

First Arthritis support program reaches out to over 200 patients in the UAE



Kathryn's presentation to the patients at the support group

Under the patronage of her Royal Highness Princess Haya Bint Al Hussein, wife of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of UAE and Ruler of Dubai, the Emirates Arthritis Foundation launched the UAE's first Arthritis Support Program in September 2006.

More than 200 patients attended the program, which took place at the Fairmont Hotel, Dubai, on the 5th, 12th and 19th of September. The sessions were supported by

Dubai Bone and Joint Center and were sponsored by Wyeth Pharmaceuticals.

The sessions were dedicated to providing education on arthritis and establishing a platform for sufferers to meet regularly and share experiences. Kathryn Ronalds, a qualified Occupational Therapist with previous experience in managing the Arthritis Self-Managed Care Program with the Canadian Arthritis Foundation, ran the program over the three-weeks

period. The individual sessions focused on topics to help arthritis patients achieve a better understanding of their illness and teach them new management methods.

Among the wide range of issues covered, were the emotional implications of arthritis on sufferers, practical details on the management of the disease through exercise, diet and pain management as well as the different types of medications that are currently available to treat rheumatoid arthritis.

Commenting on the success of the support group, Kathryn Reynolds noted that the feedback from the patients was very positive, with some people driving all the way from different parts of the UAE. "It is extremely reassuring and rewarding to know that we are on the right track, fulfilling a need that had not been met before," she added.

SKMC special seminar presented by Dubai Bone & Joint center doctors



At the CME Special Seminar

On October 28th, Dubai Bone and Joint Center organized with SKMC a special CME activity for their family doctors entitled, "Orthopedics for Family physicians". The event took place at Al Bateen Clinic conference room, Sheikh Khalifa Medical City, Abu Dhabi, and was attended by over 50 doctors.

The seminar lasted about four hours and included lectures presented by doctors from Dubai Bone and Joint Center. Dr. Desmond Kwok, orthopedic surgeon, presented on Back pain,

while Dr. Humeira Badsha, Rheumatologist, presented on the diagnosis and management of Rheumatoid arthritis. This was followed by 2 talks entitled, "The Limping Child" & "Alignment of lower limb by Dr. Marc Sinclair, Pediatric Orthopedic, and a talk by Dr. Chris Whately, orthopedic Surgeon, on the procedure of joint replacement.

Each lecture was followed by an interactive Q&A where attending doctors were able to pose questions and initiate discussions.

EAF observes World Arthritis Day

Every year on October 12th, people from around the world join together to make their voices heard and raise awareness about arthritis, a disease that affects millions of individuals across the globe.

In support of this global initiative, patients from the Emirates Arthritis Foundation joined forces at the Jam Jar, A DIY painting studio and art gallery in Dubai, to paint the Emirates Arthritis Foundation logo on a four by ten foot canvas. The painting was made possible through the support of the Dubai Bone and Joint Center and sponsorship from Wyeth Pharmaceuticals.

The painted artwork was then displayed at the Boulevard, Emirates Towers from October twelfth to the nineteenth, standing as a symbol of solidarity with arthritis sufferers the world over.

UPCOMING EVENTS



Dates to be announced later. Please follow up with us and check our websites:

- www.dbaj.ae
- www.arthritis.ae

DECEMBER

- EAF Arthritis support group- 5th Dec., 2006
- Dubai deformity correction course by Smith & nephew - 8th-10th Dec., 2006
- Pediatric seminar - TBA

JANUARY

- EAF Arthritis support group - Abu Dhabi
- Arab Health Conference - 29th Jan - 1st Feb., 2007

FEBRUARY

- EAF Fund raising event

The Quarterly newsletter of

مركز دبي للعظام والمفاصل
DUBAI BONE & JOINT CENTER

Quarterly newsletter of Dubai Bone & Joint Center
• December 2006, ISSUE 2

Corrective Osteotomy gives Yousef a second chance

Nine-hour marathon operation known as Corrective Osteotomy helps the 13 year old boy

Yousef Halahla is a 13 year-old boy born and raised in his hometown Hebron, on the West Bank of Palestine. He suffers from severe deformity in both legs, a rare condition known as Bount's Disease. His mother first noticed



her son's abnormality when Yousef was one year old. For more than 10 years Yousef's family has been in search for a lasting cure. Many unsuccessful attempts left Yousef and his family in great pain and despair.

In May 2006, the Palestinian Children's Relief Fund (PCRFF) managed to bring Yousef to undergo treatment and surgery with Dr.

