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# Editorial

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*Dr Abdul Abyad*



The first Rheumato-geriatric day dedicated explicitly to the care of elderly patients with rheumatic diseases. It presented the essentials of multidisciplinary care, an approach which is the hallmark of geriatrics and which naturally translates into the field of geronto-rheumatology.

This is the third issue this year and it has a review on evaluation and prevention of fall and abstracts from a rheumatology meeting in Tunisia.

Engin, V.S & Ersoy S, reviewed the evaluation and prevention of fall. They stressed that the preferred definition of falls is 'Unintentionally coming to the ground or some lower level other than as a consequence of a violent blow, loss of consciousness, sudden onset of paralysis as in stroke or an epileptic seizure'. This syndrome resembles frailty in terms of risk factors and consequences. Rates of falls increases nine fold in population beyond 65 years old and it's annual rates ranges between 28-39% varying with different communities and study settings. Falls constitutes 14% of emergency admissions, 4% of all hospital admissions, 1% of all cause mortality while accounting for 40% of injury-related deaths. Studies in Europe, Canada and Australia reported rates of falls ranging from 28% to 39% annually. Studies in Turkey shows rates among 29.6-47.7% in community dwelling older adults. However, this rate is up to 69% in institutionalized older adults in Turkey. The authors reviewed the evaluation and prevention of fall.

In the second part of the journal the abstracts from The first Rheumato-geriatric day in Monastir (Tunisia ) organized by the Tunisian Geriatric Society in collaboration with the Middle East Academy of Medicine of Aging, represents a great challenge and reflect the diversity of our specialty and offers new ideas and insights for clinicians working with older patients

The first Rheumato-geriatric day dedicated explicitly to the care of elderly patients with rheumatic diseases. It presented the essentials of multidisciplinary care, an approach which is the hallmark of geriatrics and which naturally translates into the field of geronto-rheumatology.

## Evaluation and Prevention of Falls

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### ABSTRACT

Falling is a major clinical challenge which has a great impact on older adult's life. To achieve successful aging, this condition must be properly addressed in preventive strategies against risk factors for frailty.

**Key words:** Older adult, falls, prevention

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### Introduction

The baby boomer generation have become older adults. The following generations didn't follow suit. Birth rates have never attained the post war era level in western countries while life expectancy constantly increases throughout the World. The result is the greying population. This is a challenge not only for welfare systems, but also for health services. It was projected that the 65 plus population will reach 8 million by 2020 and will exceed 10 million by 2050 in Turkey. So far, this number is nearly 7 million. The rate of the older population is constantly increasing and attained approximately 8.5% during the recent year. Projections show 3.5% increase of this rate for every decade. (1)

US citizens older than 64 years constitute 50% of hospitalizations and 40% of health expenditure. The most crucial issue is whether we provide our seniors with a successful pattern of aging, or a frail one. And when it comes to successful aging vs frail aging, falling is a breaking point. It triggers the vicious cycle of frailty in the most vulnerable period. It is a matter of debate as to whether the major threatening aspect of falls is the breaking of bones or breaking the confidence of older adults and let him/her surrender to inactivity and depression and consequently, frailty.

The wider clinical notion of frailty includes physical as well as mental and social well being (2). It is noteworthy that whatever is true about frailty is also valid for falls in terms of risk indicators. This is not surprising as frailty phenotype is reported independently predictive of incident falls, worsening mobility or ADL disability, hospitalization, and death, with hazard ratios ranging from 1.82 to 4.46, over 3 years. Intermediate frailty status, as indicated by the presence of one or two criteria, showed intermediate risk of these outcomes as well as increased risk of becoming frail over 3-4 years of follow-up (3).

Preferred definition of falls is ‘Unintentionally coming to the ground or some lower level other than as a consequence of a violent blow, loss of consciousness, sudden onset of paralysis as in stroke or an epileptic seizure’ (4). This syndrome resembles frailty in terms of risk factors and consequences. Rates of falls increases nine fold in the population beyond 65 years old and it’s annual rates range between 28-39% varying with different communities and study settings. Falls constitute 14% of emergency admissions, 4% of all hospital admissions, 1% of all cause mortality while accounting for 40% of injury-related deaths (5).

Studies in Europe, Canada and Australia reported rates of falls ranging from 28% to 39% annually (5). Studies in Turkey shows rates among 29.6-47.7% in community dwelling older adults (6). However, this rate is up to 69% in institutionalized older adults in Turkey (7).

The most prominent complication of falls is fractures (10%) and the most threatening one is hip fractures, which mostly occur in older women.

A study in 120 older adults who suffered a hip fracture reported that before their fractures, 86% could dress independently, 75% could walk independently and 63% could climb a flight of stairs. Six months after their injuries, these percentages had fallen to 49%, 15% and 8%, respectively (8).

Another indicator of poor prognosis is the “long lie” – remaining on the ground or floor for more than an hour after a fall. The long lie is a marker of weakness, illness and social isolation, and is associated with high mortality rates among older people. Time spent on the floor is associated with fear of falling, muscle damage, pneumonia, pressure sores, dehydration and hypothermia. Even if there was no injury related to the fall, half of those who suffered a long lie die within six months (5).

Location of falls:

- 56% outside the home
- 26% level surface
- 6% on the stairs
- 6% shower/bath
- 3% getting out of bed
- 3% on chair/ladder

Studies revealed that less women and frail older adults fall outside.

Also it was reported that most falls occur in the active hours (morning or afternoon) and only 20% occurred after evening hours. We may conclude that older adults fall during their usual practice and at their usual places (5).

Most fallers (40%) reported that they had tripped while 21% accounted poor balance. 14% were unsure of the cause. 13% experienced slipping, 6% had felt weakness of the legs while 5% felt dizziness and only 1% had lost consciousness (5).

Studies showed that 2/3 of falls are preventable. So, determination of related risks is essential in prevention (9).

To avoid a fall, a three-stage response is required: Perception of a postural threat; selection of an appropriate corrective response; and proper response execution.

The causes of falling are multi-factorial and include extrinsic (environment-related), intrinsic (person-related) and behavioural (activity-related) factors. Gait instability has been identified as a relatively consistent risk factor for falls and the majority of screening programmes to identify those at risk of falls comprise an assessment of gait and balance.

STRATIFY clinical prediction rule (St. Thomas Risk Assessment Tool in Falling elderly inpatients), consists of five items that address risk factors for falling including past history of falling, patient agitation, visual impairment affecting everyday function, need for frequent toileting, and transfer ability and mobility. The STRATIFY rule yields a possible score between 0 and 5 (each item scoring 1 if present or 0 if absent). A recent systematic review examined the predictive value of the rule in elderly inpatients at risk of falls and found that at a score  $\geq 2$  points, the STRATIFY rule had only limited predictive ability with moderate summary estimates of sensitivity (0.67, 95% CI 0.52 – 0.80) and specificity (0.57, 95% CI 0.45 – 0.69) (10).

Postural stability can be defined as the ability of an individual to maintain the position of the body, or more specifically, its centre of mass, within specific boundaries of space, referred to as stability limits. Stability limits are boundaries in which the body can maintain its position without changing the base of support. Regardless of the task being performed, maintaining postural stability requires the complex integration of sensory information regarding the position of the body relative to the surroundings and the ability to generate forces to control body movement.

Thus, postural stability requires the interaction of musculo-skeletal and sensory systems. The musculo-skeletal component of postural stability encompasses the biomechanical properties of body segments, muscles and joints. The sensory components include vision, vestibular function and somatosensation, which act to inform the brain of the position and movement of the body in three-dimensional space. Normal ageing is associated with changes in function of each of the subcomponents.

A wide range of clinical rating scales and functional tests have now been evaluated in older people to determine their ability to predict falls. These include sit-to-stand ability, turning, bending down, tandem walk, one leg stance, functional reach test, Romberg test, heel walk, toe walk, etc.

TUGT, derived from the original Up and Go Test, is an indicator of basic mobility and measures the time required for a person to rise from a chair, walk three meters, turn, walk back and sit down. Note that not only consumed time, but also unsteady gait patterns are important in evaluating patient’s risk for falls. Studies report cut-off value of increased fall risk from 14 to 20 seconds (11).

A meta-analysis showed that TUGT has limited value in terms of sensitivity, thus it’s a better option to rule out than detect problems that increase the risk of falls (12).

Also it was reported to have no superiority to gait speed measurement despite consuming more time to practice (13). On the other hand, its qualitative elements may provide additional information pertaining to patient's stability. However, these would be purely subjective as they depend on observations of the applicator. So we may conclude that the supervisor would better be the most relevant member of the geriatric team to provide additional subjective information.

The Tinetti Performance Oriented Mobility Assessment tool is an easily administered task-oriented test that measures an older adult's gait and balance abilities: It has a three-point ordinal scale, ranging from 0-2. "0" indicates the highest level of impairment and "2" the individual's independence. Total Balance Score = 16. Total Gait Score = 12. Total Test Score = 28. The patient is to sit in a hard armless chair and will be asked to rise up and stay standing. The patient will then turn 360° and then sit back down. This is to test the patient's balance. Testing this, the evaluator will look at several key points. These are: How does the patient rise from and sit down on his/her chair, whether or not the patient stays upright while sitting and standing, what happens when the patient's eyes are closed or when the patient gets a small push against the sternum. Next, the patient will have to walk a few meters at normal speed, followed by turning and walking back at a "fast but safe" speed. The patient will then sit back down. As well as in the first part of the test there are some points the evaluator has to look at. These are: The length and height of the steps, the symmetry and continuity of the steps and straightness of the trunk. During this test the patient can use any assistive devices (14).

The people who have a score of 26 or lower have a two-fold risk of falling in the following year. This test has a sensitivity of 70% and a specificity of 52%. This means that 70% of the people with a higher fall risk will have a test score lower than 26. It also means that 52% of the people who have a test score lower than 26 have a higher fall risk and will have a fall within a year (15).

Most injuries that older adults suffer occur at home (16). The rate of injury for people with Alzheimer's disease is 1.6 times higher than the national average for community-dwelling older adults, and the fall rate is 1.9 times higher (17). Comprehensive assessment of home safety and common hazards allows nurses to identify potential risks and educate caregivers on preventative measures (18). Home safety inventory had been developed especially for homebound older adults. This is a checklist to be controlled. The assessment tool may not include all of the possible safety problems. Health professionals should individualize the items based on clinical assessment of the individual and home environment (19). The patient also must be instructed on how to deal with a sudden fall. For the proper management, instructions must be as follows:

Just after the fall:

- Keep calm.
- Call help if possible.
- Avoid sudden moves.

If patient can't get up:

- Find a blanket, cushion etc.
- Try to get away from the wet place
- Change position to avoid pressure sores

Medication has a significant role in falls. Potential culprits are:

- Psychological medications such as antidepressants, anxiolytic, hypnotics.
- Cardiovascular medications such as antihypertensive agents, diuretics, vasodilators.
- NSAIDs, pain-killers, skeletal muscle relaxants.
- Alcohol, opioids, depressants, dopaminergic drugs, anticonvulsants, antiparkinsonism drugs, etc.

Detection of polypharmacy is of paramount importance and duplicate used drugs, hazardous combinations, and wrongly used drugs must be ruled out (20).

According to earlier research, posture's priority in dual tasks shifts gradually as people age. Recent research suggests that's not the case in static dual tasks. Dynamic complex activities cause a decline in either task. Nature of the tasks, goal and prior instructions, change the result. So, rehabilitation with multiple tasks is necessary.

Some researchers report good results with dual task exercises and call this cognicising. One of the proposed schemes is:

- 10 minutes of warm-up and stretching exercises,
- 20 minutes of muscle strength exercise and postural balance training,
- 25 minutes of dual-task (cognicise) training,
- 5 minutes of rest,
- 25 minutes of aerobic exercise (stair stepping, endurance walking, and walking on balance boards. The mean aerobic exercise intensity was 60% to 80% of maximum heart rate).
- 5 minutes of cooling down.

Safety instructions during exercise shouldn't be omitted:

- Have assistive devices, medicines and cell phone nearby
- If needed, hold on to stable objects
- Avoid painful or strenuous movements

Stop when:

- Dizziness,
- Chest pain,
- Shortness of breath occurs.

Psycho-social support is an integral part of the treatment. It must include:

- Building self confidence (reasonably),
- Detection and treatment of depression,
- Proper management of dementia,
- Awareness about delirium symptoms,
- Education and support for the caregiver.



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## Rhumato Ceriatric Day, Monastir Tunisia

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### *Chairman's Message*



*Professor Sonia Hammami*

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In north Africa and in Tunisia particularly, the population older than age 80 are the fastest growing segment of the population. This demographic change and aging is an established risk factor for the development of frailty, disability, musculoskeletal and soft tissue disorders. Evaluation of the elderly patient is often complex due to the many comorbid conditions encountered in this population often compounded by cognitive disorders, functional decline, polypharmacy and limited social supports.

The first Rhumato-geriatric day in Monastir (Tunisia) organized by the Tunisian Geriatric Society in collaboration with the Middle East Academy of Medicine of Aging, represents a great challenge and reflects the diversity of our speciality and offers new ideas and insights for clinicians working with older patients. The first Rhumato-geriatric day was dedicated explicitly to the care of elderly patients with rheumatic diseases. We present the essentials of multidisciplinary care, an approach which is the hallmark of geriatrics and which naturally translates into the field of geronto-rheumatology. It was designed for primary care physicians, geriatricians and rheumatology consultants.

In addition to the presence of our Guest speaker from Belgium, Pr P Lemaire, well known local and regional speakers shared their experience in geriatric Rheumatology fields.

*The following abstracts are from papers delivered at the*

## **Rhumato Ceriatric Day, Monastir Tunisia**

- 12 Forensic responsibility at the prescription of antagonists of Vitamin K to elderly patients  
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- 13 Neoplasm in the Elderly  
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- 22 Osteoporosis in Elderly Women: A Retrospective Study Of 20 Cases  
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- 24 Crohn's Disease of the Elderly Patients  
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- 80 An Unusual Complication of Rheumatoid Arthritis of the Elderly  
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- 82 Quality of Life Assessment in Elderly Polyarthrosis  
Megdiche I, Ksibi I, Maaoui R, Gares H, Dhahri R, Rahali Khachlouf H  
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## Forensic responsibility at the prescription of antagonists of Vitamin K to elderly patients

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### ABSTRACT

**Introduction:** The hemorrhage accidents at the prescription of antagonists of vitamin k represents the first cause of hospitalization for side effects in elderly patients. This can engage the forensic responsibility of the prescribing physician.

**Objective:** Study the forensic responsibility involved in cases of error in the prescription of AVK to elderly patients.

