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RHEUMORS

Practice Newsletter WINTER 2018-2019

ARA Welcomes Our Newest Physician - Louisa S. Ziglar, MD, FACR

Dr. Ziglar earned her Bachelor of Science degree with honors from the State University of New York, Stony Brook, where she majored in biochemistry and minored in philosophy. She was a scholar member of the Phi Beta Kappa honor society. She earned her medical degree at the State University of New York, Downstate, and completed her internal medicine residency at North Shore University Hospital, New York. She completed her fellowship training in rheumatology at New York University's Hospital for Joint Diseases.

Following her fellowship, Dr. Ziglar was in private practice while she maintained teaching faculty appointments as Assistant Clinical Professor of Medicine at Montefiore Medical Center in New York and later at St. Joseph's Regional Medical Center in New Jersey. In 2015, she moved to the Washington, DC, suburbs to join a large multispecialty practice, where she quickly gained recognition as a Washingtonian Top Doctor in 2017 and 2018.

Although Dr. Ziglar treats all types of rheumatic conditions, she has a special interest in osteoporosis and has conducted lab research focused on promoting the development of bone and cartilage cells. Her research has been recognized with awards and scholarships through the National Science Foundation, the National Institutes for Health, and the Howard Hughes Medical Institute. She has contributed to the Journal of Biological Chemistry and her research was presented in multiple national abstract meetings. She also was recognized in 2010 for her teaching of medical residents, receiving the Fellow of the Year Award, bestowed by the NYU medicine residency program.

Dr. Ziglar is board certified in internal medicine and rheumatology and is a fellow of the American College of Rheumatology. She lives with her husband, a financial advisor for governments, and two very active boys. Dr. Ziglar is accepting new patients at both our Rockville and Frederick office locations.

Pregnancy & Systemic Lupus Erythematosus

BY ADEY BERHANU, MD, FACR, RHMSUS

Lupus is an autoimmune condition characterized by dysregulation of the immune system resulting in widespread inflammation that can affect different organ systems. Autoimmune diseases, including lupus, are more common in women during their childbearing years. As such, special considerations for lupus patients during pregnancy are reviewed in this article.

In the past, pregnancy in lupus patients was associated with increased fetal loss. The good news is that pregnancy loss in lupus patients has now dropped to mirror the rates of healthy women without autoimmune disease. Increased planning prior to conception, screening, and close monitoring are the driving forces behind improved maternal-fetal outcomes in lupus.

PREGNANCY PLANNING:
With lupus, it is important to plan conception when the symptoms of lupus are well-controlled. Six months of lupus disease remission is recommended before attempting conception because active lupus is associated with increased obstetric risks, including fetal growth restriction, preterm labor, preeclampsia, and miscarriage. A large study has shown that disease remission or low lupus activity at time of conception was associated with an 81% chance of uncomplicated pregnancy (1). Therefore, for a lupus patient with new or active lupus involvement, it is advised to delay pregnancy until the lupus has been treated and well-controlled for at least six months before trying to conceive.

Women with lupus should undergo further autoimmune screening prior to pregnancy. Specifically, lab work to check for coexisting autoimmune diseases such as antiphospholipid or Sjogren's antibodies should be performed and, if present, may require additional monitoring during

pregnancy or use of prophylactic treatment during pregnancy. The use of aspirin or blood thinners may be recommended as antiphospholipid antibodies are associated with increased likelihood of blood clots. The Sjogren's antibodies known as SSA or SSB can be transmitted from the mother to the fetus causing heart block or lupus rash. The initial risk of heart block is 2-3% and fetal heart ultrasounds are performed routinely and Plaquenil is recommended for preventive treatment (2).

Medication review is essential prior to conceiving as there are several medications used in the treatment of lupus that are teratogenic (harmful) to the fetus and must be discontinued prior to pregnancy. Teratogenic medications include anti-hypertensive medications known as ACE inhibitors (i.e., Lisinopril), CellCept, and Cytoxan. Discontinuation of such medications and a washout period of up to three months is recommended prior to conception. Adjustments can be made to medications that are safe and commonly used in lupus pregnancies, including hydroxychloroquine (Plaquenil), azathioprine, and prednisone. A great resource for medication safety profiles and use during pregnancy is MotherToBaby at https://mothertobaby.org/.

