume=2;issue=2;spage=54;epage=58;aulast=Shivashankaran;type=0 (3rd author)

Abstract note: Clinical profile and diagnosis of tracheal bronchus among patients undergoing fiberoptic bronchoscopy in a tertiary level health facility

7) https://www.longdom.org/abstract/chronic-glomerulonephritis-presenting-as-hypertension-57218.html (first author) abstract note: chronic glomerulonephritis presenting as hypertension

Photograph



Biography

I am Dr Shyvin KS, from India. I work has a consultant physician in department of general medicine. I am interested in Rheumatology and I written various publications. I am very passionate about the subject and I would like to expand my knowledge.

Email:
ks.shyvin@gmail.com