**Materials and methods:** This is a review of the literature related to forensic responsibility of errors in the prescription of AVK to elderly patients.

**Results:** The errors related to the prescription of an AVK are mainly related to the absence of prescription, a prescription not consistent, insufficient supervision (overdose, inefficiency) or mismanagement of the anticoagulant treatment in the elderly population having to undergo an act at hemorrhagic risk. These errors may incur the criminal responsibility of the prescribing physician but also the civil and administrative responsibility.

The elements of criminal responsibility are the legal element, the moral element, the material element and the unfair element. For the civil responsibility, it is up to the elderly patient, victim of medical error, to show 3 elements necessarily present that are the fault, the damage and the direct and certain causal link between the fault and the damage caused to him/her. Moreover, Article 85 of the Code of Obligations and Contracts stipulates that the administration has to cover the agent from civil convictions pronounced against them.

**Conclusion:** Forensic responsibility at the prescription of antagonists of Vitamin K to elderly patients is engaged if the elements of criminal responsibility are established and if the causal link between the fault and the damage is direct and certain.

## Neoplasm in the Elderly

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### ABSTRACT

**Introduction:** The increase in life expectancy is accompanied by an increase in the average age of the world. The geriatric population is an increasingly important part of our population. Cancer pathology is particularly common in the geriatric population. The modalities of discovery of neoplastic pathologies are diverse. Our work aimed to study the circumstances of cancer discovery in the elderly.

**Methods:** A retrospective, monocentric study of patients aged over 60 years hospitalized in the department of internal medicine for a neoplastic pathology.

**Results:** The study involved 23 patients. The average age was 70.8 years old. The sex ratio was 1.5 (16M/7F). The causes for hospitalization were deterioration of the general status in 11 cases, bone pain in 1 case, a thromboembolic event in 3 cases (2 cases of venous thrombosis of the lower limbs and 1 case of pulmonary embolism), abdominal pain in 3 cases, anemia in 2 cases, hemiparesis and a decrease in visual acuity in 1 case each. The discovery of neoplasm was fortuitous for 1 patient hospitalized for urinary infection. He had a hepatocellular carcinoma. Twelve patients were smokers. Fever was observed in 4 cases. Asthenia, anorexia and weight loss were observed respectively in 23, 17 and 16 patients. Anemia was found in 23 cases (16 cases of normocytic anemia, 6 cases of microcytic anemia and 1 case of macrocytic anemia). A biological inflammatory syndrome was noted

in 22 patients and hypercalcemia in 9 patients. The solid neoplasia were: prostate cancer in 5 cases, lung cancer in 5 cases including small cell neuroendocrine carcinoma, pancreatic cancer in 3 cases, hepatocellular carcinoma in 2 cases, ovarian cancer in 2 cases, rectal cancer in 1 case, bladder cancer in 1 case, endometrial cancer in 1 case, cavum cancer in 1 case, brain astrocytoma in 1 case, breast cancer in 1 case. Tumor markers contributed to the diagnosis in 9 cases (1 case of neuroendocrine carcinoma, 2 cases of hepatocellular carcinoma, 1 case of pancreatic cancer and 5 cases of prostate cancer). The histological study allowed the diagnosis in half of the cases. Regarding the other patients, imaging, especially CT, offered a strong diagnostic suspicion. A curative treatment was proposed for 10 patients.

**Conclusion :** The geriatric population is the population most confronted with neoplastic pathologies. The circumstances of discovery are many and varied. Regarding the treatment, the indications are based on the metastatic nature of the neoplasms well as the physiological age of the patient.



## **Rheumatoid Arthritis in the Elderly**

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### **ABSTRACT**

**Introduction:** Rheumatoidarthritis (RA) is the most common inflammatory arthropathy world wide. It is a chronic, complex, and heterogeneousautoimmunedis-ease. Onset of rheumatoidarthritis (RA) in an elderly person is common. If the reality of a real difference in clinical presentation between young and old subjects is discussed, the main point remains that the prognosis is not better for the elderly.

Our work aimed to study the epidemiological, clinical, radiological, evolutionary and therapeutic aspects of the RA in elderly age in inernal medicine department.

**Methods:** We conducted a retrospective study of RA in the elderly aged 65 and over. We've compiled nine cases hospitalized over a period of 4 years in an Internal Medicine department.

**Results:** There are 9 patients, 8 women and 1 man. The average age was 68.7 years old. The average of Disease Activity Score 28 was 5.38. Articular manifestations were oligoarthritis in 6 patients and polyarthritis in 1 patient. Rhizomelic involvement was found in 3 cases. A biologic inflammatory syndrome was present in 5 cases. Rheumatoid factor was positive in 4 cases. Anti-CCP antibodies were positive in Five cases. 7 patients were classified as stage II and 2 patients as stage I according to the classification of patients according to Steinbrocker radiological. Treatment was based on analgesics, non-steroidal anti-inflammatory drugs and methotrexate in all cases. The evolution was favorable in all cases.

**Conclusion:** Late-onset RA is a heterogeneous setting in which several clinical forms deserve to be individualized, and this diversity must be taken into account, rather than approaching the problem of RA after 60 years too broadly.

## Chondrocalcinosis in Geriatrics

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### ABSTRACT

**Introduction :** Chondrocalcinosis (CC) is arthritis caused by calcium pyrophosphate (CPP) crystal deposition in joints ,which is commonly associated with aging as well as a handful of metabolic syndromes. The purpose of our study was to describe the epidemiological, clinical and paraclinical characteristics of subjects with CC older than 65 years.

**Materials and methods:** It is a monocentric and retrospective study of 75 cases of CC older than 65 years, collected at the Rheumatology Department of Fattouma Bourguiba University Hospital in Monastir over a period from 1998 to 2015.

**Results:** There are 49 women and 26 men (sex ratio = 0.53), with a mean age of 74 years [65-87 years].

The circumstances of discovery were arthritis in 61% of cases (mono in 27%, poly in 24% and oligoarthritis in 10% of cases), arthralgia in 19% and accidental discovery on the occasion of conventional radiography in 20% of cases The most commonly involved joint was the knee (13%), followed by the wrist (7%). CC was idiopathic in 80%, secondary to hyperparathyroidism in 17%. Articular puncture was performed in 37% and revealed microcrystals of calcium pyrophosphate dihydrate (PPCD) in 21% of cases. The majority of patients were diagnosed with CC based on the presence of radiographic chondrocalcinosis; a calcification was found in 97%, especially in the knee, in 93% of cases.

**Conclusion:** Our study revealed the diversity of the CC clinical picture, but the mono and polyarticular forms, especially at the knee level, was the most common.

## **Clinical and Radiological Characteristics of Pagetic Hip Pathology: About 4 Cases**

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### **ABSTRACT**

**Introduction:** Paget's disease of bone (PDB) can cause various complications like hip arthropathy. The aim of our study was to describe the clinical and radiological characteristics of pagetic hip pathology with a review of the literature.

**Patients and Methods:** Retrospective study of pagetic hip pathology cases collected in the rheumatology department in Monastir between 1997-2018.

**Results:** Four cases from 18 had pagetic hip pathology. The average age was 53.5 years [29-69] (SR=1). The pain was constant and the lesion was unilateral in 3 cases with a left predominance (66%). The average of VAS pain was 2.75 [2-4]. X ray radiography confirmed the diagnosis in all cases showing acetabular protrusion and profunda coxa in 2 cases each. Hypertrophy, bone osteocondensation and cortical thickening at the acetabular level were found in 3 cases and at the femoral level in one case. Corticomedullary dedifferentiation and fibrillar appearance were noted in 75% of cases each. The bone scintigraphy effected in all cases: monostotic involvement (3 cases) and polyostotic (1 case). A pelvic CT scan was done in one case confirming the pagetic hip pathology. Treatment with bisphosphonates was indicated in all cases: Aclasta® zoledronic acid infusion in 3 cases and an infusion of Pamidronate (Aredia®) and then oral relay with Rise-dronate sodium (Actonel®) in one case.

**Conclusion:** The treatment with bisphosphonates is always indicated in pagetic hip pathology. But when it is sufficiently disabling, this hip pathology can be an indication for prosthetic replacement of the hip in order to improve the functional prognosis.

## **Paget's Disease of Bone: Diagnosis and Treatment**

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### **ABSTRACT**

**Introduction:** Paget's disease of bone (PDB) is very frequent in the elderly. The aim of our study was to identify the epidemiological, clinical and paraclinical features of the PDB.

**Material and methods:** Retrospective study of 18 cases of PDB collected in the rheumatology department in Monastir-Tunisia between 1997-2018.

**Results:** 11 men and 7 women with a mean age of 63 years [29-85] were studied. The most represented age group was above 60 years (50%). The discovery of the PDB was fortuitous in 27.8%. The discovery circumstance was localized bone pain (77.78%) and joint pain (33.33%). The most affected bones are the pelvis (42.85%), the spine (14.28%) and the proximal extremity of the femur (7.14%). Many complications were found in 61.11%: pagetic bone fracture (5.56%), sarcomatous degeneration (22.22%), pagetic hip disease (22.22%) and neurological complication as deafness (16.7%) and headache (5.56%).

X-ray radiography had shown pelvic location in 83.3% often unilateral (93.33%). Skull involvement was found in 16.7% with osteoporosis circumscripta. The spine was affected in 22.22% with predominance of signs at the lumbar region. A frame vertebra was found in 11.11% (L1 and L3) and hypertrophy and osteocondensation of L5, S1 and S2 in 5.56% of cases.

A vertebral compression fracture of D11 was found in one case. Bone scintigraphy was performed in 77.78%: half monostotic and half polystotic involvement. Treatment was based on bisphosphonates in 12 cases.

**Conclusion:** The clinical manifestations of the PDB were of variable severity. The knowledge of radiological elementary lesions allows a rapid diagnosis and the use of bisphosphonates seems to improve its control and prognosis.

## **Imaging of Bone Metastases: About 52 Cases Collected at the Oncology Unit of Fattouma Bourguiba Monastir University Hospital**

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### **ABSTRACT**

**Introduction :** Bone metastases (BM) are frequent, often symptomatic. It is a major event in the cancer's evolution. Although the radiological methods are numerous, the chronology of their achievement is not yet well codified.

**Objectives :** To identify the epidemiological and clinical particularities of BM, to identify the interest of the different radiological techniques in their diagnosis and their follow-up by comparing them with the data of the literature and to specify their radiological characteristics according to the primitive cancer.

**Methods :** 52 BM files, collected at the oncology unit, were retrospectively reviewed and compared to literature data.

**Results :** Average age was 55 years [29-86]. SR=0.48. BMs were incidentally discovered as part of an extension assessment in 67.3%. Pain was constant. Spinal cord compression was present in 7.7%. The onset time of BMs ranged from zero to 156 months with an average of 12 months. The most common radiological aspect was osteolytic in 53.8%. Bone locations were multiple in 88.5% and spinal location was the most common (98.1%) followed by pelvis (50%). We used CT in all cases, magnetic resonance imaging in 17 cases and scintigraphy in 32 cases. Breast cancer ranked

first (61.5%). The prostate cancer was noted in 7.7%, lung cancer in 1.9% and digestive tumors in 17.3% of cases. The origin of the primitive was undetermined in 1.9%.

**Conclusion:** BMs remain a major turning point in the evolution of cancer. Their research is a crucial step for perfect care. A polyvocal exploration strategy must be adapted according to several symptoms especially neurological ones.



## Prevalence of Obesity in Elderly in a Rheumatologic Environment

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### ABSTRACT

**Introduction:** Obesity, an ever-increasing disease, is associated with multiple cardiovascular, pulmonary, hepatic and rheumatological complications, including knee osteoarthritis. Our aim is to study the prevalence of obesity in patients over 65 years old in rheumatologic consultation and compare it to the younger population.

**Patients and methods:** The body mass index (BMI) was measured in patients consulting in rheumatology over a period of three months [April-June 2017]. Threshold definitions were: Thinness BMI <18.5 kg / m<sup>2</sup>, overweight BMI ≥25 kg / m<sup>2</sup> and obesity BMI ≥30 kg / m<sup>2</sup> (WHO, 1997).

**Results:** 323 patients were collected. The average age of our patients was 53.46 years old. The SR was 0.22. 17.95% had a chronic inflammatory rheumatism, 82.04% had osteoarthritis (32.07% had knee osteoarthritis) and 0.1% had a metabolic disease.

Comparing data from the population over 65 years old (61 patients) to the younger population (262 patients) we found; an average BMI of 30.06 kg / m<sup>2</sup> versus 33.18 kg / m<sup>2</sup>. 31.14% were overweight versus 26.71% and 49.18% were obese versus 64.50%.

Osteoarthritis was found in 34.42% in the elderly population (of which 100% is associated with overweight and / or obesity) and found in 24.42% of the cases in the young population (71.87% of which were associated with overweight and or obesity).

**Conclusion:** Overweight and obesity are very common co-morbidities in rheumatic diseases. Screening and specific care must be systematically offered to these patients as part of an overall management.

## Horton's Disease Revealed by Febrile Pneumonia

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### ABSTRACT

**Introduction:** Respiratory symptoms associated with giant cell arteritis are rare and not well known. They can be inaugural, leading to a late management if unrecognized.

**Observation:** We report the case of a 65-year-old woman admitted for chronic cough, prolonged fever, and alteration of the general state. Physical examination showed only fever at 38.2 ° C with normal pulmonary auscultation. The temporal pulses were present. The biological exploration revealed a biological inflammatory syndrome with anemia (hemoglobin at 9.1 g / dl). An infectious origin was suspected by the field and the fever, so an antibiotic was prescribed. The persistence of clinical and biological signs has characterized the follow-up. The infectious investigation was negative. Blood cultures, cytobacteriological urine exam and search for BK in spit were negative. A thoracoabdominopelvic CT scan and a cardiac ultrasound were normal. Immunological assessment was negative. Tumor marker was normal. Infectious, hematologic, and neoplastic origin of fever was eliminated. Horton's disease was evoked. Temporal artery biopsy showed a giant cell arteritis without sign of activity. Corticosteroid therapy was started at a dose of 0.7 mg / kg / day. The disappearance of cough, fever and alteration of the general state has marked the follow up. And the biological inflammatory syndrome has also regressed.

**Conclusion:** Horton's disease should be investigated by physical examination especially in the febrile old patient with unexplained respiratory signs. Temporal artery biopsy must be proposed to avoid delayed diagnosis that can sometimes lead to serious vascular complications.

## **Lumbosciatica of Elderly Patients**

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### **ABSTRACT**

**Objectives:** The aim of our work is to assess the clinical, radiological, epidemiological and evolutionary characteristics of lumbosciatic pain in elderly Tunisian patients.