A multidisciplinary treatment team is recommended because pregnancy during lupus is complex and can be higher risk. Therefore, a maternal-fetal medicine specialist obstetrician and rheumatologist should co-manage pregnant women with lupus as they plan conception and during pregnancy.

PREGNANCY AND LUPUS:
During normal pregnancy, the mother's immune response is decreased and this immune tolerance toward the fetus and placenta allows for a healthy gestation. As a result, women with autoimmune disease can experience decreased disease activity during this time of immune tolerance. However, some women with lupus can experience a disease flare. This is unlikely due to the pregnancy itself but rather, is due to the uncontrolled disease activity that was ongoing prior to pregnancy. As previously mentioned, disease control is the best predictor of healthy pregnancy outcomes in lupus patients. Risk factors for pregnancy complications include active lupus symptoms at time of conception, prior lupus nephritis (a form of kidney disease), low platelet count, use of high blood pressure medications, and presence of antiphospholipid antibodies (3).

Routine blood work and urine studies should be performed at regular intervals to monitor or track lupus disease activity, and appropriate interventions with medication should be taken to best control lupus symptoms. In addition to routine pre-natal care, pregnant women with lupus should undergo ultrasound surveillance of fetal growth at least every four weeks which monitoring may increase for high-risk cases. For mothers who are posi-

TOYS FOR TOTS

ARA physicians and staff participated in a holiday community drive with Toys For Tots. Each of our six locations had a box and a donation jar. We are proud to announce that we raised over $2000 for this worthy charity.

tive for Sjogren's antibodies (SSA or SSB), weekly fetal echocardiograms are recommended starting at 20 weeks of gestation.

POST-PARTUM:
After delivery, the mother's normal immune state returns, which may be associated with disease flare. Close monitoring with blood and urine studies for lupus flare should be performed. Medication adjustments for breastfeeding must be considered. As during pregnancy, the medications hydroxychloroquine, azathioprine, and prednisone are safe during lactation and can be continued from pregnancy through breastfeeding.

In summary, with proper planning, screening, monitoring and treatment, women with lupus can achieve successful and healthy pregnancies.

FAQ:
Can I get pregnant if I have lupus? Yes, if your lupus is well-controlled and you have discussed pregnancy planning and monitoring with your rheumatologist and obstetrician.

Does lupus harm the child during pregnancy? If lupus is well-controlled there is a high likelihood of an uncomplicated pregnancy. If there is active lupus during pregnancy it can increase maternal-fetal risk and warrants treatment.

TAKE HOME POINTS:
At least six months of disease remission is recommended prior to conception to increase the likelihood of healthy pregnancy.

Medications must reviewed prior to conception and any teratogenic medications must be switched to others that are safe during pregnancy.

Monitoring and, if needed, treatment of lupus symptoms are essential during pregnancy.

REFERENCES:
(1) *Buyon, Jill P., et al. "Predictors of pregnancy outcomes in patients with lupus: a cohort study." Annals of internal medicine vol. 163.3 (2015): 153-163.*
(2) *Barsalou, Julie, et al. "Prenatal exposure to antimalarials decreases the risk of cardiac but not non-cardiac neonatal lupus: a single-centre cohort study." Rheumatology vol. 56.9 (2017): 1552-1559.*
(3) *Borella, Elisabetta, et al. "Predictors of maternal and fetal complications in SLE patients: a prospective study." Immunologic research vol. 60.2-3 (2014): 170-176.*

Holiday Tips For Autoimmune Diseases

BY BRENDA BROUILLETTE, RN, BS

The holidays can be a time of great joy and exciting events. But, they also can be times of stress, anxiety and physical demands. All of this actually can contribute to triggers for an autoimmune disease flare.

