

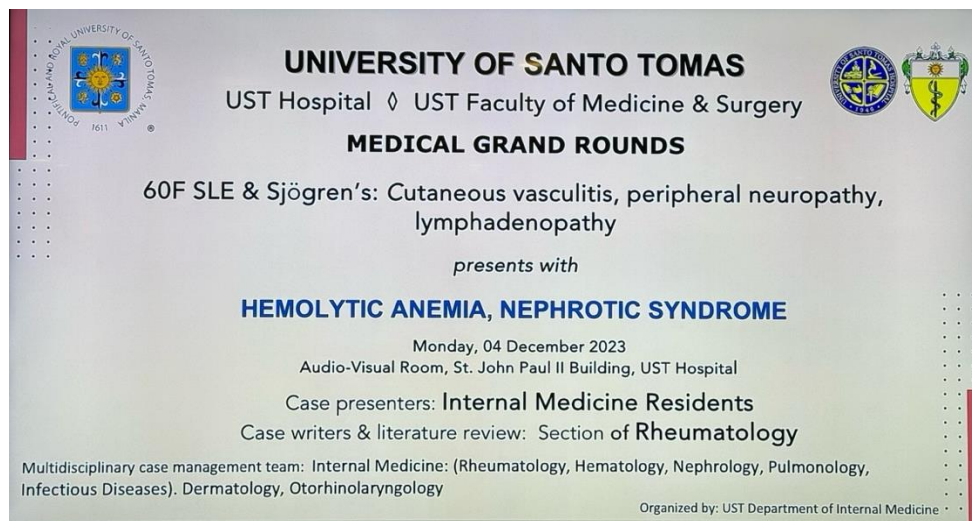
“Unraveling the complexities of LUPUS: *It takes a village to manage ONE patient*”

BY LAURITZEN N. ROSALES, MD



On December 4, 2023, the University of Santo Tomas Hospital (USTH) - Department of Internal Medicine (IM) held the culminating **MEDICAL GRAND ROUNDS** of the year, meticulously organized by the USTH Section of Rheumatology. The agenda focused on 3 main aspects of the patient who had longstanding systemic lupus erythematosus (SLE) and Sjogren's syndrome: (1) characterized by Cutaneous vasculitis, peripheral neuropathy and lymphadenopathy, complicated by recent onset (2) Hemolytic anemia, and (3) Nephrotic syndrome.

The activity began with a prayer, followed by the Philippine National Anthem and Welcome Remarks by the IM department chair Dr. Sjoberg Kho.



The scientific program was carried out in 3 parts:

Part 1 was kicked off by IM resident Dr. Louise Estanislao, who presented the highlights of the patient's clinical manifestations from 2006 till 2022. Dr. Fiona Enriquez, a Dermatology resident, walked us through the skin biopsy result and discussed about Leukocytoclastic vasculitis. Possible differential diagnosis of lymphadenopathy and parotid gland enlargement was shared by Otorhinolaryngology Specialist Dr. Norberto Martinez, and the significance of a high yield lymph node biopsy, including sending specimens for microbiologic studies were emphasized by Dr. Rowen Yolo and Dr. Maria Rhona Bergantin from the Anatomic Pathology and Infectious Disease respectively.





Part 2 followed with the pertinent clinical manifestations presented by IM resident Dr. Jonel Jan Raphael Rivera, who proceeded to discuss the patient's new onset hemolytic anemia. A case timeline of progressive anemia and its algorithm which led to a high possibility of a hemolytic process, bone marrow biopsy initial findings and the patho-mechanisms of a Coomb's negative anemia summarized the key learning points given by Hematologist Dr. Flordeluna Mesina.



Case Timeline



SLE Diagnosis, Vasculitic Rashes, Lymphadenopathy, Peripheral neuropathy

2006

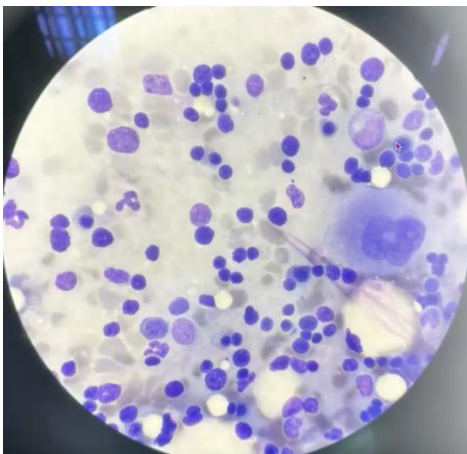
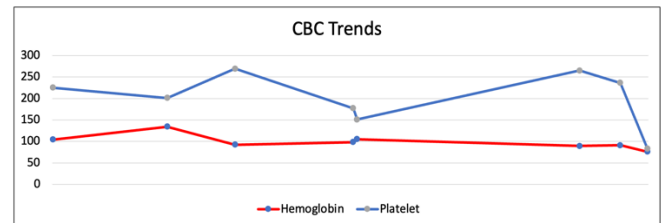
Progressive Anemia

Feb 2023

Nov 2023

Supraclavicular Lymph Node Biopsy (FNAB): Plasma Cell Neoplasm IHC: CD 138+ Ki 67 <10%

Admitted due to severe anemia, thrombocytopenia with no apparent bleeding



Bone Marrow Findings: Core Imprint & Smear

Initial Reading:

- Variably Cellular Marrow for age.
- Polymorphic.
- Erythroids are adequate, with normoblastic maturation.
- Myeloids are adequate, with progressive maturation.
- Increased small lymphocytes, with clumped chromatin and scant cytoplasm.
- Megakaryocytes are adequate, with normal morphology.