**Methods:** Retrospective study on 39 patients aged 65 years and over hospitalized in the Rheumatology Department of Mahdia for management of a common lumbosciatica over the last 7 years (2012-2018).

**Results:** Female predominance was noted with 33 women. The average age was 73.2 years. A triggering factor was only found in 5.1% of cases. The pain was mechanical in 66.6% of cases, mixed in 30.7% of cases and inflammatory in 2.5% of cases. Sciatica was L5 in 66% of cases and S1 in 20.5% of cases. The disease was bilateral in 58.9% of cases and unilateral in 41% of cases. Standard radiography showed a narrowing disc in 71.7% of cases, posterior interapophyseal arthrosis in 23% of cases and a spondylolisthesis in 41% of cases. Bone demineralization was present in 28.2% of cases.

19 patients underwent second-line radiological exploration (CT and / or MRI) showing a narrow lumbar degenerative canal in 38.4% of cases and a discal hernia in 15.38% of cases.

In addition to symptomatic treatment, 76.9% of patients have received epidural infiltrations. None of our patients had any surgical treatment. The short-term outcome was good in 66.6% of cases.

**Conclusion:** Lumbosciatic pain in older patients has some particularities: The bilaterality, the rarity of a triggering factor. Second-line radiological exploration can eliminate a secondary cause and clarify the mechanism of low back pain.

## **Osteoporosis in Elderly Women: A Retrospective Study of 20 Cases**

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### **ABSTRACT**

**Introduction:** Osteoporosis is a typical aging pathology. It is a diffuse disease of the skeleton characterized by a decrease in bone mass resulting in a high bone fragility and fracture risk.

**Aim of the study:** To improve the screening and the therapeutic strategy of this assignment especially in the geriatric population and to review the risk factors, the etiologies, the prevention and the treatment of osteoporosis in the elderly woman.

**Patients and methods:** A comparative retrospective study of 20 patients with osteoporosis and 20 patients with osteopenia older than 65 years were collected in external consultation of rheumatology in Jammel hospital over a period of 3 years.

**Results:** Average age of osteoporotic patients was 71.6 years. Average age at menopause for osteoporotic women was 59.2 years and was 52.1 years for osteopenic women. Low calcium and protein intake was found in 81% of osteoporotic patients and in 68% of osteopenic women. The pathologies potentially

inducing osteoporosis were type I diabetes, systemic lupus erythematosus and rheumatoid arthritis. The iatrogenic causes of osteoporosis were corticosteroids and chemotherapy. The fractures noted in patients with osteoporosis were: 1 femur fracture, 2 wrist fractures and 5 vertebral fractures. 70% of our osteoporotic patients and 40% of osteopenic patients had received calcium-vitamin D treatment. 42.3% of osteoporotic women had received bisphosphonates.

**Conclusion:** Beside osteoporosis risk factors, measuring BMD is reliable for screening the fracture's risk. In elderly patients with risk of osteoporosis, vitamin D and calcium supplementation in combination with bisphosphonates, regular physical activity and prevention of falling are fundamental measures to maintain mobility and improve quality of life.

## **A Rare Revelation of Degenerated Primary Sclerosing Cholangitis Associated with Crohn's Disease in an Elderly Woman**

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### **ABSTRACT**

**Introduction:** Primary sclerosing cholangitis (PSC) is the most specific biliary manifestation of Crohn's disease, it mainly concerns the youth and especially affects the small canals. We report the case of a degenerate CSP associated with Crohn's disease revealed in a woman aged 76.

**Observation :** A 76-year-old woman without a notable pathological history was hospitalized at our service for the exploration of an iron-deficiency anemia in a context of general deterioration, with notion of neglected chronic fluid diarrhea evolving for 3 months. The physical examination revealed no abnormalities other than a BMI at 16 kg / m<sup>2</sup> and cutaneo-mucous pallor. She had both: a biological inflammatory and a deficiency syndrome (iron deficiency anemia at 7 g / dl, hypo-cholesterolemia, hypoalbuminemia) plus anicteric cholestasis with viral serologies (B, C), immunological balance ; both negative, normal ACE and CA19-9 levels.

**In such an instance:** First mentioned diagnosis was a colonic tumor with liver metastases, followed by an ileocolonoscopy: rectal and ileocecal ulcerations, at the biopsy: chronic and acute inflammation that can be consistent with an IBD. OGD-Fibroscope: congestive gastropathy. CT-C.A.P: dilation of the common bile duct (CBD) at the hilar level, intraperitoneal effusion of low abundance. Bili-MRI: regular inflammatory thickening of the CBD at the hilar level evoking a PSC, absence of signs revealing a cholangiocarcinoma.

Further to diagnostic doubt: colonic tuberculosis with biliary and pericardial localization or degenerate sclerosing cholangitis associated with Crohn's disease, a diagnostic laparoscopy with peritoneal biopsies was made: the ascitic fluid was an exudate highly rich in lymphocytes (1700 / ml) and the pathologist found peritoneal carcinomatosis secondary to cholangiocarcinoma. The patient was referred for palliative chemotherapy.

**Conclusion :** PSC is a rare condition. Its association with IBD is also common, and degeneration into cholangiocarcinoma may be revealing.



## **Crohn's Disease of the Elderly Patients**

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### **ABSTRACT**

#### **Introduction :**

- Crohn's disease (CD) in the elderly causes numerous problems, ranging from initial differential diagnosis with complications of diverticulosis, ischemic colitis, infectious or iatrogenic to specific therapeutic difficulties.

- Initial clinical presentation and natural history of CD in the elderly matter: they advocate for a conservative therapeutic attitude.

- We aim to study the clinical, therapeutic, and evolutionary aspects of CD in the elderly.

**Patients and methods:** This is a retrospective study of 147 patients (57 women and 90 men), having Crohn's Disease. Patients were divided into two sets according to age at diagnosis:

-group1(G1) > 60 y/o (14 patients).

-group2(G2) ≤ 60 y/o (133 patients).

All patients were studied for epidemiological, clinical, laboratory and therapeutic characteristics and results were compared.

**Results :** Sex distribution was statistically comparable between G1, G2.

- Regarding clinical manifestations: no notable difference between the two groups in diarrhea, occlusive syndrome, intra-abdominal abscess, appendicular syndrome, weight loss, and mucous emissions. However, ano-perineal manifestations were more frequent in young patients (p = 0.03).

- No significant difference between the two groups regarding anemic, deficiency, as well as inflammatory syndrome.

- Pancolitic involvement was most common in the elderly (85.7) but the difference was not relevant between both sets.

- Most of the patients in G1, G2 received corticosteroid therapy (57% of group 1 vs 65% of group 2), with no significant difference (p = 0.6).

Use of surgery was less frequent in the elderly (21.4% vs 27%) but statistically comparable between G1, G2 (p = 0.7).

-In our series, Azathioprine was the most prescribed maintenance treatment (for group1, 42% had received Azathioprine, 48% for group 2) with no difference between both groups. The evolutionary profile was favorable and statistically comparable between the two groups of patients.

**Conclusion :** These important data advocate a cautious therapeutic attitude in the elderly where the issues of changing natural history seem less important than in younger patients.

## **Bilateral Lumbosciatic Pain Revealing Multiple Myeloma**

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### **ABSTRACT**

**Introduction:** Spinal pain is common in multiple myeloma (MM) and may be the revealing symptom.

**Case report:** A 70-year-old patient was hospitalized for inflammatory bilateral lumbosciatic pain resistant to medical treatment that had been evolving for 3 months with asthenia. The biological tests showed hemoglobin at 13.3 g / 100 ml and a sedimentation rate at 130 mm in the first hour. Lumbar spine X-ray showed signs of osteolytic lesions with vertebral compression. Spinal magnetic resonance imaging showed multifocal bone damage affecting all lumbar vertebrae. Epiduritis was noted in L3 vertebrae, suggesting metastatic lesions. Serum protein electrophoresis (SPE) revealed monoclonal hypergammaglobulinemia at 49.7 g / l. Serum immunofixation showed a monoclonal IgG kappa. The bone marrow confirmed the diagnosis of multiple myeloma (20% abnormal plasma cells). Polychemotherapy was started with improvement in lumbar pain.

**Conclusion:** The diagnosis of MM should be suspected in any patient complaining of fixed back pain, especially if they are associated with sciatic nerve damage.

## Hyperparathyroidism of the Elderly: About Four Observations

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### ABSTRACT

**Introduction:** The primary hyperparathyroidism (PHPT) of the elderly has the dual characteristic of being sometimes a difficult diagnosis and to be a source of neuropsychiatric disorders that are potentially reversible after early surgical treatment.

The aim of this study is to recall the clinical, biological and therapeutic PHPT characteristics of the elderly through four observations.

**Observations:** There were four patients with a mean age of 75.5 years old (65-93). The diagnosis was revealed by: epigastralgia in two cases, polyuria polydipsia syndrome in one case and bone pain in one case. The clinical signs found were: asthenia in all four cases, anorexia in two cases, paresthesia of the lower limbs in two cases, constipation in one case and bone pain in one case. Serum calcium ranged from 2.6 to 3.27 mmol / L. Phosphoremia was decreased in all cases. Parathyroid hormone levels were high in all four cases with an average of 248 pg / ml (122- 394). Parathyroid ultrasound showed an isoechoic nodule of the inferior thyroid lobe in three cases and a multinodular goiter in one case. MIBI scintigraphy showed parathyroid adenoma of the left lower lobe in two cases and right lower lobe in one case. Three patients underwent excision surgery and only one patient was treated with bisphosphonates.

**Conclusion:** PHPT is a metabolic disorder which should be suspected in front of any symptomatic hypercalcemia especially in the elderly. In the absence of contraindication, surgical excision represents the only curative treatment.

## Neurological Manifestations of Giant Cell Arteritis

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### ABSTRACT

**Introduction:** The neurological manifestations during giant cell arteritis (GCA) are multiple and varied, they can affect the central or peripheral nervous system and are dominated by ischemic stroke.

The aim of this study was to study the clinical profile of patients with GCA complicated by neurological disease and to identify the main neurological manifestations of GCA.

**Patients and methods:** This is a retrospective study collecting 30 cases of GCA followed in the internal medicine department. The diagnosis of GCA was retained according to the ACR 1990 criteria.

**Results:** The study included thirty patients with GCA over a 10-year period, from January 2004 to March 2014. The mean age of our patients was 68 years  $\pm$  8.5 (range 50-82 years). There were 19 women (63.3%) and 11 men (36.7%).

The associated comorbidities were represented by hypertension and diabetes in 6 cases for each (40%), chronic renal failure, Sjörger and cardiac arrhythmia in one case for each.

Six of them had neurological manifestations (20% of cases).

These manifestations were represented by an ischemic stroke (carotid artery) (the anterior Sylvian artery in 2 cases) and the vertebrobasilar territory in 2 other cases. A peripheral neuropathy of diffuse axonal diffuse sensory motor neuropathy was noted in one case. In addition, we found optic nerve damage in 2 cases and oculomotor nerve damage in another case.

The brain scan was performed in 6 patients; it was normal in 2 cases and showed an ischemic stroke in 4 cases.

**Conclusion:** Neurological manifestation is seen in 5 to 32% of patients with GCA. Ischemic stroke is the most common neurological manifestation; it can precede or complicate the corticotherapy. The involvement of the peripheral nervous system is less frequent.

## Joint Manifestation in Giant Cell Arteritis

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### ABSTRACT

#### Introduction:

Giant cell arteritis (GCA) is a subacute inflammatory panarteritis of segmental and multi-local topography. Osteoarticular manifestations are dominated by rhizomelic pseudo arthritis (RPA). Other joint manifestations are less common. It may be polyarthritis, or oligoarthritis or mono-arthritis affecting large joints.

#### Patients and methods:

This is a retrospective study collecting 31 cases of GCA in the internal medicine department. The diagnosis of GCA was retained according to the criteria of ACR 1990.

#### Results:

The study included thirty patients with GCA over a 10-year period, from January 2004 to March 2014. The mean age of our patients was 68 years  $\pm$  8.5 (range 50-82 years). There were 19 women (63.3%) and 11 men (36.7%).

Joint damage and pain was observed in eighteen patients and inaugural in eight cases (26.6%).

It was RPA in 13 cases (43.3%), with an association with inflammatory knee pain which was noted in 4 cases (13.3%).

The shoulder girdle was affected in all cases, it was associated with pelvic girdle damage in 10 cases. Peripheral joint damage was noted in 5 cases (16.6%); it was an inflammatory polyarthralgia. Large joints were affected in 4 cases and polyarthritis had affected the knees in one case.

PRA was more frequently found in female patients in a statistically significant manner (58% vs 18%,  $p = 0.03$ ).

#### Conclusion:

The clinical symptoms of GCA remain polymorphic. The joint damage remains the most described clinical manifestations of this vasculitis. Treatment is based on oral corticosteroids.

## Treatment of Proprioceptive Disorders of the Elderly Subject by Modern Techniques

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### ABSTRACT

**Introduction:** The degenerative pathologies of the elderly are often associated with proprioceptive disorders and a major risk of falling. The treatment of these disorders in functional rehabilitation aims to improve postural control in the elderly subject by classic or instrumental modern techniques.

The aim of this work is to show the proprioceptive rehabilitation modalities by a modern technique (Thera Trainer Balo) in elderly fallers.

**Materials and methods:** This is a descriptive study of 4 patients hospitalized during the month of May 2018 at the physical medicine department of the Kassab Institute in Tunis.

We included elderly subjects (>65 years old) who were falling (during the anamnesis: buckling knees+/-fall in the last six months and on examination: unstable monopodal support + Get up and Go test > 2). We excluded elderly subjects with non-degenerative conditions and those with cardiovascular contraindication for active work.

The rehabilitation protocol is individualized, based on initial setting to identify the possibilities of movement in different directions, exercise choice with a setting based on the initial assessment to stimulate postural reactions for pathological directions. The duration of the exercise was fixed at 5 minutes followed by a rest period of 5 minutes then repetition according to the tolerance.

**Results:** We included 4 patients of average age 68 years and hospitalized for common polyarthralgia. Osteoporosis was objectified in 3 patients. For the study of the trajectory, we noted a decreased amplitude for the left and back movements for 2 patients presenting with bilateral osteoarthritis of the knee more severe on the left. So treatment was focused on postural stimulation on the pathological side. Two patients were able to carry out 2 successive sessions of 5 minutes whereas the 2 others could only do one because of the fatiguability. All the patients appreciated this method and required other sessions.

**Conclusion:** This technique allowed us to work safely for the fallers and to have an objective analysis of the deficiencies through the study of the trajectory. This alternative would be interesting in the elderly patient in combination with the specific treatment of the initial pathology.