TIP: ***Many autoimmune diseases are affected by foods we eat and stress we encounter.*** **Bring your own holiday treats to parties and events that may not include foods for your sensitivities. Having some enjoyable foods that are low in sugar will help you avoid these triggers.**

TIP: ***Embrace a stress diffuser, such as taking an Epsom salt bath with calming essential oils a few times a week.*** **These essential oils have a calming effect that may help you feel less stressed:**

- Lavender
- Eucalyptus
- Rosemary
- Marjoram
- Peppermint
- Chamomile
- Clary Sage
- Ginger
- Wintergreen
- Yarrow

TIP: ***Incorporate a "thankful" mentality that can be used during your response to stressful situations or people.*** **In Dr. Deborah Anderson's article, 5 Scientific Ways Gratitude Influences Your Autoimmune Disease, she states that the science shows that practicing gratitude:**

1) Lowers inflammation in the body
2) Improves your sleep
3) Lowers your stress levels
4) Improves your mood
5) Helps you overcome trauma

TIP: ***Here are some suggestions for lupus-friendly holiday foods:***

- Garlic Mashed no-potatoes with cauliflower
- Winter squash
- "Crustless" pecan pie
- Homemade cranberry sauce
- Turkey!!!
- Veggie and ground pork stuffing
- Walnut, cranberry and avocado salad

Try to stay away from:

- Processed foods
- Artificial sweeteners
- Sodas
- Red meat
- Starchy nightshade vegetables
- Refined carbohydrates

TIP: ***Budget your energy and maintain some healthy exercise activities during the holidays.*** **Plan your schedule to include weekly walks, some yoga and reviving rests.**

REFERENCES:
** Food Revolution Network, July 13, 2018*
** Kaleidoscope, Fighting Lupus, "Lupus and Holiday Stress", December 2016, author Kelli Roseta.*
** Medical News, Which Essential Oils Can Help For RA", May 18, 2018, author Jennifer Huizen.*

Lung Disease with Autoimmune Diseases

JEFFREY A. POTTER, MD, FACR

Autoimmune lung disease occurs when normal immune system functions break down. The immune system is responsible for preventing infections and malignancies; during abnormal functioning the immune system's powerful resources are turned against causing inflammation, tissue damage, and increased risk of infections. Several autoimmune disorders that primarily affect other organs can also cause problems in the lungs, including rheumatoid arthritis, systemic lupus erythematosus and systemic sclerosis (also known as scleroderma), to name a few. These conditions, while commonly affecting the joints, may also affect internal organs such as the kidneys and the skin, and also can cause devastating lung dysfunction.

Rheumatoid arthritis (RA), as the name suggests, is widely thought of as an autoimmune condition affecting the musculoskeletal system, specifically the joints. Patients affected by RA also can experience lung involvement, which can occur at any time during the disease process. RA can cause fluid to accumulate in the lungs (pleural effusion), blood vessel inflammation and bleeding (vasculitis/pulmonary hemorrhage), and pulmonary nodules. These manifestations can be seen in up to half of patients affected with RA but are less commonly seen in those receiving effective treatment. Rheumatoid lung disease is regularly seen in patients who have had RA for several years but infrequently can develop prior to the onset of joint symptoms. Recent developments in the management of RA have positively impacted the lives of patients with rheumatoid lung disease and decreased the risk of developing lung involvement.

Systemic lupus erythematosus (SLE) is a multisystem autoimmune disorder that can affect any organ in the body but is more commonly seen in the skin, joints and lungs. Lung involvement in SLE includes periods of decreased air exchange during flares of disease activity (hypoxemia), collections of fluid in the lining of the lung (pleural effusion) and blockage of the blood vessels responsible for carrying blood through the lungs (pulmonary embolus). Certain antibodies associated with lupus can increase the risk of clotting disorders; patients found to have these antibody abnormalities are commonly treated with blood thinning medications in addition to their standard lupus medications. There are relatively few effective treatments available for lupus and unfortunately, patients can experience lung complications despite receiving appropriate therapies. New targeted therapies for lupus are being tested and developed to aid in the management of this condition.