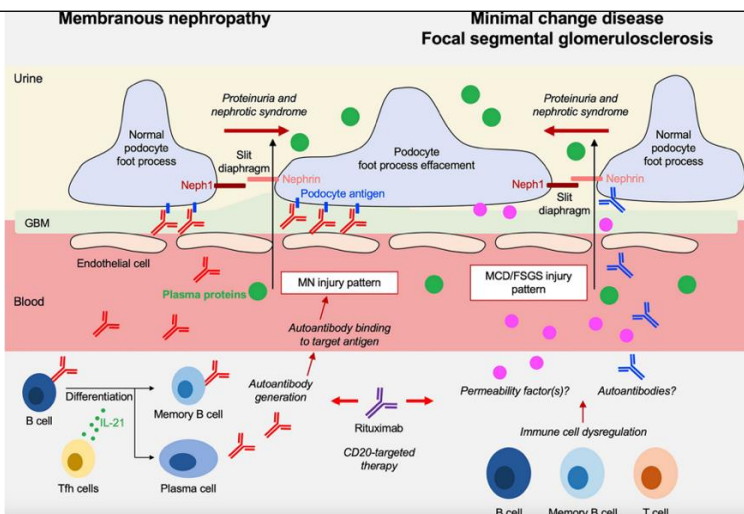
Peripheral Blood Smear

• RBCs: Normocytic to macrocytic RBCs, with microcytocytes and occasional schistocytes. With polychromasia. No nucleated RBCs.

• WBC: WBC are increased in number predominantly neutrophilic, with hypersegmented polymorphonuclears. No immature cells were noted.

• Platelets: Platelets are decreased in number, with presence of large platelets.

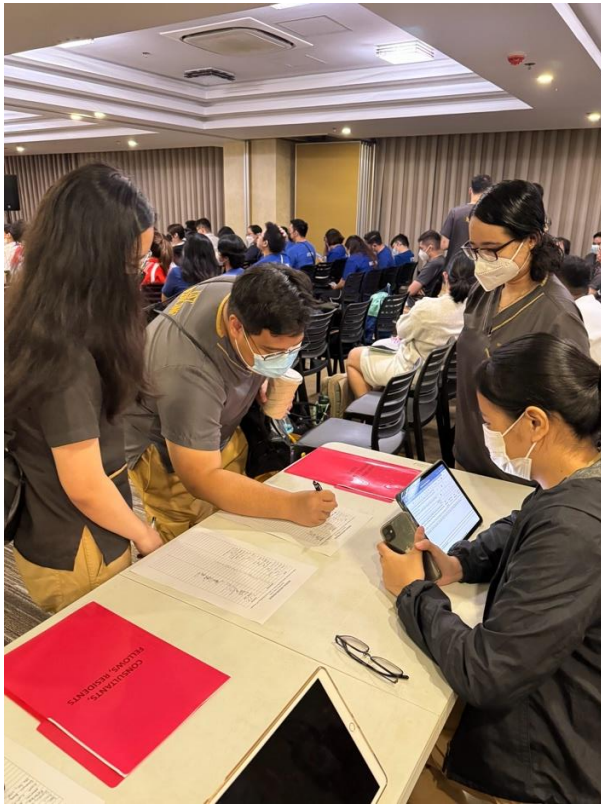
Part 3: The underlying contributory factors or triggers to the patient's refractory anasarca/ proteinuria was presented by IM resident Dr. Renz Patrick Ocampo, who reviewed the immune patho-mechanisms of nephrotic syndrome. Nephrologist Dr. Stephanie Andres further enlightened the audience on the glomerular and tubular problems leading to intrinsic renal failure, and the information to be derived from a kidney biopsy.



Many consultants and fellows from various fields participated in the highly stimulating discourse, aided by the resource and presentation materials prepared by the clinical and research fellows in training of USTH Section of Rheumatology, under the leadership of and efficiently orchestrated by Dr. Sandra Navarra who moderated the entire program.

Medical students including third year (Medicine 2- Module 4) students and clinical clerks, post-graduate interns, IM residents and trainees from other services filled the conference to standing-room capacity, generating an atmosphere of enthusiasm to learn. From compelling discussions, curious questions and positive feedbacks, everyone in the room (and approximately 15 online zoom participants) appreciated the opportunity to apply their knowledge to a real-world case, as both neophyte and seasoned clinicians acknowledged the valuable clinical pearls from this activity.





The multi-disciplinary Medical Grand Rounds was no less than a resounding success. A well-chosen topic, intensive preparations, engaging delivery, and highly interactive approach created a learning experience that was both educational and inspiring. This case reinforced the importance of curiosity, collaboration, and a patient-centered approach in medical practice. Finally, the medical grand rounds demonstrated the power of bringing the medical community together in a shared pursuit of knowledge and excellence.



"SLE pervades every aspect of Clinical Medicine. Indeed, it takes village to manage one lupus patient!"

We gratefully acknowledge the patient who provided consent to use her clinical data for medical education.