Marc Sinclair, the Pediatric Orthopedic Surgeon at Dubai Bone and Joint Center, who has wide experience in treating such cases.

In the nine-hour marathon operation known as Corrective Osteotomy, Dr. Sinclair broke five bones and placed external metal fixtures on Yousef's legs, including one on his left thigh. The fixtures were attached directly to Yousef's bones, using wires and pins. Throughout the treatment course, a computer program allowed the doctors to maneuver the fixtures on Yousef's legs and eventually set them back into place.

After the operation, Yousef experienced a lot of pain, and underwent extensive physiotherapy, and slowly he began to walk with

crutches. However, Yousef had to stay on his feet most of the time



Yousef Halahla

to make sure that the bones had taken the appropriate shape and solidified into place. Only then where the fixtures removed.

Dr. Sinclair was satisfied with the outcome of the surgery. Yousef's legs were straightened and he was able to walk normally. *Contd. Pg 2*

INSIDE

Brittle Bones & Aching backs for expat women

2

Ultrasound scanning for Orthopaedic examination

2

First Arthritis support program in U.A.E

4

Rheumatoid Factor – more than meets the eye : Dr. Humeira Badsha

3

SKMC special seminar presented by DBAJ doctors

4

2006 marks the second anniversary for DBAJ

It fills me with great pleasure to announce that 2006 marks the 2nd anniversary of Dubai Bone and Joint Center (DBAJ). Launched two years ago, DBAJ has been fulfilling its goals of providing specialized musculoskeletal care at par with the highest international standards, to the region.



CEO Suzanne Al Houby

With 3,000 patient visits and over 200 successful surgeries performed, we are proud to have been providing patients from across the UAE with specialized treatment, covering a vast range of bone and joint problems. Each of the doctors at DBAJ demonstrates highest levels of experience within a dedicated area and focus, providing the very best cutting-edge treatment in joint replacement and deformities, back and neck surgery, rheumatology and pediatric orthopedics.

As the first comprehensive center in

the region dedicated to musculoskeletal treatment and research, Dubai Bone and Joint Center continues its commitment to our Gene Therapy research program in Arthrogen, a joint venture biotech research company between DBAJ & Academic Medical Center, University of Amsterdam. We are glad to be at the forefront of the latest in Gene Therapy research, which will hopefully not only be of great benefit to patients in the UAE, but also influence the body of international medical opinion.

Dubai Bone and Joint Center has also established itself as a member

of the Bone and Joint Decade, a multi-disciplinary, global campaign, which was formally launched at the headquarters of the World Health Organization in Geneva, Switzerland, in January 2000. The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with musculoskeletal disorders throughout the world, through key international partnerships.

In short, we are extremely proud of our achievements thus far and equally excited about the plans we have for the future. Our aim has always been to be the premier center for musculoskeletal treatment and research in the Middle East, and we will continue to offer patients world-class specialists and facilities, as we strive to deliver sustainable results and improve their quality of life.

Quarterly newsletter of Dubai Bone & Joint Center

For feedback contact us:

Dubai Bone & Joint Center
Level 50, Emirates Towers,
Sheikh Zayed Road,
P. O. Box 118855, Dubai,
United Arab Emirates.

Fax: +9714 3302200
Email: feedback@dbaj.ae
www.dbaj.ae

'Brittle Bones and Aching Backs' for the Expat - women 42 % of Women Screened Demonstrated Low Bone Density

Dubai Bone and Joint Center hosted an educational event with Expatwomen.com in October, at Arabian Ranches Golf Club, to help women in the community better deal with the common problems of osteoporosis and backache. The seminar, entitled, "Brittle Bones and Aching Backs", was attended by over 70 women, who benefited from the expertise of several specialists as well as free bone density screening.



Bone Density screening at the event

The event was held on the occasion of World Osteoporosis Day, observed worldwide on October 20th, 2006, and is one of a series of activities initiated by the doctors of the Dubai Bone and Joint Center to raise community awareness on various debilitating bone & joint conditions.

Speaking on the prevention of osteoporosis, diet, exercise, and treatment strategies, Dr. Humeira Badsha, Specialist

Rheumatologist, DBAJ, said that osteoporosis could be prevented by ensuring appropriate calcium intake and vitamin D absorption through sun exposure from early childhood, throughout adult life. "Studies have shown that thirty five percent of postmenopausal women in the region have

osteoporosis," she added. Dr. Desmond Kwok, Senior Orthopedic Surgeon, DBAJ, also gave a talk entitled, "Aching Back, A Life Long Affair", in which he discussed the various reasons that cause back pain from childhood to adulthood. He explained that several factors can cause back pain as the body matures and ages. "Once we understand why we have back pain, we can then learn to take appropriate measures and deal with it effectively," he added.