Scleroderma belongs to a group of autoimmune disorders known as connective tissues diseases, and like lupus this condition can affect several different organ systems. While skin manifestations are those most likely to bring patients for medical attention, lung involvement from scleroderma can have subtle but devastating effects. Inflammation in the lining of the lung leads to scarring, decreased elasticity and loss of lung function. These effects also can be seen in the blood vessels supplying the lung, leading to elevated blood pressure (pulmonary hypertension) and associated heart disease. Patients affected by scleroderma are known to have a higher incidence of certain lung cancers, which makes identification of patients at risk for lung disease extremely important. Certain antibody tests can help to determine which patients may be predisposed to develop lung involvement. Standard diagnostic tests such as pulmonary function testing, CT scanning and echocardiography can be used to diagnose and monitor lung involvement from scleroderma. This again is essential to manage this condition, as treatments are relatively limited and should be used early in the course of the disease to prevent permanent damage.

Lung disease can be seen in a variety of autoimmune disorders and should be suspected in newly diagnosed patients with breathing trouble, extremity swelling, chest pain and difficulty exercising, to name a few common symptoms. Patients with autoimmune disorders should be monitored regularly for possible development of lung abnormalities, even after the other manifestations of their condition have been controlled with medication. Early recognition and appropriate treatment are key to managing autoimmune lung disease, and a treatment team including rheumatologists, pulmonologists, respiratory therapists and occupational/physical therapist are essential to achieving positive outcomes.

FUN RHEUM:

Y S S K I N M A N I F E S T A T I O N S B S J D M S
R E S C L E R O D E R M A S E I D O B I T N A M Y R
O A X M Y Q G L L Y T J R W L Z M Y J N E P U S M J
T S L E N M Y Q P Y R J V G P O B M E N Q S T B T B
A O V D P J K B V Y P K M Y S X W I U K C E P T B T
M N O I S N E T R E P Y H T Y S T M P U M Q Y S J K
M S Z C T M G T R V L J E N R A M K L I R B I D Q T
A G T A U N N R R U N O R O P I Y O C N J T P T K W
L R T T M S M V N A P Q T B O P S L J R I Y G B N T
F E L I E Y A G K O L C V T O K U V S R A T E V V P
N E O O R K S M R S A U U P E P S P H E D C C N B N
I T U N I N L O T F T A C L U L Q T X B I O K Z O Y
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T N S T M I T S Y Y I T E S A A Y S N N L N R N E G
N G A U S T I T T L A R S T D V T Q E Q D Y J E G Z
A S Z R S R D L G L Y E H I C N O C D K R J K M B Z
E L I K D M Y Y M T V P O C E H T I U D M A P L E Q
J L G E N J P L H D R T A S G I I W D R M V G D D D
N Z L Y U Q Y E O D A T E N V B B N N R C A V V J Q
X M A Z O M M O X M Y R J E S L D Z G K A U R Z W Q
G T R X S A L V U J P A T E P I C E R L R C M D B Q
Q D R T T B Q E N P Z I D D M L L B K P D P Q I S P
Q N J O N P H G M Y S Y K I T N T Z T X P N W W N X
J Q S V I R Y D K S N W T X L D Z M L T N D D P R D
W U Q Y O M Z Y U D N L D N Z O Z N K K J K J L W Z
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HOLIDAY
TUMERIC
LOUISA ZIGLAR
OSTEOPOROSIS
JOINT SOUNDS
SNAP
CRACKLE
POP
STRETCHING
ANTI-INFLAMMATORY
MAPLE
RECIPE
CURCUMIN
HONEY
RHEUMATOID ARTHRITIS
LUNGS
DMARDS
AUTOIMMUNE
PATIENTS
RISK FACTORS
CARDIOVASCULAR
SYSTEMIC LUPUS ERYTHEMATOSUS
ANTIBODIES
MEDICATIONS
BLOOD VESSELS
HYPERTENSION
MUSCULOSKELETAL
SKIN MANIFESTATIONS
SCLERODERMA
CONNECTIVE TISSUE
SEASONS GREETINGS
CHRISTMAS
TURKEY
BERRIES
PRESENTS

