



UNIVERSITY OF SANTO TOMAS HOSPITAL
SECTION OF RHEUMATOLOGY

Lupus and Pulmonary Hypertension: A Challenging Combination

Refashioning Forrest Gump's seminal aphorism, we often hear our mentors say, "Lupus is like a box of chocolates, you'll never know what you're gonna get." In this instance, what we got from the box is one of those flavors that you always wish you wouldn't pick, like chocolate with cherry liquor. Some combinations really do leave a bad taste in the mouth. But there are those flavor combinations where a preference can only be acquired after a considerable experience; an acquired taste. Lupus is already a conundrum in itself, then you combine it with another complex disease, pulmonary hypertension, Maybe you'll just find yourself scratching your head. But of course you eventually realize this the reason why you're here. You live to be intellectually stimulated. The mundane bores you. Puzzles excite you. So you gather your wits and tell yourself 'Challenge Accepted!'



RELENTLESSLY RECONDITE

SEVERE PULMONARY HYPERTENSION IN A PATIENT WITH PERSISTENTLY ACTIVE SLE

This is a case of a 24-year-old female diagnosed with Systemic Lupus Erythematosus (SLE) initially presenting with arthritis, fever, anemia, leucopenia, and positive autoantibodies. Two years after her lupus diagnosis she started complaining of dyspnea on exertion, chest pain, shortness of breath. This was when she was found to have Pulmonary Artery Hypertension (PAH).

The succeeding years would prove to be difficult, for her and for her doctor. If you can name all the therapeutic modalities in SLE and PAH, chances are she already received them, some even twice over. She received Rituximab a number of times due to her persistently active SLE.

Before and after Immunodeficiency panels showed marked decrease in B-cell counts. You would expect that since SLE's disease activity and manifestations are primarily B-cell driven, the patient would have significant relief of her symptoms. But surprisingly, that wasn't the case. It was definitely a challenge requiring the best minds in the field.

With this, the section came up with an idea of inviting experts to help shed light in those dark corners that we might have missed. To view the case with new fresh sets of eyes. To share knowledge and exchange ideas with our colleagues to gain new insights to a case that has caused many sleepless nights.

CASE MANAGEMENT CHALLENGE



The section organized a zoom webinar and invited experts from the field of Pulmonology, Rheumatology and Cardiology. A case such as this does not come very often. We wanted to share it to everyone, even our younger colleagues. We are to use the wonders of technology to be able to reach as far and wide as possible. We decided to go national. With most people staying in their homes and in front of their screens, this the most opportune time to involve as many heads as possible. but we thought that the sheer number of participants would overwhelm our technological capacity. So we decided to make it a 2-part event. One for our colleagues in Luzon and one for Visayas-Mindanao.



LET'S GO LUZON

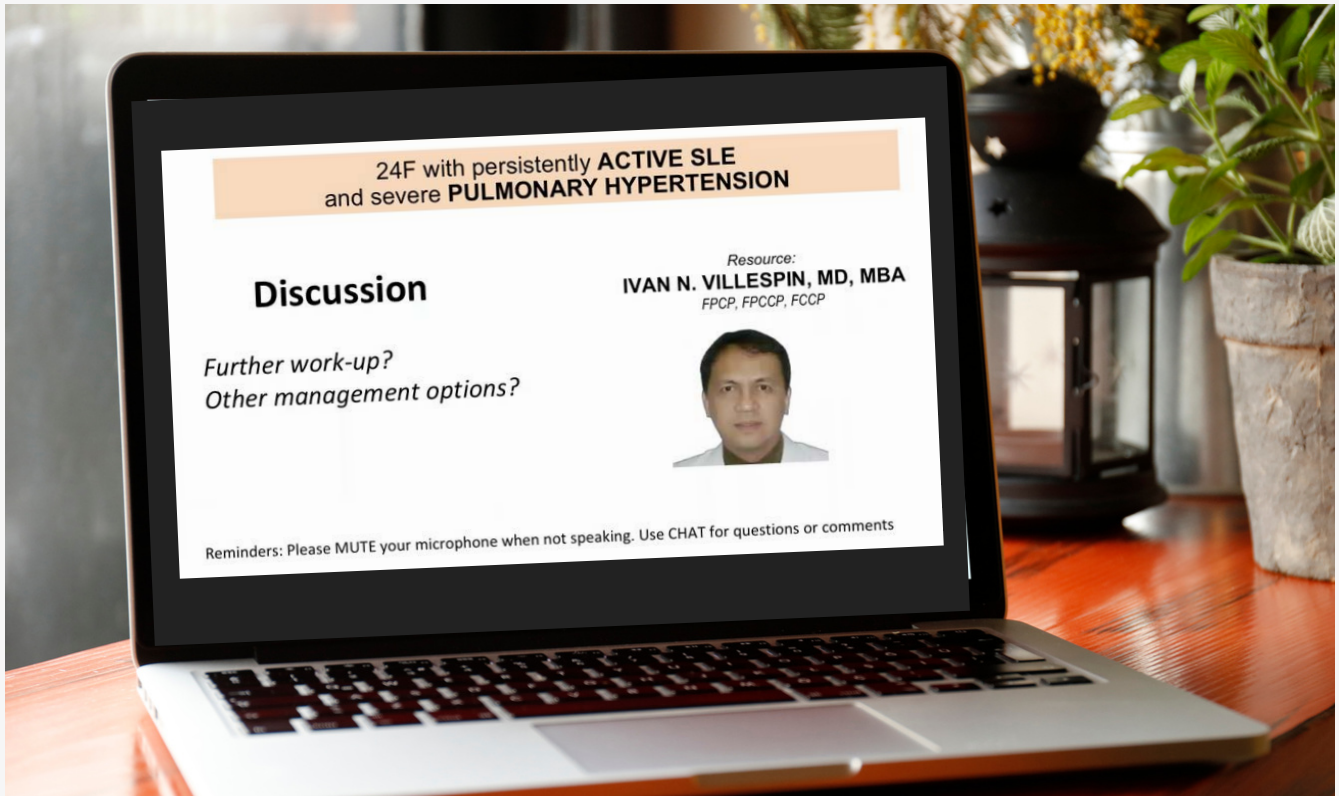
THE FIRST PART OF THIS LECTURE SERIES WAS HELD LAST SEPTEMBER 19, 2020.



