

The Conundrum: Decoding a Difficult Flare

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William of Ockham once said that the best explanation of any phenomenon is the one that makes the fewest assumptions. Ockham's razor, although practically used in modern medicine when eliminating guess work in diagnosis still gets challenged on occasion. It is still not uncommon to be caught up in a tangled web of possibilities that seem to oppose the principle of parsimony where we are unable to "shave off" less satisfactory explanations. This is a common predicament when faced with a complicated lupus that baffles even the experts. In contemporary times, discussions are often held through multidisciplinary meetings whether in real time or in retrospect where supporting evidence only becomes available post facto.

"lex parsimoniae – All things being equal, simpler solutions are generally better than complex ones"



Professor Sandra Navarra taking the lead as moderator of the Difficult Lupus Case Challenge

In any complex case discussion, no one does it better than Professor Sandra V. Navarra, a world-renowned lupus expert. She has been a major proponent and advocate for lupus education since the advent of the Lupus Academy Roadshows. This year, Lupus Academy Roadshow (Philippines) has again brought together experts to discuss a difficult and complicated case of systemic lupus erythematosus (SLE) held on a Saturday morning in 04 February 2023 in Baguio City, Philippines, in conjunction with

the Philippine Rheumatology Association on their 29th annual meeting, and Lupus Inspired Advocacy (LUISA).

The discussion centered on a young woman who has weathered a waxing and waning illness course since SLE diagnosis. She then had an uneventful first pregnancy, giving birth by NSD to a healthy live baby. A few months post-partum however, she presented with new onset cardiomyopathy, severe pulmonary hypertension and nephrotic-range proteinuria simulating lupus nephritis flare.



Dr. Vincent Luceño, rheumatology fellow-in-training of the University of Santo Tomas presented the case highlights with Professor Sandra Navarra taking the helm and leading the panel discussion, posing highly stimulating questions to a group of experts comprising of Dr. Candice Reyes – Division Director of Rheumatology from the University of California San Francisco Fresno School of Medicine, Dr. Laniyati Hamijoyo – convenor of lupus study working group in Immunology study center of University of Padjadjaran Bandung Indonesia, Dr. Leonid Zamora – rheumatology consultant, assistant professor in the University of Santo Tomas Faculty of Medicine & Surgery, Master in molecular biology, and Dr. Ramon Miguel Molina a young rheumatologist fresh from training in intensive care medicine. A case as intriguing as this truly engaged the audience and piqued their interest and enthusiasm to learn from real world experience and bedside clinical decisions when faced with a challenging lupus situation. The discussions reinforced the fact that lupus remains an enigmatic disease with unexpected twists and turns, unique to every patient.



"When you have eliminated all which is impossible, then whatever remains, however improbable, must be the truth" – Sherlock Holmes



The Panel of Experts (L – R): Dr. Leonid Zamora, Dr. Candice Reyes, Dr. Laniyati Hamijoyo, Dr. Miguel Molina

The discussion centered on the usual dilemma of clinician rheumatologists in distinguishing and ascertaining lupus involvement from an entirely separate disease entity that plagues an individual and deciding on whether to initiate lupus directed or disease specific therapies. What better way to discuss this but to debate on a young SLE patient in apparent renal flare suspected of cardiac involvement after developing new onset heart failure symptom? Professor Sandra Navarra's wonderful insights and questions fueled a very lively and enthusiastic panel discussion with the experts giving their take on the case and garnering much audience interaction that pushed the session to overtime!

Overall, it was a very productive and high-yield session where the fruitful exchange of ideas provided an avenue of learning amongst our colleagues, aiming to improve competent health-care delivery to similar lupus situations in the future when difficult decisions would have to be made in a timely manner.

-RMM



The patient: 39F SLE nephritis presents with new onset cardiomyopathy & severe pulmonary hypertension few months post-partum.

Discussion points:

- Post-partum cardiomyopathy prevalence, pathomechanisms and outcome
- Pathomechanisms and management of pulmonary hypertension in SLE
- Mechanisms of proteinuria in the patient aside from lupus nephritis



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