Practice News

ARA and Arise Infusion hosted an open house for the physicians and other medical providers in our Frederick office. Physicians from the community enjoyed meeting the physicians and managers from our practice. Everyone enjoyed wine tasting with Viniferous and oil/vinegar tasting with LOVE: Lebherz Oil & Vinegar Emporium.

RHEUMINATION:

Scleroderma – Autoimmune or Not?

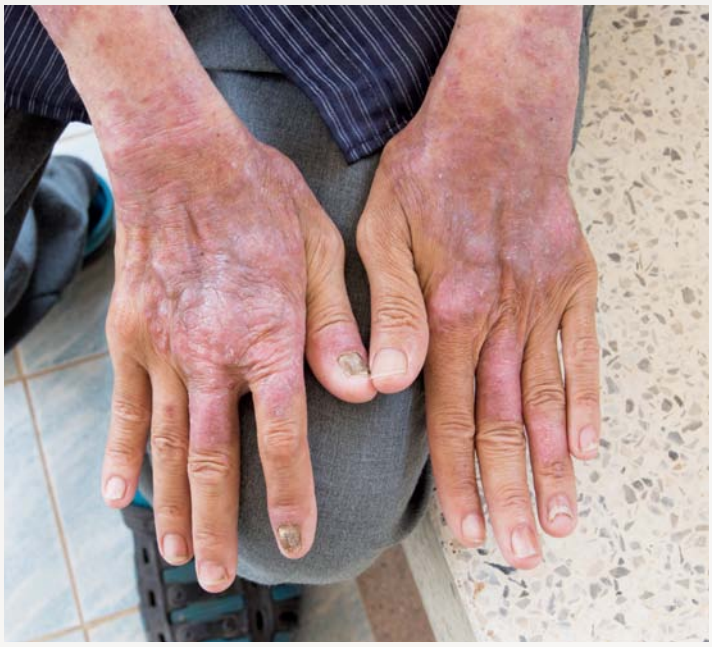
PAUL J DEMARCO, MD, FACP, FACR, RHMSUS

Scleroderma is the most unique set of disorders in Rheumatology; this group of diseases bears the distinct common pathway of autoimmune involvement that ends in hardening, or "sclerosis," of the skin. Sclerosis is caused by the proliferation of a type of cells called fibroblasts, which are cells that make collagen and other thick connective tissue components. These are activated by the immune system but act along a separate pathway to cause disease. The scleroderma disease group can affect all ages and are usually classified in the same manner in children and adults. Scleroderma can be divided into two major groups. One group manifests a fibrotic response primarily in the skin in a localized way and the other group manifests a fibrotic response in a more generalized or systemic manner including the skin. Systemic involvement including sclerosis of internal organs is called systemic sclerosis.

Not all sclerotic disease states are autoimmune. Rheumatologists are particularly skilled in differentiating autoimmune from non-autoimmune sclerotic states. We accomplish this by interpreting the clinical response in the setting of specific autoantibodies (antibodies against our own tissues). There are a variety of examples of non-autoimmune sclerotic or fibrotic disorders. Certain endocrine diseases such as diabetes can cause a fibrotic disorder in the skin. Medications have been known to cause sclerotic responses in the skin. One example is the contrast agent used for MRI imaging (gadolinium), now known to infiltrate the skin of patients with kidney disease and result in a sclerotic disorder called nephrogenic systemic fibrosis. Another example is a tainted over-the-counter supplement, L-Tryptophan, which was noted to have caused another type of skin thickening known as eosinophilia myalgia syndrome. This article discusses the group of disorders rheumatologists identify as having an autoimmune etiology, that being localized scleroderma and systemic sclerosis.