The talks were followed by an interactive Q&A session and free bone density screening using a mobile ultrasonometer. Results showed that out of 60 women screened, 25 had low bone density, (approximately 42 percent), demonstrating the need for sustained awareness and educational drives in the UAE, to help in the prevention of this potentially crippling disease.

DBAJ Acquired Siemens G40 Ultrasound



The proper diagnosis of a patient's condition is crucial to the clinical decision-making process. Hence, Dubai Bone and Joint Center is committed to providing the latest and most innovative technology in musculoskeletal diagnosis. DBAJ is proud to announce that we have recently acquired the new Siemens Sonoline G40 Ultrasound system, with a comprehensive list of features.

value of ultrasound and supports its usage when indicated, acknowledging the fact that the benefits outweigh possible risks.

The ultrasound system is safely used in children and adults to detect a wide range of diseases and disorders such as : hip

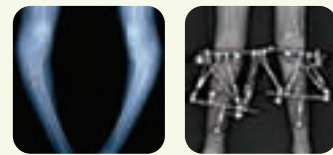


Siemens G40 Ultrasound

Ultrasound has been widely used for almost 30 years in all areas of medicine. So far no health risks have been identified with ultrasound. The American Institute of Ultrasound in Medicine (AIUM) and the FDA have not found any negative side effects to ultrasound so far. The World Health Organization (WHO) sees the

dysplasia, inflammatory diseases of the joints , joints infections and others..

Corrective Osteotomy gives Yousef a second chance (contd from Pg 1)



Before

After

Yousef's leg was corrected in a nine-hour marathon operation known as Corrective Osteotomy,

Yousef has now returned to his hometown of Hebron where he is living with his family. He is extremely thankful to all those involved for providing him with the chance to lead a normal life.

Trigger Finger



An example of Trigger Finger

Clinical appearance

A trigger finger is the locking of one or several fingers in flexion so that the patient may have to pull the finger to straighten it. The cause is cartilaginous metaplasia at the first retaining pulley (at the palmar aspect of the metacarpophalangeal joint), which normally becomes taut during finger flexion. When 3 or more digits are affected, conditions such as diabetes and hypothyroidism should be considered.

Treatment

- Spontaneous improvement occurs in only 20% of cases. If untreated, the process can lead to an inability to straighten the finger and a permanent contracture

- Trigger finger is treated with corticosteroid infiltrations. With appropriate treatment, including up to 3 infiltrations, the success rate is over 95

- Rarely, surgery may be required for patients who refuse infiltrations or in whom infiltrations fail.

Rheumatoid arthritis is a chronic disabling condition. In about 80% of patients with rheumatoid arthritis, the rheumatoid factor is positive. However, a negative rheumatoid factor does not mean that rheumatoid arthritis can be ruled out.



In addition, rheumatoid factor is not specific to rheumatoid arthritis and can be present in a variety of other conditions including lupus, hepatitis B and C, cryoglobulinemia and interstitial lung disease.

This case study examines an inflammatory arthritis patient with a positive rheumatoid factor. However, some atypical features alerted us to work the patient up for other conditions. We made a diagnosis of Hereditary Hemochromatosis and active Hepatitis C. Cirrhosis of the liver and liver cancer were prevented in this patient through prompt recognition and treatment

• Case report:

The patient was a 51 year old Caucasian woman who had been experiencing joint pain for the past 14 months. She was seen by a rheumatologist for swollen, painful and subalar areas of her left foot, in the midfoot area, left third proximal interphalangeal joint (PIP), and the 3rd

metacarpophalangeal (MCP) joint of her right hand.

At this time the erythrocyte sedimentation rate (ESR) was raised and she reportedly had a low titer positive rheumatoid factor. She was started on treatment with sulfasalazine, which was discontinued when it was noticed that she had raised liver enzymes. She presented with similar symptoms to our center eight months later.

Lab tests revealed a normal complete blood count (CBC). Liver function tests revealed that the patient had high ALT and AST levels and the rheumatoid factor was positive. She had a positive Hepatitis C (HCV) antibody. This was followed with a HCV viral RNA titer, which was high. A test for cryoglobulin was negative.