## **Epidemiological Trends of Patients Admitted in Physical Medicine Ward for Multi-Site Osteoarthritis**

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### **ABSTRACT**

**Objective:** Osteoarthritis is associated with significant disability and high cost for both the individual and society. Quite often, it affects many joints simultaneously in rehabilitation patients.

The aim was to study precise epidemiological trends and burden associated with multi-site osteoarthritis among patients admitted in rehabilitation ward.

Methods: Retrospective study of cases of patients admitted in rehabilitation ward in Kassab Institute of Orthopedics for multi-site osteoarthritis from January to May 2018.

#### **Admission criteria were:**

- The persistence of the patient's pain despite well managed external care.
- The need for traction.
- The need for multidisciplinary care.
- The discussion of a surgical procedure.
- Unfortunate socio-economic conditions.
- The need for a fall prevention intervention.

These patients had clinical and functional assessment using valid scales. The diagnosis of osteoarthritis was retained on the basis of radio-clinical arguments.

**Results:** We have gathered 40 cases. Average age was 62 years old. The association of lumbago and knee pain was the most common. A family history of osteoarthritis was found in 72% of patients. Only 11 patients had physical activity. The associated pathologies were: hypertension, diabetes, hypothyroidism, neuroses (depression, anxiety) and coronary artery disease. 90% of the patients were multiparous; they had all had at least one vaginal delivery. An average BMI of 28 was noted. 70% of patients were obese, 35% of who were morbidly obese. The morphotype associating lumbar hyperlordosis, dorsal hypercyphosis and loosening of the abdominal strap was found in 60% of the patients.

**Conclusion:** Osteoarthritis is a common condition in multidiseased elderly whose occurrence worsens the functional and sometimes vital prognosis of the patient. Comprehensive care and targeted prevention are therefore of major importance.

## **The Evaluation of Falls in the elderly subject in the Department of Physical Medicine: about 8 cases**

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### **ABSTRACT**

**Introduction:** Falls among elderly subjects is a public health problem whose origin is often multifactorial. A specialized assessment helps in identifying the risk factors and walking balance disorders in order to adapt the patient caretaking.

**Objective:** The purpose of this work is to detail specialized evaluation of falls in the elderly subject in the Department of Physical Medicine and Functional Rehabilitation (MPRF).

**Material and methods:** This is a prospective study that was conducted in May 2018 in the MPRF department of the Kassab Institute on women over 65 years, hospitalized for degenerative rheumatismal pathology with notion of giving-way of the knee or falling in the last six months.

For each patient, we looked for the fall risk factors, the signs of gravity and we carried out a specialized evaluation through tests: Get up and Go, Timed up and Go, Monopodal stance and Tinetti.

**Results:** We collected 8 patients, average age 75 years. More than 3 fall risk factors were identified among 7 patients, a notion of falling in the last 6 months among 6 patients.

The Get up and go test showed a significant fall risk on 2 items for 7 patients, the Timed up and go test was pathologic for all patients, the Monopodal Stance test was unstable for all patients and the Tinetti test showed a score <20/28 for 7 out of 8 patients correlated with a very high fall risk.

**Conclusion:** The fall's evaluation allowed us to identify the fall risk among patients and to better identify the anomalies. According to the evaluation, the care will be adapted to the patient's profile.

## Characteristics of Smoking Cessation among Elderly: Monastir, Tunisia 2009-2015

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### ABSTRACT

**Introduction:** Addictive practices persist in the elderly, mainly alcoholism and smoking. The frequency of somatic or psychiatric illnesses such as anxiety or depressive disorders makes smoking cessation in older people more complex.

The objective of our study was to determine the epidemiological profile of elderly consulting for smoking cessation between 2009 and 2015.

**Methods:** We conducted a descriptive study including all subjects aged 65 years or older followed by the smoking cessation consultation at the Preventive Medicine and Epidemiology Department of Monastir from 2009 to 2015. Success rates were calculated for older subjects who adhered to two or more visits during follow-up.

**Results:** 119 older men consulted for smoking cessation. The median age was 70 [IQI: 67-74 years]. 59.1% of patients had a pathological history (23.6% had a cardiovascular history). Four patients were alcoholics. The HAD score evoked an anxiety state in 4.3% of cases and a depressive state in 19.4% of cases. The median number of cigarettes smoked per day was 21 [IIQ: 20-40]. The median age of beginning smoking was 17 years [IQI: 14-20 years]. Fagerström's score evoked strong or very strong nicotine dependence (score > 8) in 48.3% of cases. The median carbon monoxide test was 9.5 [6-14] with 7.6% between 21 and 50 (heavy smoker). Of the 119 smokers, only 48 consulted twice or more. The abstinence rate at 3 months was 4.3%.

**Conclusion :** This study shows that smoking in the elderly is coexisting with comorbidity. However, unfortunately the rate of abstinence was low. Further efforts are needed to improve smoking cessation in this vulnerable population.

## Factors Associated with Cognitive Decline in the Elderly

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### ABSTRACT

**Objective:** The purpose of this study was to determine the associated factors of cognitive impairment of the elderly.

**Methods :** A cross-sectional study was conducted in 2017 including subjects aged 65 and over in a retirement home in Sousse, Tunisia. Two groups were defined: The first group presenting a cognitive decline defined by the MMSE (Mini-Mental State Examination) score  $\leq 20$  and the second group having an MMSE score  $> 20$ . A logistic regression analysis was used to identify factors associated with cognitive impairment.

**Results:** 56 patients were included in this study. The mean age was  $76.2 \pm 9.5$ . The majority were female (69.6%). 33.9% of subjects had polyopathy (more than three pathologies) and 46.4% had polypharmacy (more than three drugs). The most common antecedents were cardiovascular in 42.9% and neuropsychiatric in 42.9%. Antihypertensive treatment was the most prescribed medication in 35.7%. The average SEGA (Short Emergency Geriatric Assessment) score screening for frailty was  $9.2 \pm 4.1$ .

39.3% of subjects had a cognitive impairment (MMSE  $\leq 20$ ). In the univariate study, factors associated with cognitive impairment were: male sex ( $p = 0.002$ ), polyopathy ( $p = 0.03$ ), neuropsychiatric antecedent ( $p = 0.02$ ), diabetes mellitus ( $p = 0.05$ ), neuroleptic treatment ( $p = 0.05$ ), need for assistance ( $p = 0.15$ ), dependence (ADL score  $< 6$ ) with  $p = 0.13$ ; undernutrition (MNA score  $> 23.5$ ) with  $p = 0.07$ ; frailty (SEGA  $> 8$ ) with  $p = 0.03$ . In the multivariate study, only frailty was significantly associated with cognitive impairment (OR = 7.04, 95% CI [1.02-48.26],  $p = 0.04$ ).

**Conclusion:** The results showed that the main factor associated is frailty. Intervention studies are needed to determine the associated factors with cognitive decline in order to promote a protective lifestyle.

## Association of Scleroderma with Multiple Myeloma: A Rare Association

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### ABSTRACT

**Introduction:** Coexistence of scleroderma with multiple myeloma (MM) is an unusual association. Scleroderma is reported to be associated with solid tumors but association with multiple myeloma (MM) has rarely been reported. We report a case of a 70-year-old man who presented concomitantly with scleroderma and MM.

**Observation:** A 70-year-old man with antecedents of diabetes, hypertension and autoimmune hypothyroidism was admitted for diabetes control. He noticed asthenia, inflammatory arthralgia and a dry cough. On physical examination the patient had thickened tight skin all over the body with a sclerodactylia, a reduced mouth opening and a reduced ability of hand closure. Scleroderma was suspected. A restrictive pulmonary dysfunction was detected. A chest computed tomography showed a pulmonary fibrosis.

A diagnosis of scleroderma was made. According to Eular criteria 2013 the score was 12 (Skin thickening of the fingers extending proximal to the metacarpophalangeal joints and pulmonary fibrosis). Laboratory tests revealed a sedimentation rate at 145 mm, a creatinine rate at 133  $\mu\text{mol/l}$  and a calcium level at 2.35 mmol/l. Serum protein electrophoresis showed a monoclonal gammopathy which on subsequent immunoelectrophoresis was identified as Ig G lambda. A bone marrow biopsy was performed and showed a plasma cell infiltration more than 50%. The diagnosis of a stage II A multiple myeloma was made. The patient was treated with Melphalan and Prednisone. The patient was dead one year after the diagnosis of the myeloma.

**Conclusion:** Scleroderma is a chronic autoimmune disease. The association of scleroderma with MM is rare. As this association may worsen the prognosis, it is suggested that all patients with scleroderma should be screened for monoclonal gammopathy.

## **Sjögren's Syndrome in the Elderly**

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### **ABSTRACT**

**Introduction:** Sjögren's syndrome (SS) is an autoimmune disorder characterized by keratoconjunctivitis sicca and xerostomia resulting from lymphocytic infiltration of the lacrimal and salivary glands.

The aim is to determine the epidemiological, clinical, biological and etiological features of SS in the elderly.

**Methods:** This is a retrospective study of 14 cases of SS in the elderly (age  $\geq 65$  years) collected in the internal medicine department of Mahdia (Tunisia) during a period from 2011 to 2017. All our patients meet the European criteria.

**Results:** The mean age of patients was 69.4 years (range 65-75 years). There is a marked predominance in women (sex ratio=0.16). The mean time to diagnosis was 12 months. Glandular manifestations were revealing the disease in 92.8%. The dry syndrome was constant. Extra glandular manifestations were frequent (71.4%) : arthralgia in 57.2%, neuropsychiatric involvement in 5 cases (35.7%) and peripheral neuropathy in three cases. Interstitial nephropathy was observed in one case. Pulmonary fibrosis was observed in one case. The accessory salivary glands revealed stage III or IV of Chisholm in three cases (21.4%). The salivary gland scintigraphy showed an aspect in favor of SS in 2 cases. Immunologically, the anti-SSA and SSB were positive in two cases

and the FR in one case. Concerning the etiological diagnosis, the SS was primitive in 10 cases (71.4%). It was secondary to rheumatoid arthritis in two cases, a systemic lupus erythematosus in one case and autoimmune thyroiditis in one case. The occurrence of a lymphomatous transformation was not noted.

**Conclusion:** Our study shows that the extra-glandular manifestations of primary SS are common in elderly. However, the prevalence of immunological abnormalities is low.



## Multiple Myeloma in Elderly: About Eight Cases

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### ABSTRACT

**Introduction:** Myeloma is a clonal disorder of malignant plasma cells. The median age at diagnosis is increasing and is currently more than 70. Age is an important prognostic factor in multiple myeloma (MM).

The aim of this study was to describe the clinical, para-clinical and outcomes characteristics of MM in the elderly.

**Methods:** A retrospective study including patients over the age of 65 at the time of initial diagnosis with MM hospitalized in the internal medicine department in Mahdia hospital.

**Results:** We collected 5 men and 3 women with a median age of 70 years. The main circumstances of diagnosis were a deterioration of the general state in five cases, bone pain in five cases and severe anemia in two cases. According to Salmon and Durie classification, seven patients were stage III and one patient was stage II. Ig G Kappa was the predominant type. A kidney failure was found in two cases. No patient needed hemodialysis. Four patients had hemoglobin below 10 g/dl. Two of them needed a blood transfusion. Four patients had bone lesions: osteolytic lesions were found in two cases and vertebral compression in two other cases. A therapy combining Melphalan and Prednisone was indicated in all patients. It was associated with bisphosphonates in two cases. Infectious complications were present in three cases, a hyperviscosity complicated by a deep vein thrombosis was detected in one patient. Four patients were dead.

**Conclusion:** The age of the patient is still the most important prognosis element that could influence the choice of the treatment and the outcomes of the disease.

## **Atypical Paget's Disease or Bone Metastases: A Challenge for the Internist**

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### **ABSTRACT**

Paget's disease is an osteoclastic-mediated disorder of bone that results in abnormal bone resorption associated with inadequate remodeling. This disorder may simulate bone metastases. Additional confusion may arise if the lesion has an unusual location, or occurs in a patient with known or suspected malignant disease. We recall through two observations the difficulty to distinguish between these two pathologies: The first case was a 78-year-old man who presented with hip pain. He was earlier diagnosed with prostate adenocarcinoma. Standard X-rays and a CT complement noted a heterogeneous appearance of the bone that may suggest Paget's disease. Further evaluation revealed an underlying skeletal metastatic disease secondary to a prostata malignancy. The second case was a 67 year-old man. His antecedents were benign

prostatic hypertrophy and benign colonic polyposis. Radiography of the pelvis as well as a complement of CT and bone scintigraphy favored secondary malignant lesions. In front of the negativity of the neoplastic investigation, a bone biopsy performed was suggestive of Paget's disease.

## **Diabetic Cheiroarthropathy : A Complication not to be Ignored**

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### **ABSTRACT**

Diabetic cheiroarthropathy (DCA) is one of rheumatologic manifestations of diabetes mellitus especially the insulin-dependent and long-term variety which can significantly affect a patient's quality of life and it is observed in roughly 30% of diabetic patients with longstanding disease. The diagnosis is mainly clinical. Rehabilitation is the basis of care, in addition to better control of diabetes. It is imperative to remember that the presence of DCA is associated with being a predictor for other diabetes-related complications. We review a case of a 76-year-old male patient with type 2 diabetes mellitus who was diagnosed with DCA after complaining of limited movements of all joints in his hands and tightening of the skin. We examine how the diagnosis was made, the treatment administered, and the successful clinical outcome.

## Elderly and Physical Activity

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### ABSTRACT

**Introduction :** Physical activity (PA) is indicated at all stages concerning children as well as elderly. World Health Organization recommends at least 150 minutes of moderate activity per week for those aged over 65 years.

**Patients And Methods :** The aim of this prospective and descriptive study is to evaluate the degree of daily mobility practice for older persons. It concerns every 65-year-old person attending CSB Sayada 3 during May 2018. The questionnaire was answered by 72 people.

**Results :** The average age of patients was 73.27 years with female predominance (61,1%). The medical history shows :hypertension (48.6%), diabetes (36.1%), dyslipidemia (23.6%), rheumatism-problems (53.4%) and overweight (26.4%).

PA is practiced rarely (19.4%), moderately (50%) and often (30.6%). Average duration of daily moderate activity is less or equal to 1 hour 30 minutes in 76.4% of cases. In our population, enduring activity is rarely practiced 27.8%, 2-3 times a week 34.8% and regularly 37.5%. A sitting or lying position exceeds 4 hours per day is equal to 2 hours continuously 55.4%. In this situation we are talking about a sedentary life-style.

The PA is divided into: walking to practice sports 30.6%, walking or cycling to move 25%, housework 29.2%, DIY and gardening 11% and just autonomy 4.2%.

