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The June issue of the *African Journal of Rheumatology* (AJR) is an example of the extent to which rheumatology is growing on the African continent. The spectrum of research being reported reflects the broad spectrum of rheumatological diseases elsewhere in the world and confirms that Africans are affected by musculoskeletal disorders which present a burden on society. We need to encourage more research projects and consider review articles to improve the impact of our journal in the world of rheumatology.

The report on rheumatoid arthritis at a teaching hospital in Nigeria by Ohagwu *et al*¹ from the Lagos State University Teaching Hospital Ikeja reports that more than 1,200 patients with musculoskeletal diseases were treated over a four year period. This emphasises the need for a rheumatology service among the general medical outpatient services of teaching hospitals. These should evolve into arthritis clinics run by rheumatologists, as is happening in Nigeria. They found 10% of their patients had rheumatoid arthritis. While the general features with respect to seropositivity, distribution of joint involvement, elevation of acute phase proteins and response to Disease Modifying Anti-Rheumatic Drugs (DMARDs) is similar to reports from other parts of the world, there were some interesting differences. None of the patients in this retrospective cohort were smokers. The ratio of females to males was much higher at 6:1 and the age at onset was younger at a mean age of 41.4 years. Patients had active disease and radiological changes, suggestive of delayed diagnosis and emphasising the need for strategies aimed at early diagnosis.

The case report of late onset Pompe disease by Mativo² of the Department of Medicine at Aga Khan University Hospital, Nairobi, Kenya describes a new genetic variant causing glycogen storage disease, resulting in severe respiratory muscle weakness. Muscle biopsy was negative and the only test suggestive of Pompe disease was a low level of glucosidase. The cause was found to be a gene mutation resulting in the substitution of proline for arginine at codon 451. The patient presented at the age of 54 years with respiratory symptoms and the differential

diagnosis is reviewed. Unfortunately, the patient did not have access to the state of the art treatment with myozyme due to costs and the prognosis is poor.

The study from Libya on the effect of adalimumab in a variety of rheumatic diseases confirms that the use of biologic therapy is a reality in Africa. This study by Basma *et al*³ of the Rheumatology Department, Tripoli Medical Center, Tripoli, Libya reviews the use of adalimumab in patients with rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and Adult Onset Still's Disease (AOSD). As expected, adalimumab was effective in all the 31 patients, who tolerated it well. No significant adverse events were reported and there were no reports of the development of Tuberculosis (TB).

The study by Umar *et al*⁴ from Nairobi describes the prevalence of fibromyalgia syndrome in diabetic patients suffering from chronic pain. They identified 219 patients with chronic pain within the diabetic clinic of 1280 at Kenyatta National Hospital, giving a prevalence of 27.9%. The mean tender count was 13.7 and majority of the patients had moderate disease with a FIQR score of 51.9. Females predominated and those with FMS were significantly older. They found type 2 diabetes in 91.6% and most of them were on oral agents. The mechanism for this association between diabetes and FMS is unknown. The authors highlight the importance of making the diagnosis and suggest appropriate treatment of FMS to improve the quality of life for these individuals.

Oguntona *et al*⁵ of the Department of Medicine, Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria studied the cardio-pulmonary manifestations of Rheumatoid Arthritis (RA) among rheumatology patients in a teaching hospital in Nigeria. They identified a cohort of 21 patients who fulfilled the 1987 ACR criteria for RA, 38% (8 patients) manifesting cardio-pulmonary involvement. The commonest feature was pleural effusion, seen in all 8 patients. Interstitial lung disease was present in 3 patients while the cardiac features consisted of pericardial effusion, arrhythmias and cardiac failure. The most significant finding was a mortality

of 50% over 3 years in the patients with cardio-pulmonary manifestations. The authors highlight the importance of chest X-ray in detecting the pleural effusions and compare their results with other reported studies. Several other extra-articular manifestations were encountered but these are not reported in any detail. The importance of this report is that it highlights the young age at death and the variable disease duration at time of death.

The article on the prevalence of abnormal liver function tests in rheumatoid arthritis by Olago-Rakuomi *et al*⁶ from the Department of Clinical Medicine and Therapeutics and the Department of Pharmacy, College of Health Sciences, University of Nairobi, Kenya is very important, since methotrexate is well established in the treatment of RA. Interestingly, of the 107 patients studied, at least 57% had at least one abnormal liver function test. Surprisingly, the commonest abnormality was elevated bilirubin and alkaline phosphatase, rather than AST and ALT abnormalities. The authors introduce the concept of “rheumatoid liver” as a specific entity, but do not expand the idea in their study. Liver function tests remain an important aspect of monitoring liver toxicity, especially with methotrexate. The findings of this study were encouraging in that they found a protective effect related to use of DMARDs, including methotrexate. Additionally, AST and ALT were generally within normal limits in most patients. However, this study highlights the concept of liver disease as an extra-articular manifestation of RA and this concept may require further study.

This June issue is packed with interesting research from Kenya and Nigeria and confirms that rheumatology is alive and well on the African continent. There is clearly more work to be done in our region but the reports in

this issue are encouraging. The Editorial Board is grateful to the authors for their interesting and valuable research studies and would like to encourage Rheumatologists from around the continent to contribute to the material. The Editorial Board will also be considering the publication of review articles on interesting aspects of rheumatology. Hope you enjoy reading the various studies in the AFLAR journal.

References

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