

Rheumatology in Singapore – Moving Forward

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The practice of Rheumatology and Clinical Immunology has made big strides in the last decade. The availability of immune modifiers, e.g. anti-cytokine agents, has changed the therapeutic landscape of arthritis treatment. What is refractory arthritis previously had now become controllable disease. Fan and Leong¹ had in this issue reviewed the use of biological agents in the treatment of rheumatoid arthritis and given us an overview of the evolving treatment regimens over the years. This experience is indeed repeated for other arthritis seen by rheumatologist in their clinics. The advent of biologics agents however do not exclude the need for better understanding of the epidemiology of rheumatological conditions. Howe et al² in their article reviewed seronegative spondyloarthropathy studies from the Asia-pacific region, bringing to the fore the collaborative research efforts among Asia-pacific rheumatologists. Thumboo and Strand³ touched on another important subject for rheumatologists who deal with chronic diseases daily. Treatment of chronic conditions have reached a level in which the question being asked is not “what is the mortality or survival rate” but “what is the effect on quality of life”. The importance of using health-related quality of life instruments to measure disease outcomes is paramount. The article dealt with systemic lupus erythematosus but the underlying principles are the same for other chronic rheumatic diseases. Today, information technology is widely harnessed for research and service, and transcends all disciplines. Immunology is no exception. The article by Chan and Kepler⁴ on computational immunology gives a snapshot of what’s possible and on the horizon. It promises to enhance the pace of immunology research as well as provides directions for new research areas. It is without doubt going to play an increasingly significant role in immunology research. Apart from the review articles, there is a good mix of letters, case reports and original articles dealing with research from the bedside to the bench. Clinical case reports and letters provide insights into particular aspects of rheumatic diseases. Hepatitis B infections are prevalent in Singapore and Thong et al⁵ reported the outcomes of chronic hepatitis B infection in local rheumatic diseases patients. It is of particular interest as corticosteroids and immunosuppressives therapy are used commonly in the treatment of rheumatic diseases, and rightly feared to be a factor in

causing hepatitis B infection flares. Xu et al⁶ reported on their study of cytokines gene polymorphisms in systemic lupus erythematosus (SLE) and Suppiah et al⁷ on cytokines levels in rheumatoid arthritis (RA). IL-18 promoter gene polymorphism (CC genotype) is found to be associated with SLE, while IL-1beta, IL-6, TNF-alpha and IL-18 proteins concentrations are elevated in RA patients. Conversely, TGF-beta levels are reduced in RA patients when compared to normal controls. The articles by Lim et al⁸ and Chong et al⁹ on patient satisfaction and value of joint aspiration respectively reveal important aspects of clinical management. They provide good insights into simple but important clinical research. The wide spectrum of rheumatic conditions studied as well as the various aspects of pathogenetic factors and clinical management published in this issue makes it a worthwhile effort, and highlights the active rheumatology and immunology research scene in Singapore.

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