Our first resource speaker, Dr. Francis Martin Cuenco, is a former chief fellow of the section of rheumatology. He gave a lecture on Pulmonary Arterial Hypertension in the Connective Tissue Diseases (CTD). Important learning points from his lecture were; PAH is a progressive and serious complication of CTDs particularly Systemic Sclerosis (SSc). Pathogenic mechanisms in the development PAH in CTD are multi-factorial (endothelial dysfunction, inflammation, and autoimmunity). Screening and early treatment of PAH in CTDs has shown better survival. No single therapeutic regimen has been shown to be fully effective in treating PAH-CTD. And a collaborative multidisciplinary team is needed in the management of PAH-CTD.


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WORDS FROM THE EXPERT



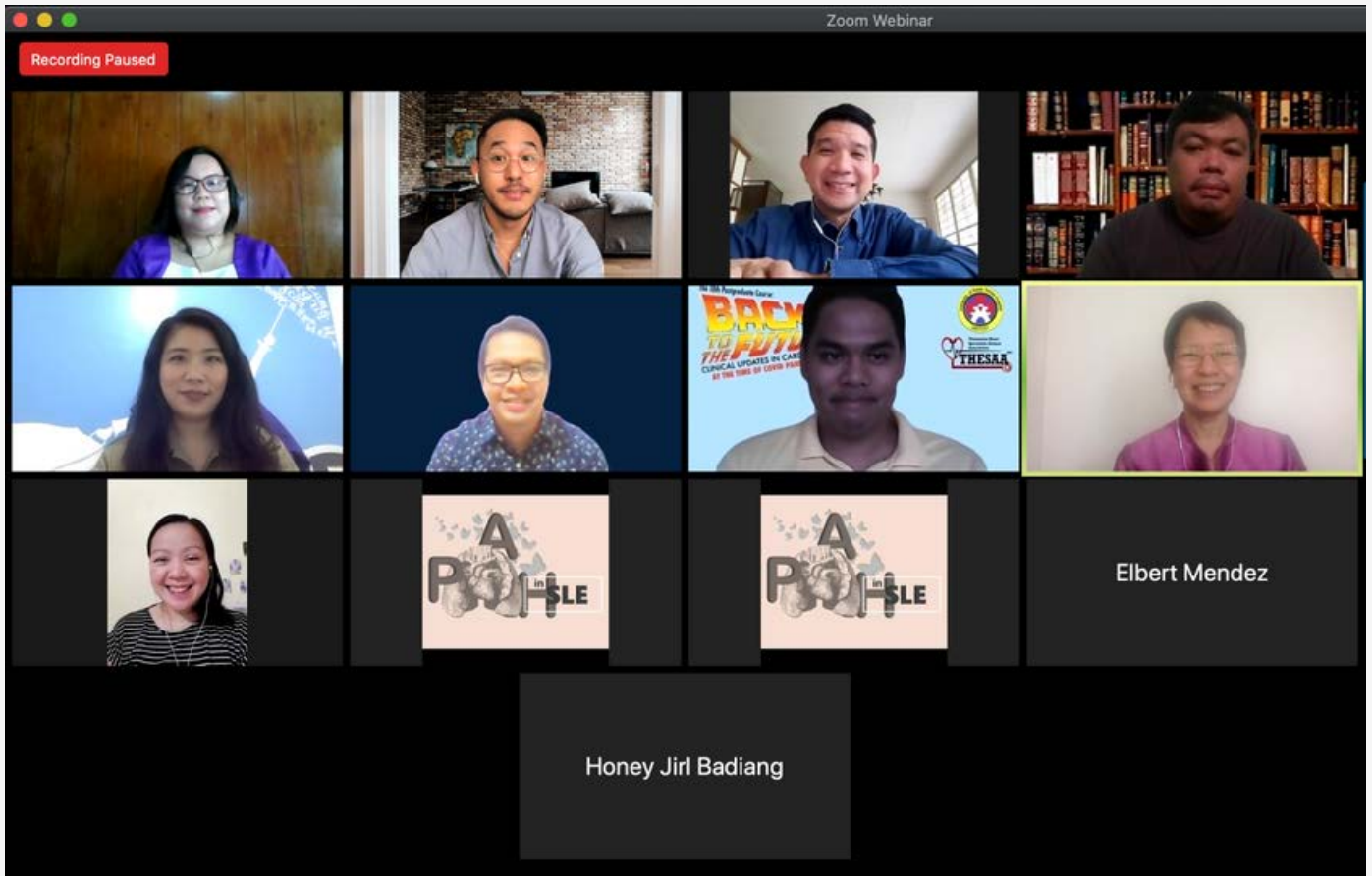
DR. IVAN VILLESPIN PULMONOLOGIST

To help us in our decision making and to provide his most sought-after insights, Dr. Ivan Villespin, associate professor at UST-FMS and the current president of the Philippine College of Chest Physicians, gave us an unflinching lecture. We have learned how risk assessment is of paramount importance in managing a case such as this and how objective parameters obtained through invasive procedures like right-heart catheterization is vital in planning treatment goals. Inarguably this option was presented to the patient though she has her reservations. Also, it's one thing that you know the stepwise algorithm in managing these patients but the availability of these modalities is a whole different story.



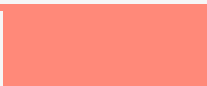
VIVA VISAYAS AND MINDANAO!

THE SECOND PART OF THE CASE MANAGEMENT CHALLENGE HAPPENED LAST NOVEMBER 11, 2020. THIS TIME, OUR COLLEAGUES FROM THE VISAYAS-MINDANAO BECAME OUR CO-ORGANIZERS FOR THE EVENT.