The reasons for not practicing PA is gonalgia 44,4%, aging or overweight 15.2% and other health problems 40.4%. On the other hand the reasons to practice PA is self motivation 44.4% and doctors' advice 34.2%.

**Conclusion :** The family doctor has an important role in promoting activity in all ages and all stages. Our message for all :

- it's never too late to begin a program of moderate activity.
- move more for better health.

## Years Lived with Disability of Osteoarthritis in Monastir-Tunisia, 2002–2013

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### ABSTRACT

**Background:** Osteoarthritis is a chronic disease which affects the quality of life and requires hospitalization in severe cases. However, the burden of this disease is not well known in Tunisia. We aimed to determine the years lived with disability of hospitalized cases of osteoarthritis in the region of Monastir over 12 years.

**Methods:** We have included all hospitalizations for osteoarthritis (using ICD-10) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology. The burden is measured in Disability Adjusted Life Years (DALYs) which is the sum of YLDs (years lived with disability) and YLLs (years of life lost).

**Results:** A total of 275 hospitalizations for osteoarthritis were notified from 2002 to 2013. Three quarters were under 75 years old with female predominance. The median length of stay was 9 days. The estimation of YLDs was 6.80/100000 inhabitants. YLDs was 4.96/100000 inhabitants for men against 8.45/100000 inhabitants in women. No lethality was noted.

**Conclusion:** The burden of osteoarthritis is important to know among hospitalized patients, but the methodological issues within this study make it highly likely that the real burden of osteoarthritis has been underestimated since we included only hospitalized cases.

## Prevalence and Trend of Dorsopathies among Hospitalized Patients Over 65: Monastir, Tunisia, 2002-2013

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### ABSTRACT

**Introduction:** The aging of the lumbar spine is well known in the dorsopathies. Indeed, the latter are responsible for a heavy morbidity. Hence the interest of our study aimed at assessing the prevalence and trend of this disease.

**Methods:** We included all hospitalizations for dorsopathies using ICD-10 at Monastir Teaching Hospital between 2002 and 2013. The included patients were residents of Monastir. The data was collected from the Regional Hospital Morbidity and Mortality Registry, which is established in the Department of Preventive Medicine and Epidemiology. The linear regression coefficient was used to estimate the trend of dorsopathies. All results were calculated for patients over the age of 65. Only crude prevalence rate was calculated for patients over 60 years of age (National Institute of Statistics gives this age limit).

**Results:** During the 12-year period, 462 patients were hospitalized for dorsopathies. The mean age was  $71.39 \pm 5.50$  years with female predominance (Sex ratio = 0.75). The crude prevalence rate was 88.58 / 100,000 inhabitants per year, with 80.16 / 100,000 for men and 96.16 / 100,000 for women. We reported an increase in the number of cases admitted for dorsopathies from 2002 to 2013; ( $b = 0.75$ ,  $p < 10^{-3}$ ).

**Conclusion:** The results showed a high prevalence especially in women with a slight increase of cases of dorsopathies during the 12 years, which pushes the investigators to look for the factors facilitating the occurrence of these diseases and to act on the various preventive axes.



## Hospitalized stroke in the elderly at the University Hospital of Monastir – Tunisia from 2002 to 2013

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Please cite this article as: Dhouib W. et al. Hospitalized stroke in the elderly at the University Hospital of Monastir – Tunisia from 2002 to 2013. Middle East Journal of Age and Ageing. 15(3):42. DOI: 10.5742MEJAA.2018.93544

### ABSTRACT

**Background:** Strokes or cerebrovascular accidents are becoming an important cause of premature death and disability in low-income and middle-income countries like Tunisia. Strokes represent the third cause of death and first cause of acquired handicap. The objective of our study was to describe the epidemiological characteristics of hospitalized stroke in the elderly during 12 years in the region of Monastir.

**Methods:** We included all hospitalizations for stroke (using ICD-10 coding: I64) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology.

\*The crude prevalence rate (CPR) was calculated based on data from the INS, which gives statistics for age older than 60.

**Results:** A total of 1033 hospitalizations were registered with a mean age of 62.5 years (SD=14). For the elderly aged more than 65 years N= 532(51.5%) and Sex ratio was 0.83. CPR rate was 123.6 for patients aged more than 60 years. We notified a crude in-hospital mortality rate of 11.8/100,000 inhabitants and fatality rate of 13.26%. The median hospital length of stay was 6 days (1-82 days). The stroke trend decreased moderately from 2002 to 2013 with a significant difference ( $b = -1.823; r = 0.25; p < 10^{-3}$ ).

**Conclusion:** An organized effort from the policy makers is needed to tackle the stroke burden. Effective preventive measures focusing on management of the cardiovascular risk factors early diagnosis, public awareness is a priority.

## **Influence of Depression on the Activity of Daily Life in the Elderly**

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### **ABSTRACT**

**Background:** Depression is the most usual mental disorder in the elderly, but underdiagnosed and undertreated. Its prevalence is variable and depends on type and severity of episode.

Depression in the elderly is difficult to define clearly and the significance of depression screening for the comprehensive health status of the elderly has remained unclear. The purpose of this study was to examine a prevalence of depression defined as mini Geriatric depression scale in 598 people aged more than 65 years living in their home in the Monastir City (Tunisia), and to clarify the relationship of depression with ADL.

**Methods :** A cross-sectional study was carried out in Monastir City. A random sample of non institutionalised elderly was drawn from the National institute of statistics. A community based sample of 598 (female 66 %, mean (SD) age 72.3 (7.4) years) elderly was selected. Depression symptoms were assessed using a mini-Geriatric Depression Scale.

**Results:** One hundred and thirty six participants (22.7 %) had suggestive depression using mini GDS. Fifty-seven (9.5 %) had disability. Depression was strongly associated with female gender (27.5 % vs 13.4 %,  $p < 0.001$ ), disability (45.6 % for completely dependent vs 17 % for completely independent,  $p < 0.0001$ ). Subjects with depression revealed significantly lower scores for ADL than those without depression. A gradual decreasing incidence of depression was noted with increasing level of education. Residing in a joint family system with satisfying family relationship protects against depression. A significant association was noted between Co morbidity, poly-medication diabetes and depression. Based on a logistic regression analysis disability is a strong independent predictor of depression in the elderly.

**Conclusions:** The prevalence of depression in the elderly population in our study was moderately high and associated with lower ADL and complete dependency.

## Recurrent Swelling of Parotid Glands and Sjögren's Syndrome

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### ABSTRACT

**Introduction:** Primary Sjögren Syndrome (SS) is an autoimmunedisorder characterized by chronic lymphocytic infiltration of exocrine tissues. SS may occur either alone (primary SS) or in association with a connective tissue disorder (secondary SS). Major salivary gland enlargement occurs in 25–66% of patients with primary SS.

**Observation:** Subjects were 3 women and a man, with a mean age of 64 years. All patients consulted for recurrent painful parotidomegaly. Two patients had swelling of both the left and right parotid gland. All patients had been given courses of different antibiotics elsewhere for several days with no improvement in their condition. All the patients complained from xerostomia and xerophthalmia. Serological results revealed a positive ANA, strongly positive anti-Sjögren's syndrome-A (SS-A) and positive anti Sjögren's syndrome-B (SS-B). Labial salivary gland biopsy (LSGB) was performed for all the patients and confirmed the presence of SS based on the American-European Consensus Group 2002 criteria. In one case Biopsy of the parotid gland tissue was performed and confirmed malignant transformation into MALT lymphoma. For 3 patients ; A low-dose corticosteroid was prescribed; a complete remission of SS was evident. Chemotherapy for treatment of MALT lymphoma was prescribed but the patient died after suffering from a severe infection.

**Conclusion:** Bilateral parotid swelling is not an uncommon occurrence and numerous causes have been identified. Imaging is a valuable and useful method for diagnosis of salivary gland diseases. In Sjogren's syndrome the dry mouth and poor salivary flow may be considered to account at least partly for the recurrent swellings found in this condition by predisposing to ascending infection. The reduction in size of the glands after treatment with corticotrophin indicates that there is also inflammatory swelling of the interstitial tissues.

## Urinary Tract Infections Caused by Carbapenem-Resistant Enterobacteriaceae among Elderly Patients

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### ABSTRACT

**Introduction – Objective:** Carbapenem-resistant urinary tract infections have emerged worldwide. They can cause serious health problems especially in the aging patient.

The primary objective of this study is to describe epidemiological, clinical, paraclinical and therapeutic characteristics of these infections in the elderly.

**Methods:** We conducted a retrospective descriptive study in the CHU Taher Sfar Mahdia on about 13 elderly patients diagnosed with carbapenem-resistant urinary tract infections during the period from January 2015 to April 2018.

**Results:** There were 13 patients (5 men and 8 women) with a median age of 69.3 years. More than half (53.8%) were hospitalized in the intensive care unit. Comorbidities were dominated by diabetes (69.2% of cases). We had noted an anterior urinary tract infection in 8 cases, and antibiotic therapy in the last 6 months in 11 cases, previous hospitalization in 10 cases, a history of invasive urological procedure in 8 cases, urolithiasis in 4 cases and chronic renal disease in 2 cases. The clinical presentation was variable. General signs were dominated by alteration of general health condition (69.2%) and disorders of consciousness (46.1%). The physical examination showed a fever in 10 cases and lumbar pain in 6 cases. Eight patients were in sepsis.

Biologically, leukocytosis and elevated CRP were found in 53.8% and 69.2% of cases, respectively. The most isolated organisms were *Klebsiella pneumoniae* (53.8%) and *Enterobacter cloacae* (38.4%).

Their antibiotic susceptibility was: 100% for colimycin, 92.3% for amikacin, 84.6% for fosfomicin, 61.5% for tigecycline and 15.3% for sulfamethazole-trimethoprim and gentamicin. The evolution was favorable in 9 cases.

**Conclusion :** The resistance of uropathogens to carbapenems is a public health threat, particularly in the geriatric population. Their prevention is based essentially on the rational use of antibiotics.

## Hospitalized Mental Health Disorders in the Elderly Monastir Tunisia (2002-2013)

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### ABSTRACT

**Introduction:** Mental health disorders (MHD) are diseases that carry a heavy burden and may require hospitalization. MHD requiring hospitalization in the elderly is poorly studied. We aimed to describe hospitalized MHD in age group  $\geq 65$  years.

**Methods:** We have included all hospitalizations for MHD (using ICD-10 coding: F00 to F99) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology.

**Results:** During the period of 12 years, 4,394 hospitalizations for MHD were recorded with 168 for the age group  $\geq 65$  years (3.82%). The most common hospitalized pathologies were Schizophrenia with (56 cases), Depressive episodes (37 cases) Bipolar affective disorder (23 cases), Manic episode (13 cases) and Dementia (12 cases). Sex ratio (F/M) was 1.27. Among patients aged more than 80, ten (10) were hospitalized for MHD. The median length of stay was 12, 5 days (1-82) with a fatality rate of 2.38%.

**Conclusion:** Results shows that MHD that require hospitalization are not neglectful. Even the with the non-important number of deaths during a period of 12 years, the exact cause of death should be specified.

## **Dialysis withdrawal for elderly patients: Ethical and Legislative issues**

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### **ABSTRACT**

**Background:** The population of dialysis patients is growing older. In such a situation, dialysis should not be “a life extension”.

As a result, the decision to stop dialysis poses many ethical problems, especially for patients who cannot decide for themselves.

**Methods and findings:** Through a review of literature, our aim is to highlight the ethical issues of stopping dialysis for elderly persons.

**Results:** The decision-making process in end-of-life dialysis is complex. In dialysis, the complexity lies in the fact that the boundaries between therapeutic and palliative care are often poorly defined. In addition, the use of a machine is a substitutive and non-curative technique which creates between the patient and the dialysis machine, a complex relationship of fusion.

At the end of life, the rupture of this fusional relationship is sometimes impossible for the patients, their families, but also for the care teams.

Furthermore, we resort to the rational notion of proportionality of care. This includes the search for advance directives, collegial procedures and the use of a clinical survival score.

**Conclusion:** The legislator intended to shift medical practices for elderly patients. The principal aim is to increase patient’s autonomy, to reject unreasonable obstinacy and to develop palliative care.



## The Assessment of Medical Comorbidity in the Elderly Patients

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Please cite this article as: Hammami S, et al. The Assessment of Medical Comorbidity in the Elderly Patients. Middle East Journal of Age and Ageing. 15(3):48. DOI: 10.5742MEJAA.2018.93550

### ABSTRACT

**Introduction:** Valid measures of comorbidity are used both to describe the health status of groups and to evaluate the performance of health systems in delivering high quality care for chronic disease at manageable cost. In this study, we characterize comorbidity in a community sample of older persons.

**Results:** We studied 62 subjects older than 65 years of age. Mean age  $76 \pm 7.7$  years. Comorbidity is assessed based on the CIRS-G score (cumulative illness rating scale- geriatric version). The average score of the CIRS-G estimating the burden of comorbidity is  $9.9 \pm 4.6$ . Comorbidity is more important in the female sex and in case of loss of autonomy. The average severity index is  $1.8 \pm 0.5$  and the number of average system affected is  $5.4 \pm 2$ . The neurological, psychiatric, osteoarticular ENT and ophthalmological pathologies have the highest level of severity, indeed the severity level 3 and 4 concerns more than 1 out of 4.

**Subjects:** The level of severity is intermediate in 48% of the subjects in case of cardiovascular pathologies. More than 50% have a zero severity level in case of digestive, genitourinary, respiratory, endocrine and hemopoietic pathology.

**Conclusion:** In our data, it is insensitive to age effects as well as to the effects of education and cognitive impairment, all of which are known modifiers of health and health economic outcomes. In contrast, the CIRS-G, though labor-intensive, is much more responsive to these important health modifiers, and its most striking advantage is observed in the presence of dementia.

**The Burden of Multiple Myeloma: Monastir-Tunisia, (2002–2013)**

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**ABSTRACT**

**Background:** Multiple myeloma is a plasma cell neoplasm with considerable morbidity and mortality. Necessary data to direct health policies with respect to myeloma on a national level are not widely available. A comprehensive description of the burden of MM in Tunisia is needed to help direct health policy, resource allocation, research, and patient care.

**Methods:** We have included all hospitalizations for Multiple myeloma (using ICD-10 coding: C90) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology.

The burden is measured in Disability Adjusted Life Years (DALYs) which is the sum of YLDs (years lived with disability) and YLLs (years of life lost).