The patient had x-rays of her hands, which revealed joint space narrowing of the right 3rd MCP joint with an early osteophyte as well as subchondral cyst formation (figure 2). Subsequent lab work showed that serum iron and ferritin levels were high.



Figure 1

The transferrin saturation was

Meet Dr. Chris Whately – Senior Orthopaedic Surgeon



PROFILE
Dr. Chris Whately

Dr. Chris Whately is a Senior Orthopaedic Surgeon at Dubai Bone and Joint Center. He is US Board Certified in Orthopaedics

and is a member of the American Academy of Orthopaedic Surgeons & the Limb Lengthening and Reconstruction Society of North America (ASAMI – North America).

He gained his expertise in Private Practice in Brantford, Ontario, Canada and was part of the Orthopaedic teaching faculty at McMaster University in Hamilton, Ontario.

Dr. Whately's clinical & research interests are primarily total joint

replacement (including revisions and infections), limb lengthening, and deformity correction. He has presented papers at international and local meetings on hip preservation surgery in the young adult: Ganz periacetabular osteotomies, pelvic support osteotomies and metal on metal hip resurfacing. His work also includes treatment of osteoarthritis with realignment osteotomies, use of the Taylor Spatial Frame, and Ilizarov techniques for fractures, non-unions, and infections of the bone.

found to be 59%. She tested homozygous positive for the C282Y mutation. She underwent a liver biopsy, which revealed iron overload but no features of cirrhosis.

The patient was treated with phlebotomy as well as alpha interferon. Treatment for active hepatitis C was held off until the iron overload was better controlled.



Figure 2 - the x-ray revealing joint space narrowing and the early osteophyte

• Discussion:

Our patient's arthritis was asymmetrical, and although she had a low titer positive rheumatoid factor, her x-rays (fig 2) were more suggestive of osteoarthritis. Arthritis is noted in 2 to 20 percent of HCV patients. The arthritis is an evanescent rheumatoid-like picture in two-thirds of the cases and an oligoarthritis in the rest.

This patient had osteoarthritis in an unusual location (MCP joint) and this alerted us to work her up for conditions causing pseudo-gout or calcium p.y.r.o.p.h.o.s.p.h.a.t.e.

replacement (including revisions and infections), limb lengthening, and deformity correction. He has presented papers at international and local meetings on hip preservation surgery in the young adult: Ganz periacetabular osteotomies, pelvic support osteotomies and metal on metal hip resurfacing. His work also includes treatment of osteoarthritis with realignment osteotomies, use of the Taylor Spatial Frame, and Ilizarov techniques for fractures, non-unions, and infections of the bone.

There is compelling evidence to treat patients early to prevent cirrhosis and HCC as survival improves in the absence of cirrhosis.

Therapeutic phlebotomy is used to remove excess iron and maintain low normal body iron stores. It should be initiated in men with serum ferritin levels of 300 microg/L or more and in women with serum ferritin levels of 200 micro

disease (CPPD). These conditions include hereditary hemochromatosis, Wilson's disease, Ochronosis, hyperparathyroidism, hypothyroidism, etc.

Hereditary hemochromatosis, also called genetic hemochromatosis, is a genetically determined disorder in which mutations in the HFE gene or the TFR2 gene cause increased intestinal iron absorption. It mainly affects Caucasians and is characterized by excess body iron stores and the deposition of hemosiderin, which causes organ dysfunction. The rheumatological manifestations are mainly arthritis and osteoporosis.

Chronic, progressive arthritis with a predilection for the MCP and PIP joints is characteristic of HH. Radiographic features in patients with HH are narrowing of the metacarpophalangeal joint spaces, including those in the fourth and fifth digits, hook-like osteophytes develop on the radial aspect of the metacarpal heads, as well as chondrocalcinosis.

A large population-based study estimated that the risk of developing hepatocellular cancer (HCC) was increased approximately 20-fold if the individual was suffering from HH, as compared with the general population. The combination of HCV and HH has been proven to increase the progression to liver fibrosis. Besides increased risk of hepatic fibrosis and hepatocellular carcinoma, patients with combined HCV and HH gene mutations are also at increased risk of porphyria cutanea tarda.

There is compelling evidence to treat patients early to prevent cirrhosis and HCC as survival improves in the absence of cirrhosis.

Therapeutic phlebotomy is used to remove excess iron and maintain low normal body iron stores. It should be initiated in men with serum ferritin levels of 300 microg/L or more and in women with serum ferritin levels of 200 micro