The second part of the case management challenge series brings us to the south. The section was excited to organize this event even on such short notice. Heading the VISMIN group we have Dr. Helmar Soldevilla, who gave her very up-to-date lecture on Pulmonary Hypertension in Connective Tissue Diseases. This was followed by the presentation of the case by Dr. Martin Carbonel, a rheuma fellow from UST. This was followed by the question and answer segment and discussion by our esteemed faculty. Responding to queries and sharing their expertise we have Dr. Anjuli May Jaen, a pulmonologist from Ilo-ilo, Dr. Juan Javier Lichauco, the current president of the PRA and section chair of rheumatology from St. Luke's Medical Center, and Dr. Paul John Ablaza, a cardiologist from Manila.

WE HAVE PARTNERED WITH OUR COLLEAGUES FROM VISMIN TO SHARE OUR PERPLEXING CASE AND TO GIVE THEM THE OPPORTUNITY TO SHARE THEIR KNOWLEDGE AND INSIGHTS.



RESOURCE FACULTY

THE AWESOME PEOPLE WHO SHARED THEIR KNOWLEDGE AND EXPERTISE ON THEIR RESPECTIVE FIELDS



DR. ANJULI MAY JAEN
PULMONOLOGIST



DR. JUAN JAVIER LICHAURO
RHEUMATOLOGIST



DR. PAUL JOHN ABLAZA
CARDIOLOGIST



DR. FRANCIS MARTIN CUENCO
RHEUMATOLOGIST



DR. IVAN VILLESPIN
PULMONOLOGIST



DR. HELMAR SOLDEVILLA
RHEUMATOLOGIST

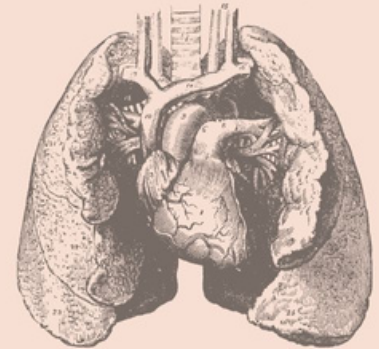


Severe Pulmonary Hypertension in a Patient with Persistently Active SLE

Presenters: Dr. Martin Carl Carbonel, Dr. Daniel Ryan Castillo

Moderator: Dr. Sandra V. Navarra

Faculty: Dr. Helmar F. Soldevilla (Rheumatologist)
Dr. Anjuli May P. Jaen (Pulmonologist)
Dr. Juan Javier T. Lichauco (Rheumatologist)
Dr. Paul John Ablaza (Cardiologist)



PROGRAM

Overview: Pulmonary arterial hypertension in the connective tissue diseases

Case presentation: 24F with persistently active SLE and severe pulmonary hypertension

Discussion and summary

PROGRAM DETAILS

THIS SECTION INCLUDES A COPY OF THE PROGRAM/INVITE AND THE NUMBER OF ATTENDEES AT THE WEBINAR.

CASE MANAGEMENT CHALLENGE	DATE	ATTENDEES
PART 1 LUZON GROUP (UST)	SEPTEMBER 19, 2020	107
PART 2 VISAYAS-MINDANAO GROUP	NOVEMBER 11, 2020	187



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