**Results:** During the period of 12 years, 627 hospitalizations were recorded with a crude prevalence rate (CPR) of 120/100,000 inhabitants among people aged 65 years and more. The estimation of DALYs was 19/100,000 inhabitants, with 8.2 and 10.8/100,000 inhabitants for YLLs and YLDs respectively. DALYs was 21.16/100,000 inhabitants for men against 17.23/100,000 inhabitants in women.

**Discussion and Conclusion:** Multiple myeloma was responsible for 2.1 million (95% UI, 1.9-2.3 million) DALYs at the global level in 2016, with an age standardized rate of 30.5 (95% UI, 27.4-33.9) DALYs per 100,000 person-years (1).

Results showed that MM is a disabling and fatal disease. Thus approval for effective drugs and stem cell transplantation options need to be improved to ensure that every patient with myeloma is being diagnosed and has access to effective treatment. Further research is needed to determine the reasons behind the observed results.

## Shingles in the Elderly Person. Atypical Localization: A Case Study

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### ABSTRACT

Shingles is secondary in the reactivation of the Varicella zoster virus (VZV) that has remained latent inside the sensory nodes. Both the thoracic and the trigeminal are the most frequent sites of the viral reactivation.

Shingles is characterized by a unilateral pain and either a vesicular or a bullous eruption which is restricted to one or several dermatomes innervated by the corresponding sensory nodes.

Ageing and immunosuppression promotes its emergence. Its prevalence is estimated at 20 %. It can arise at any age, but there is a clear predominance among adults beyond 50 years in particular.

In our work we report a typical localization of Shingles for an elderly person's case. He is in fact a 62-year-old patient; he is hypertensive; he is under treatment, he doesn't have diabetes, he consults a doctor for skin rash with small vesicles, grouped together in a bouquet which are localized at the level of the gluteal region and the right lumbar vertebra. It appeared 2 days after the sub acute emergence of constricting pain, intense burning sensation with an important hypersensitivity localized at the level of the inguinal region. We suggest supporting the peculiarities of this localization, the modalities of support and its future forecast by insisting on the importance of prevention by means of vaccination.

Shingles is a generally mild disease. The intercostal form is the most frequent, but it is necessary to know how to evoke the diagnosis facing a sensory neuropathy of a sub acute emergence and a skin rash no matter what is its localization in an elderly person.

## **Clinical and Bacteriological Characteristics of Infective Endocarditis in the Elderly**

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### **ABSTRACT**

**Background:** Infective endocarditis (IE) is a rare but severe disease that increasingly involves older patients: more than one-third is indeed over 70 years old in Western countries nowadays. In this patient setting, IE displays several peculiarities, as predisposing cardiac conditions, clinical and echocardiographic features and microorganisms involved. The mortality also tends to be higher than in the general population.

**Subjects and result:** From January 1993 to June 2016; we collected 18 cases of patients older than 65 years (7 male and 8 female) treated for infective endocarditis during this period in our region. Mean age was 71.6 years (67- 76 years). 10 Elderly IE patients had diabetes mellitus. On examination 15 of 18 had fever, all patients had dyspnea ; 12 patients had new regurgitant murmur, 4 of 18 had hemodynamic compromise (shock ) and 8 had symptoms of congestive heart failure. Biology had shown inflammatory syndrome in all cases and functional renal failure in 10 cases. Prosthetic IE and pacemaker line infection were confirmed in 7 cases. Degenerative valve disease was significantly high. The germs encountered were: The streptococcus and staphylococcus rates were 27.8 % and 9.8% respectively. A dental portal of entry was more often found in 50% of the cases. Late death rate (n=4) was higher than in hospital mortality (n=3).

**Conclusion :** IE is becoming more common in the elderly population with peculiarities in patient characteristics and bacteria involved. This evolution raises new issues and leads clinicians to deal with specific problems in the management of this severe disease. The elders' characteristics (performance status, disability) and their impact on the treatment and the prognosis of IE may deserve great attention. Geriatricians should be more involved in this perspective.

## **Infective Endocarditis in Elderly Patients**

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### **ABSTRACT**

**Introduction:** Recent studies have shown remarkable changes in epidemiological and clinical features of infective endocarditis. In the 1950s, its incidence was maximal in 20-30 year old patients and only 5% of patients were over 60. Nowadays, the incidence of infective endocarditis has increased dramatically in patients older than 50 years, reaching a peak at 70-74 years. As life span is progressively increasing, this trend is likely to continue.

**Subjects and result:** From January 1993 to June 2016 ; 233 consecutive patients with definite acute infective endocarditis, according to DUKE criteria, were prospectively enrolled in our database. Among these, 18 patients older than 65 years (group I=7,7%) were analysed and compared to 215 (group II=82.3%) younger patients. The comorbidity index such as diabetes mellitus, hypertension and dyslipidemia was significantly higher in the Group I. No difference was observed between the two groups concerning fever level and biological data. Prosthetic IE and pacemaker line infection were significantly more frequent in group I (n=7). Rheumatic valvular heart disease was higher in group II although degenerative valve disease was significantly higher in group II. The germs encountered were similar between the two groups of patients. The streptococcus and staphylococcus rates were 22.2%,

27.8 % and 9.8%, 23.3% for groups I and II respectively. A dental portal of entry was more often found in 50% of group 1 patients and in 26% of group 2 patients. No difference was observed between the two groups in terms of mortality rate. However late death rate was higher in group II.

**Conclusion:** The prognosis of infective endocarditis is worse in the elderly than in younger patients. Therefore, efforts should be made towards better prophylaxis: detection of colonic lesions, use of antibiotic prophylaxis especially in gastrointestinal investigations, and prevention of nosocomial infection by proper use of invasive procedures in an aged population.

## **LOPSA or Late-Onset Peripheral Spondyl-Arthropathy**

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### **ABSTRACT**

Introduction: LOPSA or Late-Onset Peripheral Spondyl-Arthropathy, better known as "Late-Onset Peripheral Joint Disease in Ankylosing Spondylitis" is a particular and exceptional form of ankylosing spondylitis of the elderly subject characterized by the notable frequency of inaugural peripheral involvement: acute oligoarthritis and edema of the extremities in more than 50% of cases.

Case report: 62-year-old patient, with no significant pathological history who had for some months had inflammatory arthralgia of the hands and fingers with back pain and an important morning rustling leading him to consult in town where treatment with NSAIDs (Artribrex®) has been prescribed but without improvement. The examination found a cervical ankylosis with a limitation of lateral inclinations. The mobilization of the sacroiliac joints was painful. Peripheral joints were free. There were no signs of vasculitis or cutaneous psoriasis lesions. The biological assessment showed an ESR at 59mm/H1 without any other abnormalities. The radiological assessment revealed staged and bilateral lumbar syndesmophytes giving the appearance of a "bamboo column", a Romanus spondylitis beginning in the L4 and L5 vertebrae and a bilateral sacro-ileitis stage II confirmed by CT-scan. Immunoassay (rheumatoid factor, antinuclear antibodies, anti-soluble antigen antibodies and

anti-CCP antibodies) was negative. The diagnosis of spondyloarthritis type ankylosing spondylitis was retained according to New York criteria. Under NSAIDs, colchicine® and Salazopyrine® the evolution was favorable.

Conclusion: as rare as it is, ankylosing spondylitis must be evoked in principle in front of any recent inflammatory joint complaint in the elderly subject, even if peripheral. The late forms of ankylosing spondylitis are characterized by atypical inaugural manifestations (RS3PE, pseudoalgodystrophy, seronegative oligoarthritis), a poor response to NSAIDs and a more severe evolution requiring diagnosis and treatment without delay.

## Sepsis in the Elderly

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### ABSTRACT

**Introduction:** The incidence of sepsis is increasing in all age-groups, but mortality seems to be significantly higher among elderly patients.

**Objective:** The main aim of this study is to describe the epidemiological, clinical, biological and therapeutic aspects of sepsis in aging patients and its prognosis.

**Material and Methods:** A descriptive retrospective study was performed on a total of 15 elderly patients admitted to our department between January 2012 and April 2018 who were diagnosed with sepsis (SOFA score  $\geq 2$ ).

**Results:** Fifteen elderly patients were included in this study (sex-ratio F/M = 2) with a median age of 72.05 years. Sixty percent of these patients had sepsis on admission. The main comorbidities were diabetes (n=11) and arterial hypertension (n=9). The most common revealed signs were fever (86.6%) and alteration of general condition (53.3%). The biological inflammatory syndrome was present in 93.3% of the cases. The most frequently reported organ failure was renal dysfunction (n=12). The urinary tract was the most common site of infection (80%). The causative organisms of sepsis were isolated in 11 cases. They were mainly *Klebsiella pneumoniae* (33.3%) and *Escherichia coli* (20%). The combination of 2 antibiotics was recommended in 73.3% of cases. The most commonly used antibiotics were cefotaxim (60%) and fluoroquinolones (46.6%). The average total duration of antibiotic therapy was 12.7 days [7-23]. The evolution was favorable in 71.4% of the cases. Secondary sites of sepsis were noted in 3 cases. Two patients were transferred to the intensive care unit following septic shock.

**Conclusion:** The clinical presentation of older patients with sepsis is often atypical. Hence, an early diagnosis and adequate treatment can improve the prognosis.



## **Patients with Alzheimer's Disease: Ethical Issues and Making Therapeutic Decisions**

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### **ABSTRACT**

**Background:** The decisions to be taken during Alzheimer's disease turn out to be highly questionable. Indeed, the difficulty of the decision lies especially in the specific vulnerabilities of these patients.

**Methods and findings:** Through a review of literature, our aim is to highlight the ethical issues in making therapeutic decisions for patients with Alzheimer's disease.

**Results:** The clinical features of Alzheimer's disease make people particularly vulnerable. This vulnerability makes patients extremely dependent on doctor and family. In fact, patients have difficulty in expressing a choice and protecting their dignity.

In the therapeutic decision, the quality of life is a major parameter. These patients not only enjoy the same therapeutic possibilities as others but also a rigorous application of the principles of ethics. This must respect their dignity, their autonomy and their freedom.

Therefore it is important to not neglect the residual decision-making abilities that leave the possibility of refusal or reluctance.

**Conclusion:** In Alzheimer's disease, the ethical decision must respect the four fundamental ethical principles: benevolence, non-maleficence, autonomy and justice. However, with respect to the application of these principles, practical impasses are frequent.

## **A Dissection of the Aorta revealed by Convulsions and a Left Hémothorax (in Connection with a Case)**

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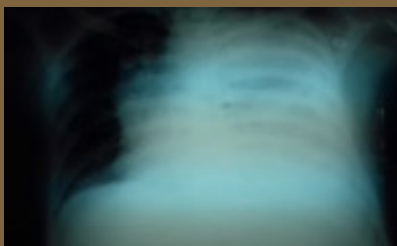
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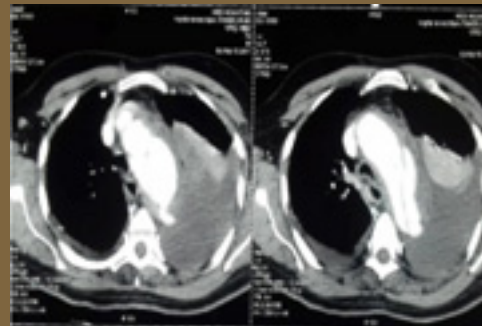
### **ABSTRACT**

**Introduction:** The acute dissection of the aorta is a very serious affection, often mortal. Its revelation is done by very varied symptoms, but seldom by a hémothorax or of convulsions.

**Equipment and Method:** We have reported the case of Mr. M.M. 74 years, hypertensive, diabetic and nicotinic who consults for oppressive thoracic pain, irradiant towards the back, evolving for approximately 12 hours. A coronary syndrome was evoked but quickly eliminated in front of normality from the ECG, the proportioning of troponine and thorax radiographs which showed a left pleural out-pouring of great abundance. The immediate evolution was marked by the installation of the crises convulsions.



A pulmonary neoplasm with possible cerebral metastasis was then evoked. But to scan it thoracic highlighted an aortic dissection standard B of Stanford.



The evolution was fatal under medical care.

**Conclusion:** The dissection of the aorta must be evoked in front of any thoracic pain and especially in the presence of certain grounds; only clinical rigor makes it possible to direct towards this diagnosis. However, the vital prognosis depends on the rank of the dissection, the availability and the capacity of the neighboring structures to deal with this pathology.

## **Bone Metastases in Elderly Subjects: Experience of the Rheumatology Department**

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### **ABSTRACT**

**Introduction:** Bone metastases are common in elderly subjects. Bone lesions can be the first sign of a primitive tumor and the occurrence of bone metastasis signifies a negative shift in the disease.

**Patients and methods:** A retrospective descriptive study aims to determine the epidemiological, clinical and radiologic profile of bone metastases in the elderly in our rheumatology department. We collected 45 files of patients aged 65 years or older with bone metastases between 2004 and 2018.

**Results:** We studied 32 men and 13 women with an average age of 73.17 years. Symptoms leading to diagnosis of bone metastasis were an impairment of the general state in 64.4% of cases, radiculalgia in 46.6% of cases, inflammatory rachialgia in 28.8% of cases, bone pain in 17.7% of cases. Radiological analysis showed lytic bone lesions in 57.7% of cases with a high frequency of vertebral fractures (31.1%), mixed lesions in 37.9% of cases and condensing in 4.4% of cases. The predominance of multiple lesions was noted. Diagnosis of bone metastasis was easy when the primary cancer was already known in 11 patients, and in 10 patients, etiological investigation was unsuccessful. The etiological survey revealed prostate cancer in 14 patients, 10 cases of lung cancer, 3 cases of digestive cancer, 4 cases of urothelial cancer, 2 cases of breast cancer. Almost all patients

were transferred to a specialized anti-cancer service. 48.9% of the patients required morphine for pain management, three patients received radiotherapy for analgesic therapy and 11 patients for bisphosphonates.

**Conclusion:** Discovery of bone metastases in elderly subjects involves heavy and expensive examinations for a palliative treatment offering little to no chance for recovery, making their care a real multidisciplinary challenge. The therapeutic choice in the elderly remains difficult because of co-morbidities and pain management being an important factor in preventing autonomy loss.

## **Mortality of Elderly Persons by Work Accident in the Kairouan Region: Study of 10 Autopsy Cases**

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Please cite this article as: Beji M. et al. Bone Metastases in Elderly Subjects: Experience of the Rheumatology Department. Middle East Journal of Age and Ageing. 15(3):58. DOI: 10.5742MEJAA.2018.93570

### **ABSTRACT**

**Introduction:** Older subjects constitute an increasingly dominant population in the professional world as a result of demographic change and later entry into the labor market. The death of elderly subjects by work accident is an increasingly frequent phenomenon, yet little studied in Tunisia.

**Aim:** Study the epidemiological and thanatological peculiarities of the mortality of the elderly subject by work accident in the region of Kairouan.