Localized scleroderma is the group of diseases that manifest only in the skin. A patch of skin with a fibrotic reaction is typically called morphea. It can appear as a single patch or a group of patches; the group of morphea patches is called guttate morphea. This can occur across large regions of the trunk in a symmetrical manner, called generalized morphea. A broader band of sclerodermatous involvement of skin, usually crossing a joint line or an organ system (such as the face or head) is called linear scleroderma. Localized scleroderma is associated with an autoantibody, DNA topoisomerase II, defining localized scleroderma as a rheumatologic or autoimmune disorder.

Systemic sclerosis (SSc) differs from its sister, localized scleroderma, due to the involvement of internal organs, such as the lung, gastrointestinal tract and the blood vessels. They share certain characteristics, such as skin tightening on the finger (sclerodactyly), esophageal dysfunction or dysmotility (manifesting as among other ways as gastrointestinal reflux or GERD) and color changes in the hands and feet from white to blue to red (Raynaud's phenomenon). These patients usually manifest



a positive anti-nuclear antibody, or ANA. Systemic sclerosis has two major patterns: one pattern demonstrates a widespread skin and organ involvement and is called diffuse cutaneous SSc (dcSSc), while the other pattern demonstrates focal areas of skin involvement and specific organ involvement and is called limited cutaneous SSc (lcSSc). A less common form of systemic sclerosis, SSc sine scleroderma, has no skin fibrosis but there is internal organ fibrosis. Yet another form is an autoimmune event induced by an exposure, called environmentally-induced scleroderma. Other autoimmune syndromes can occur with scleroderma, identified as overlap syndromes.

Diffuse cutaneous SSc (dcSSc) has more widespread skin involvement and usually occurs above and below the wrist as well as the face, torso and legs. In addition to sclerodactyly, GERD, and Raynaud's phenomenon, dcSSc has more widespread organ involvement. The lungs can be infiltrated with fibrotic tissue to manifest interstitial lung disease. The heart muscle can be infiltrated to manifest myofibrosis or the heart lining can become fibrotic to cause pericarditis and restrictive pericarditis. The most serious and immediately life-threatening manifestation of dcSSc is the kidney or renal involvement called scleroderma renal crisis. Scleroderma renal crisis mandates the use of a particular form of blood pressure medication known as ACE inhibitors to ensure the survival of the patient. The ANA and Scl-70 antibody is associated with this disorder, and defines dcSSc as a rheumatologic or autoimmune disorder.

Limited cutaneous SSc (lcSSc) typically has skin involvement limited to the hands, face and neck. The "systemic" involvement involves the blood vessels. Limited cutaneous SSc is classically described with the acronym "CREST" and is frequently referenced in literature as the "CREST syndrome." The "C" stands for calcinosis, or calcium deposition in the skin. The "R" stands for Raynaud's phenomenon. The "E" stands for esophageal dysmotility. The

Holiday Anti-Inflammatory Recipe:
GINGERBREAD OATMEAL

A wonderfully comforting bowl of gingerbread oatmeal. This dish helps to reduce the inflammation from arthritis and other joint conditions with its key ingredient of Omega-3 fatty acids.

In addition, this wonderful dish has other health benefits such as improving blood sugar levels, lowering cholesterol, providing fiber to relieve constipation, helping with skin conditions, and increasing growth of good bacteria in the digestive tract.

Make oatmeal according to package directions and stir in other ingredients.

INGREDIENTS:
4 cups water
1 cup steel cut oats
1 1/2 tbsp. ground cinnamon
1/4 tsp. ground coriander
1/4 tsp. ground cloves
1/4 tsp. ground ginger
1/4 tsp. ground allspice
1/8 tsp. ground nutmeg
1/4 tsp. ground cardamom
Maple syrup to taste

The Ultimate Holiday Anti-Inflammatory Treat:
TURMERIC-SPIKED CANDIED MAPLE PECANS

'Tis the season for parties, cookie swaps, cocktails, cake, and holiday cheer of all kinds. While we love to indulge in the good stuff we look forward to all year, there are plenty of ways we can improve these sugary traditional treats.

