

## An Important Sign in Rheumatology

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Very often the patients come complaining of pain in the joints of the fingers. If this pain is due to fibromyalgia or any non specific illness, then on examination when you press and put pressure on these joints of the fingers, the patient feels better (equivalent of

massage). As against that patients who have got synovitis, for example in rheumatoid arthritis SLE (systemic lupus Erythematosus or rarely DMR), there will be marked tenderness over these joints where if you can get a good sonographer to take pictures, he will show you synovitis. This will show you that clinical medicine is still not dead and inspite of doing a dozen blood tests, examination of the patient is more important

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### Chronic pancreatitis

Although alcohol consumption is the most common cause of chronic pancreatitis, smoking and genetic mutations are also risk factors

Older people, those with diabetes, and those who smoke or drink to excess can have changes on imaging that mimic pancreatitis

Pancreatic insufficiency typically takes 10 years to develop and is best managed with replacement therapy

If abdominal pain is disproportionate, consider whether there is a complication such as a pseudocyst, obstruction, malignancy, or hyperalgesia

Monitor for the development of secondary diabetes

It is a common misconception that almost all patients with chronic pancreatitis develop if from alcohol abuse.

Longstanding alcohol consumption is an important risk factor for chronic pancreatitis, although less than 5% of heavy drinkers develop the syndrome. On average, around five alcoholic drinks daily for more than five years carries increased risk; while moderate alcohol intake (<1 drink/day) may be protective against all types of pancreatitis. Smoking is now known to be an independent and equally potent risk factor in the development of chronic pancreatitis, and alcohol and smoking, tobacco appear to work synergistically.

Autoimmune pancreatitis occurs in two forms, one of which is a systemic disease associated with increased levels of IgG4. Both forms can present as acute or chronic pancreatitis, but more commonly mimic pancreatic cancer with obstructive jaundice. The condition usually responds to steroid therapy but will often relapse when steroids are tapered.

**Anand Gupta, Dianne Goede, Robert Tuite, Chris E Forsmark, The BMJ, 2017, 368**