**Materials and methods:** This is a retrospective study that included 10 cases of death by work-related accident in subjects aged 65 years and over who underwent post-mortem autopsy in the forensic pathology department, Kairouan University Hospital, from January 2009 to December 2016.

**Results:** In our work, we recorded 10 cases of death by work accident.

The average age of the victims was 68 years with extreme age limits of 65 and 70 years. There was a male predominance (7 male cases). The death was most often during an activity related to agriculture. The mechanism most often found was a fall (6 cases). The cause of death was most often isolated head trauma or polytrauma.

All the victims were from rural areas.

**Conclusion:** Aging at work often refers to the decline in functional abilities making elderly people a vulnerable group and making them more vulnerable to work-related accidents.

## **Years Lived with Disability of Dorsopathies in Monastir-Tunisia, 2002–2013**

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Please cite this article as: Chelly S. et al. Years Lived with Disability of Dorsopathies in Monastir-Tunisia, 2002–2013. Middle East Journal of Age and Ageing. 15(3):59. DOI: 10.5742MEJAA.2018.93571

### **ABSTRACT**

**Background:** As the most common form of joint disease, dorsopathies are associated with an extremely high economic burden. This burden is largely attributable to the effects of disability, recidivism and the treatment. We aimed to determine the years lived with disability of hospitalized cases of dorsopathies in the region of Monastir over 12 years.

**Methods:** We have included all hospitalizations for dorsopathies (using ICD-10) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology. The burden is measured in Disability Adjusted Life Years (DALYs) which is the sum of YLDs (years lived with disability) and YLLs (years of life lost).

**Results:** A total of 462 hospitalizations for dorsopathies were notified from 2002 to 2013. About three quarters are under 75 years old (76.4%) with female predominance. The median length of stay was 10 days. The estimation of YLDs was 5.4/100,000 inhabitants. YLDs was 4.89/100,000 inhabitants for men against 5.86/100,000 inhabitants in women. No lethality was noted.

**Conclusion:** This burden can be underestimated since we include in this study only severe cases who required hospitalization. Exercise may be an effective strategy for preventing disability and, consequently, may prolong older persons' autonomy.

## **Osteoarthritis in Hospitalized Patients over 65: Prevalence and Trend, Monastir, Tunisia, 2002-2013**

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Please cite this article as: Chelly S. et al. Osteoarthritis in Hospitalized Patients over 65: Prevalence and Trend, Monastir, Tunisia, 2002-2013. Middle East Journal of Age and Ageing. 15(3):60. DOI: 10.5742MEJAA.2018.93572

### **ABSTRACT**

**Introduction:** Osteoarthritis is a common pathology which affects most commonly elderly persons. This condition is a real social and health problem. The aim of our study is to evaluate the prevalence and trend of this pathology.

**Methods:** We included all osteoarthritis hospitalizations using ICD-10 at Monastir Teaching Hospital between 2002 and 2013. The included patients were residents of Monastir. The data was collected from the Regional Hospital Morbidity and Mortality Registry, which is established in the Department of Preventive Medicine and Epidemiology. The linear regression coefficient was used to estimate the trend of osteoarthritis. All results were calculated for patients over the age of 65. Only crude prevalence rate was calculated for patients over 60 years of age (National Institute of Statistics set the age limit).

**Results:** During the 12-year period, 275 patients were hospitalized for osteoarthritis. The mean age was  $72.16 \pm 5.56$  years with female predominance (Sex ratio = 0.52). The crude prevalence rate was 52.72 / 100,000 inhabitants per year, with 25.64 / 100,000 for men and 43.71 / 100,000 for women. We reported a significant increase in the number of cases admitted for osteoarthritis from 2002 to 2013; ( $b = 2.64$ ,  $p < 10^{-3}$ ). YLD was 6.8 years / 100,000 inhabitants.

**Conclusion:** The results showed a high gross prevalence, especially among women, as well as a considerable increase in cases of osteoarthritis during the 12 years, which encourages us to push our investigations in order to understand and act on the various preventive axes.

## Vitamin D profile in frail elderly patients (126 cases)

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### ABSTRACT

Vitamin D plays a major role in bone growth and mineralization. It's a pro-hormone whose extra bone role is increasingly known. In the elderly, vitamin D deficiency is common and vitamin D treatment improves muscle performance and reduces the relative risk of falls.

It was proposed to study vitamin D deficiency in a population of 126 elderly Belgian people.

The population concerned included 91 women and 35 men (Sex ratio 2.6).

The mean age was 87 (79-96 years).

Among these 126 elderly subjects, 88 lived at home (including 40 accompanied) and 38 in institutions.

The SEGA score was determined in 124 patients; they were mostly very fragile (80 cases); fragile in 25 cases and 19 slightly fragile cases.

The vitamin D level was specified in 109 patients, it was sufficient in 53 patients (48%) and insufficient in 56 cases (52%) including 27 cases (24.7%) with serious deficiency.

A fracture occurred in 11 cases (8.7%) including 4 men and 7 women. Eight of these 11 patients had vitamin D deficiency. In all cases there was a complicated fall.

Only two patients had no osteoarthritis whose vitamin D status was indeterminate for one and very insufficient for the other.

In the absence of a clear recommendation on Vit D dosing, vitamin D supplementation would be required in many clinical situations and could be part of preventative measures in frail elderly people to reduce the risk of traumatic falls and dependency.



## Fractures and Frailty in the Elderly

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DOI: 10.5742MEJAA.2018.93574

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### ABSTRACT

Fractures of the elderly are a public health problem. The therapeutic decision remains limited by certain considerations concerning the physical state and degree of previous autonomy as well as the mental state. Fractures related to osteoporosis, especially fracture of the femoral neck, occur most often during a fall. The prevention of fractures therefore also involves the prevention of falls.

From a population of 126 elderly Belgian, we studied the contributing factors, the frequency as well as the consequences of bone fractures.

The population concerned included 91 women and 35 men (Sex ratio 2.6).

The mean age was 87 (79-96 years).

This was a very frail elderly person (SEGA greater than 11) in 6 out of 11 cases.

Three cases of moderate cognitive decline and 1 case of severe cognitive decline were noted. A fracture occurred in 11 cases (8.7%) including 4 men and 7 women. Insufficient vitamin D status was noted in 8 out of 11 cases. In all cases there was a complicated fall. There were 6 hip fractures (3 per trochanteric), 2 femoral fractures, 1 iliopubic fracture, 1 fracture of the humerus and 1 fracture of the shoulder. The evolution was favorable in 8 cases and we noted 3 deaths. Preventive measures should include the identification of frailty, the correction of risk factors and the prevention of traumatic falls.

## **The Epidemiological and Clinical Profile among Elderly Population having Polyarthrosis**

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### **ABSTRACT**

**Introduction:** Osteoarthritis (OA) is the most common degenerative joint disease in the elderly. The often multifocal location at this age can be a source of pain, and limitation of everyday activities, thus affecting their quality of life (QOL).

The objective of our work was to establish the epidemiological and clinical profile among the elderly population having polyarthrosis in Tunisia.

**Methods:** A cross-sectional, descriptive study was done in 2017. Patients aged 65 years and over were included, and followed for polyarthrosis according to the criteria of Lawrence J.S. A clinical evaluation (anthropometric data, postural examination, and joint assessment) was made.

**Results:** Fifty patients were included. The mean age was 71 years with a sex ratio of 0.4.

Almost all of our patients had knee osteoarthritis (98% of cases); spinal involvement was in the second position (88%).

**Conclusion:** With the aging of the Tunisian population, we are faced with an important number of elderly polyarthrotic subjects. It is necessary to identify the factors that may be related to the alteration of the quality of life of patients. Medical monitoring and management will be more intensive and rigorous in this specific population of patients.

## **The Impact of the Occurrence of Pressure Ulcers following Pertrochanteric Fractures in the Elderly on the Prognosis**

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Please cite this article as: Chtai S et al. The Impact of the Occurrence of Pressure Ulcers following Pertrochanteric Fractures in the Elderly on the Prognosis. Middle East Journal of Age and Ageing. 15(3):64. DOI: 10.5742MEJAA.2018.93577

### **ABSTRACT**

Pressure ulcers are the most common complication of pertrochanteric fractures. They delay surgical management and predict an increase in the duration of hospitalization and mortality. They also expose to an increased risk of sepsis. The delay of surgery is a crucial element in the occurrence of pressure ulcers: rapid medico-surgical care reduces the risk of occurrence of this complication by allowing a quick recovery of autonomy. In our series, 48% of patients operated on before 7 days had good results compared to only 28% of patients operated on after 7 days. The occurrence of pressure ulcers preoperatively is more serious than postoperative because it delays the surgical management. One-year mortality was 56% in patients with preoperative pressure ulcers and 46% in patients with post-operative pressure ulcers versus only 14% of patients who did not have this complication. Rapid management with surgery in the shortest possible time allowing rapid recovery of autonomy seems to be the main axe to fight against the occurrence of this complication.

## **Morbidity of Pertrochanteric Fracture in Elderly Patients**

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Please cite this article as: Chtai S et al. Morbidity of Pertrochanteric Fracture in Elderly Patients. Middle East Journal of Age and Ageing. 15(3):65. DOI: 10.5742MEJAA.2018.93578

### **ABSTRACT**

Pertrochanteric fractures are a major cause of morbidity and mortality in the elderly. Their care must be early and multi disciplinary to allow patients to recover the pre-fracture autonomy in the shortest possible time. The complications of these fractures are frequent and potentially fatal. They must be sought and prevented. The loss of autonomy is the main risk of the fall. The age of the patient and the autonomy before the fracture are the two main elements that determine the risk of complications. The occurrence of complications causes a great deviation of the functional prognosis of the patient. Preoperative complications have a worse prognosis than postoperative complications. In our series it was noted that only 1/7 of patients with a preoperative complication and only 1/4 of patients with a postoperative complication had good walking autonomy after 1 year. The delay in surgical management predicts both the vital and functional prognosis. In our series 48% of patients operated before 7 days had good results against only 28% of patients operated after 7 days. Pressure ulcers are the most formidable complications. At 1 year, 49% of patients who did not have preoperative pressure ulcers had good walking independence compared to only 14% of patients with preoperative pressure ulcers. The mortality at one year was 56% in patients who had pressure sores preoperatively (including 3 who died before being operated on) and 46% in patients who had pressure ulcers postoperatively compared with only 14% of deaths in patients who did not have this complication.

**ASA Score an Important Prognostic Factor in Pertrochanteric Fractures:  
About 142 Cases**

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**ABSTRACT**

Co-morbidity directly influences outcomes in elderly patients with hip fracture. The ASA score is used to evaluate anesthetic risk and predict perioperative mortality. According to several authors, the ASA score can even predict by itself the mortality of patients before and after surgery. The aim of our study is to prove that the ASA score not only predicts perioperative mortality related to anesthesia but also postoperative mortality. Our prospective study concerned 142 patients: Only 4% of patients were ASA I, 41% ASA II, 53% ASA III, and 2% ASA IV. After one year, no ASA I patient died. All patients rated ASA IV (3) died. The 3 patients with ASA score = IV died in the first 2 months. So there is a close relationship between ASA score and mortality ( $r = 0.371$ ,  $p < 0.001$ )

## **The Influence of Preoperative Nutritional Status on the Prognosis of Pertrochanteric Fractures in Elderly Patients**

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### **ABSTRACT**

Pertrochanteric fractures often occur in a frail elderly population that is multitarea and malnourished. Control of co-morbidities and nutritional status should be done as soon as possible so as not to delay surgery. The aim of our prospective study was to evaluate the influence of nutritional status on the prognosis of these fractures.

In our study, 61% of the malnourished patients died compared to only 2% of patients in good nutritional status. Complications were more common in the malnourished population: 56% had pressure ulcers compared to 8% in the nutritious population. Sepsis on osteosynthesis equipment was noted in 8% of malnourished patients compared to only 1.4% in healthy subjects. Mortality at one year was 6% in malnourished subjects compared to only 2% in healthy subjects.

## Particularity of Geriatric Gynecological Pathology of 269 Menopausal Women in the Maternity and Newborn Center of Monastir

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### ABSTRACT

**Introduction:** Over the last decade, there has been an increasing interest in the health of elderly people. With the sharp rise in life expectancy, the number of people aged 65 years or over is projected to increase steadily over the next few decades. Obviously, more care providers and resources will be required to meet their needs for health care services. Western countries have shown special interest in the field of gynecological pathology for years which is not the case in most developing countries. Thus, we decided to carry out this study dealing with all the pathologies of elderly women aiming mainly at listing the geriatric gynecological pathologies of our population and to study the peculiarities and the management of each pathology.

**Materials and methods:** This is a retrospective descriptive study carried out at the Monastir Maternity Center over a period of nine years. This study involved 269 women aged over 65 years admitted to the Monastir Maternity Center.

**Results:** Our patients were classified into 4 groups: a breast pathology group, pelvic cancers group, pelvic static pathology and disorders group, and a group of other pathologies. The average number of hospitalizations was 30 women per year. It was in the range of 35.5 % admissions per year and 3% of total admissions in gynecology. The average age of our patients was  $70.6 \pm 5.6$  years (range: 65 and 89 years). The average length of hospital stay was 17.2 days. Co-morbidities, mainly arterial hypertension, diabetes and heart disease, were found in 72.5% of our study

population. In our patients, the gynecological pathologies were dominated by cancers (46.1%), followed equally by mild conditions (27.1%) and pelvic floor disorders (26.8%). Breast cancers were the most common, followed by those of the cervix and the body of the uterus. For benign pathologies, uterine disorders were the most frequent followed by those of the breast and the ovaries.

**Conclusion:** Nowadays, the health of the elderly is of great interest. Population projections predict a growing number of people aged over 65 therefore, increasingly requiring more significant health care and services. Western countries' interest in the field of gynecological pathology dates back to a very long time ago which has yielded a large number of publications on this subject. However, in Tunisia and for years the interest in gynecological pathology has been centered more on the gynecologically active women than on elderly women. This is underlined by health programs aimed primarily at promoting the health of mothers and children.



## **Osteoporosis in Postmenopausal Women**

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### **ABSTRACT**

**Introduction:** Measuring a patient's bone mineral density by densitometry is a public health strategy adapted to the prevention of osteoporosis-related fractures in individuals at risk, and practitioners are encouraged to assess these risks in postmenopausal women.

**Objectives:** To determine osteoporosis risk factors in a sample of the Tunisian population, aiming at targeting menopausal women for whom bone densitometry could be indicated.