INGREDIENTS:
2 cups raw pecans
1½ tablespoons coconut oil
2 tablespoons pure maple syrup
½ teaspoon ground turmeric
½ teaspoon ground cinnamon
¼ teaspoon ground ginger
¼ teaspoon ground cardamom
Pinch of black pepper
Pinch of sea salt

Mix all spices together in a small bowl, stirring with a fork to combine. In a large dry pan over a medium-low heat, toast pecans for about 5 or 6 minutes, tossing a few times, until fragrant and beginning to brown. Remove pecans from the pan to a plate. Add coconut oil to the pan and let it melt for a minute. Add the maple to the pan and stir with a rubber spatula (it should be bubbling a bit) to combine the two. Add spices to the maple coconut oil mixture and stir. Add the pecans back in and stir well to evenly coat in the maple mixture and cook, stirring, for 1 minute. Remove from heat and transfer pecans onto a tray lined with a piece of parchment paper. Allow to cool fully before serving (pop them in the fridge or freezer to speed up the cooling process).

HEALTHY TIP: *"If you want anti-inflammatory effects of tumeric you need to get 500 to 1,000 milligrams of curcuminoids per day." When using the spice on its own, the common rule of thumb is that there are 200 milligrams of curcumin in one teaspoon of fresh or ground turmeric (though it varies a bit depending on the source and origins).*

To make your own turmeric tea: Boil 2 cups of water with 1 teaspoon of turmeric powder and 1/2 teaspoon of black pepper. Let it simmer for 10 to 15 minutes. Add lemon, honey, or milk to taste.

"S" stands for sclerodactyly (thickening of the skin on the hands). Finally the "T" stands for telangiectasia, a dilation or prominence of small capillary blood vessels in the skin or mucous membranes. Blood vessel involvement can include the large blood vessel leaving the heart, the pulmonary artery. Fibrosis of this blood vessel can lead to pulmonary hypertension, which can cause right-sided congestive heart failure and if untreated can result in death. The ANA and anti-centromere antibody is associated with this disorder, and defines lcSSc as a rheumatologic or autoimmune disorder.

Management of these disorders typically requires the expertise of a rheumatologist. Modern medicine continues to struggle with disease-specific therapies to treat and resolve these disorders as they are driven by fibroblasts. However, supportive care can be rendered for many of the manifestations including the use of specific medications and physical therapy techniques. If you have been told you have one of these disorders, the providers at ARA are ready to assist you in managing the many difficulties you may now face.

RHEUMORS

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RHEUMORS

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POINTS ON JOINTS:

Am I Hearing Noises?

BY DANIEL EL-BOGDADI, MD, FACR

Snap, crackle, pop… "Doctor, why do my joints make these noises?!?"

Crackling, snapping, popping. These are common sounds that a joint may make. There are several reasons for why a joint may make these sounds. It may be due to wearing of the cartilage. It could be caused by ligaments stretching and releasing or by compression of nitrogen bubbles in the spaces of the joints. It may happen if there are a lot of moving structures in a joint. Such is the case with shoulders or knees, which are the "noisiest" joints.

Joint crackling and popping on their own do not require treatment. They are normal (most of the time).

Many also worry that popping their knuckles will cause them to have arthritis. Despite this common belief, you will not make your knuckles big or develop arthritis in them by cracking them.

However, if swelling or pain or laxity of the joint accompanies the joint sounds, then it is time to visit your doctor as these symptoms could be pointed to serious joint issues.

Also, if you have a previous injury to the joint and it healed improperly, the joint may pop when you move it.

Is there anything you can do to prevent the noises? Yes, actually, the more you move the more your body lubricates itself. Some gentle stretching that involves the joint and the surrounding muscles may help as well. A good physical therapy program often is helpful in guiding an individual to properly engage in some difficult stretches.

Sometimes, though, no matter what you do, some noises will persist.