**Methods:** An epidemiological study of 150 postmenopausal women aged over 45 years was conducted in our maternity center in Monastir. Face-to-face interviews were performed to collect data on the patients about personal and family history of vertebral or limb fractures, endocrine disorders, corticosteroid use and early menopause. The body mass index (BMI) was determined during the interview by measuring height and weight. Among other things, all of these patients have benefited from densitometry.

**Results:** Ninety-eight of the women surveyed with (76%) with osteoporosis and at least one risk factor for osteoporosis. The most common risk factor was vertebral fracture or compression (20.8%), followed by endocrine disorders (10.5%) and long-term use of corticosteroids (10.5%). A total of 40 women had multiple risk factors and the proportion of women with multiple risk factors was found to increase with age.

**Conclusions:** Extrapolating our results to the general population, more than 70% of Tunisian women would benefit from densitometry. As the diagnosis of osteoporosis is established only for a small proportion of them, densitometry could therefore be used for a much larger number of women and essentially those with one of the risk factors.

**Incidence, Mortality and Trends of Multiple Myeloma in Geriatrics:  
Monastir-Tunisia, 2002–2013**

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**ABSTRACT**

**Background:** Multiple myeloma (MM), which derives from the neoplastic transformation and proliferation of a post-germinal center B-cell, is one of the most frequent hematological malignancies. Death rates have been falling over the last decade, which may be due to improving therapeutic landscape, novel drugs and better understanding of disease biology.

The objective of this study was to describe incidence, mortality rates, and trends for multiple myeloma (MM) in the Monastir region during 12 years contributing to better knowledge on the epidemiology of MM in Tunisia.

**Methods:** We have included all hospitalizations for MM (using ICD-10 coding: C 90) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology.

**Results:** During the period of 12 years, 627 hospitalizations for multiple myeloma were recorded among people aged more than 65 years with crude prevalence rates (CPR) of 120/100,000 inhabitants. The mean age was 72 years (SD= 5.5) with a sex ratio 1.11 . We established a positive trend of MM from 2002 to 2013 (b=4.13; r=0,7; p<10<sup>-3</sup>). The lethality rate was 1.6%.

**Conclusion:** There has been a marked increase in the prevalence of multiple myeloma cases from 2002 to 2013. This may be the result of either a better accessibility to health services and better MM diagnosis or it may reflect a real increase of MM cases. Thus, further studies are needed to explain this trend.

## **Polyarthritis in the Elderly Hypothyroid: Go Beyond the Simple Hypothyroidism Arthropathy!**

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### **ABSTRACT**

**Introduction:** Hypothyroidism is particularly common in the elderly. It can have very polymorphic and sometimes unusual clinical presentations. The joint damage associated with hypothyroidism, and particularly with Hashimoto's thyroiditis, is far from being rare. They can sometimes reveal endocrinopathy and be its only clinical manifestations. However, diagnostic surprises can be seen. We illustrate a case.

**Case report:** 68-year-old patient with hypothyroidism/Hashimoto thyroiditis for 16 years, currently well stabilized on thyroxine at a dose of 150µg/d, was explored for bilateral and symmetrical distal polyarthritis with asthenia and myalgia. Somatic examination noted fine extremity tremor and tender swollen joints without effusion. The biological assessment noted a TSH at 0.016 µIU/ml, anti-thyroglobulin antibodies at 5421 IU/l (N<4) and anti TPO at 90 IU/ml (N<6) with a marked inflammatory syndrome: ESR at 120mm/H1, CRP at 28mg/l and polyclonal hypergammaglobulinemia at 21g/l. Blood count revealed obvious leukocytosis at 48 000/mm<sup>3</sup> then 82 900/mm<sup>3</sup> with 85% PNN without abnormalities of other lineages: hemoglobin at 12.10g/dl and platelets at 287 000/mm<sup>3</sup>. The infectious investigation was negative and the joint radiographs without anomalies. The diagnosis of a flare-up of Hashimoto's thyroiditis with hematopathy was retained. Myelogram and peripheral lymphocyte typing resulted in chronic myeloid leukemia (CML)/Ph+. It was treated with Imatinib (mesilate): Cemivil®400: 1cp/d for one month with a

favorable evolution: leukocyte control at 8 400/mm<sup>3</sup>. After one month of anti-leukemic treatment, its TSH was at 20.53µIU/ml requiring the increase of the thyroxine. TSH was normalized to 3.11µIU/ml after six weeks.

**Discussion and conclusion:** The combination of autoimmune thyropathies, particularly Hashimoto's thyroiditis and leukemia, seems far from a mere coincidence. In our patient, flare-up of thyroiditis concomitant with CML comforts the hypothesis of non-hazardous pathogenic association. Joint manifestations during CML are not uncommon and would most often be Related To Leukemic Synovitis. The Revealing Forms Are Exceptional.

## “Phlebitis-Like” Syndrome in Elderly Patient with Rheumatoid Arthritis

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### ABSTRACT

**Introduction:** The term “phlebitis-like” syndrome or pseudothrombophlebitis represents a real diagnostic challenge for the clinician, especially in the elderly subject. It may be secondary to a popliteal cyst, focal myositis, or a disrupted popliteal aneurysm in the calf.

We present a case of PTP secondary to a broken Baker’s cyst in an elderly patient with rheumatoid arthritis (RA).

**Observations:** A 60-year-old patient, followed for peripheral hypothyroidism related to Hashimoto’s thyroiditis and a well-balanced seropositive RA under DMARD and hormone replacement therapy. She was referred urgently for suspicion of lower limb phlebitis: acute pain with swelling of the right calf with increased calf perimeter, local inflammatory signs and a positive Homans sign. Doppler ultrasound showed no thrombophlebitis but objectified a right popliteal cyst ruptured in the calf. Under oral and topical anti-inflammatory treatment, the evolution was favorable.

**Discussion and conclusion:** The popliteal cyst or Baker’s cyst is a fairly common complication of RA but often remains under-diagnosed clinically: in the Andonopoulos AP et al series, his systematic ultrasound search in a PR population was positive in 47.5% of cases; it was diagnosed clinically only in less than half of cases (43%). Its rupture at the level of the calf gives the similar clinical picture of phlebitis of the lower limb or pseudothrombophlebitis.

The ruptured Baker cyst deserves to be known and evoked as possible diagnosis of a large acute leg simulating phlebitis, especially in aged person with RA, because the therapeutic implications are totally different.

## A Serious but often Forgotten Diagnosis of Arthritis in the Elderly

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### ABSTRACT

**Introduction:** First described in 1962, cholesterol emboli syndrome (CES) has been considered (since 1970) as a systemic disease similar to necrotizing vasculitis. It is an affection far from being rare but often neglected and under diagnosed: 15% of known patients having aortic atheroma but is clinically manifest in less than 2% of cases. His clinical picture is very polymorphic and non-specific making his diagnosis a real challenge.

**Observation:** A 64-year-old man with hypertension, coronary heart disease, dyslipidemia, and diabetes was hospitalized for acute functional impotence of the left lower limb.

The somatic examination noted arthritis of the left knee. The biological assessment revealed a hypochromic microcytic anemia at 10g/dl, leucocytes at 8 200/mm<sup>3</sup>, creatinine at 136µmol/l, ESR at 60mm/H1, CRP at 6 mg/l, glycemia at 15mmol/l without acetoneuria. The electrocardiogram, chest x-ray and ENT examination were without abnormalities.

X-rays of the knees showed advanced osteoarthritis. Articular puncture returned nonspecific inflammatory fluid with no microcrystals, direct examination, and culture were negative. An equilibration of his diabetes as well as a martial supplementation and a symptomatic treatment of his osteoarthritis attack was started but without improvement. His clinical was worsening with the installation of visual blur, right foot pain with purple coloring of the toes.

Biology showed a worsening of renal failure (creatinine at 266µmol/l). The resumption of the interrogation revealed the notion of a recent angioplasty. Ophthalmologic examination with fundus confirmed the diagnosis of CES.

The diagnosis of synovitis with cholesterol crystals falling within the framework of a CES was retained.

**Conclusion:** The notion of recent vascular manipulation must evoke the diagnosis of CES in an atheromatous subject with recent renal, cutaneous or ocular symptoms. The joint damage of this affection remains exceptional. Only an early diagnosis made it possible to improve the prognosis of the disease that remains reserved.

## **LORA or Late-Onset Rheumatoid Arthritis: Rheumatoid Arthritis of the Elderly**

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### **ABSTRACT**

**Introduction:** LORA or late-onset rheumatoid arthritis is a particular form of rheumatoid arthritis (RA) defined as a RA that started after the age of 65 years. It is a condition that is far from rare but often overlooked face to inflammatory joint complaints beginning after the age of 60. This form is characterized by a clinic often misleading explaining the diagnosis delay.

**Case report:** A 62-year-old patient with diabetes had a bilateral symmetrical distal polyarthritis predominant on MCP and PIP articulations with a notion of morning stiffness lasting more than 30 minutes. We noted several episodes of synovitis of both wrists, PIPs and PCMs on both sides during the previous year. Examination found ankylosis with limitation of lateral inclinations and pronosupination of both wrists. The small joints of the hands (PIP and MCP) are painful but not swollen nor inflammatory (no synovitis or evolutionary arthritis). No clinical signs have been noted for extra-articular manifestations of chronic rheumatism.

The biological assessment revealed a net inflammatory syndrome with ESR at 66mm/H1, CRP at 46.7mg/l, and microcytic anemia at 10.9g/dl testifying to the chronicity of the inflammatory process. X-ray of both hands showed specific signs of RA. Rheumatoid factor and anti-CCP antibodies were positive. Thus, the diagnosis of RA was retained according to the new criteria for RA (ACR/EULAR 2010). With prednisone (10mg/d) and methotrexate (15mg/week), the clinical and biological response was satisfactory.

**Conclusion:** the overall prevalence of RA in the elderly is estimated at 2%; it is twice that of RA, which begins before the age of 60. Late-onset forms of RA are characterized by a lower female predominance, an acute onset in 40%, frequent involvement of large joints, general signs, and a more marked biological inflammatory syndrome. The diagnosis must be evoked in principle before any inflammatory arthritis of the elderly.

## Inaugural Intestinal Involvement of Horton's Disease

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### ABSTRACT

**Introduction:** Horton's disease (HD), or giant cell arteritis, is a predominantly cephalic systemic vasculitis of the elderly. Systemic visceral manifestations, especially intestinal, remain exceptional during this vasculitis.

We report an observation with inaugural intestinal complication of the disease.

**Observation:** 63-year-old patient was admitted to surgery for acute abdominal pain with nausea and bilious vomiting. The clinical examination noted a blood pressure of 110/60, a distended and sensitive, and blood issue in rectal examination. Biology, especially amylase was normal. The X-ray of the abdomen without preparation did not show signs of occlusion. Abdominal CT showed a diffuse dilatation of the intestinal loops with thickened and oedematous wall that take the contrast annularly. The angiographic sequences showed superior mesenteric vein thrombosis and circumferential thickening of the abdominal aorta. All of his signs were consistent with the diagnosis of venous mesenteric infarction. An internist's opinion was requested in the absence of atheromatous terrain. The thrombophilic balance, including anti-cardiolipin antibody testing, was negative, as was the search for underlying neoplasia. The biopsy of the left temporal artery required in front of the appearance of the aortitis on CT-scan confirmed the diagnosis of HD. The patient was effectively anticoagulated and treated with steroids at 1mg/kg/day for one month followed by a progressive decrease, with favorable evolution.

**Discussion and conclusion:** The review of the world literature made in 2007 by Annamalai A. et al., found only 15 cases of intestinal damage during HD; of these cases only 11 were histologically proven. This intestinal localization may exceptionally be the first manifestation revealing HD.

Intestinal thromboses are mainly explained by the underlying vasculitis and anti-phospholipid antibodies associated in almost half of cases.

HD should be considered as a possible diagnosis for infarction or acute mesenteric ischemia that is not proven in the elderly.



## Horton's Disease with Multifocal Colic Degeneration

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### ABSTRACT

**Introduction:** It has been noted an over-risk of malignant diseases associated to Horton's disease (HD)(Ungrasert P et al 2014) with sometimes even true paraneoplastic forms (Aguiar T et al 2015). Colorectal cancers remain exceptional in this vasculitis (Kehler T et al 2006). We report an original observation.

**Case report:** An 80-year-old patient was hospitalized for left temporal headaches with no articular or ocular signs. The ESR was at 70 and the biopsy of the temporal artery was compatible with sequelae of temporal arteritis. The patient was put on steroids 0.5mg/kg/d with a good evolution. During her follow-up, the patient presented rectal bleeding 5 years after the diagnosis of HD. A colonoscopy was performed showing multiple polyps whose histology revealed the presence of several foci of high-grade intraepithelial neoplasia. The patient was then referred to surgery.

**Discussion and conclusion:** A retrospective study by Liozon E et al, collecting 250 cases of HD, found a high prevalence of neoplasia: 41 cases or 16.4% of which 25 cases of solid cancers and 16 cases of malignant hemopathies. The cases of digestive cancers are the most frequent (Liozon E et al 2004). The link between the two pathologies is however not established today. Few cases fulfill the criteria of a real paraneoplastic syndrome, with a parallel evolution of both pathologies (Deshayes S et al 2016). In our observation the delay of the degeneration as well as the multifocal character of the neoplasia would be arguments in favor of a possible causal link.

## Relapsed Knee Arthritis during Horton's Disease

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### ABSTRACT

**Introduction:** Articular manifestations of Horton's disease (HD) are by far dominated by rhizomelic pseudopolyarthritis noted in 20 to 86% of cases (Buttgereit F et al 2016); the other clinical presentations like seronegative chronic polyarthritis or oligoarthritis of large joints are much rarer (Arlet P et al 1990, Gran JT et al 2000). The mono-arthritis is exceptional and pose a diagnostic challenge during this angiitis. We report an original observation of recurrent monoarthritis of the knee during HD.

**Observation:** A 66-year-old patient was admitted to hospital for isolated long-term fever. The patient did not report any functional signs and the clinical examination was without abnormalities, biology noted a marked biological inflammatory syndrome; particularly an ESR at 110m/H1. The infectious screening was negative. A HD was then suspected and biopsy of the temporal artery was performed confirming the diagnosis. Under systemic corticosteroids, the evolution was favorable. During her follow-up, the patient presented 3 episodes of mono-arthritis of the left knee without specific systemic signs of a HD flare. The puncture of the articular fluid each time brought back a turbid liquid with altered polynuclear cells, a negative culture and absence of crystals. Radiography of both knees showed linear opacities at the joint line. The diagnosis of chondrocalcinosis was retained and the patient was treated by Colchicine with marked improvement.

**Comments and conclusion:** The association of HD with articular chondrocalcinosis remains exceptional and unusual; indeed in the series of Rachdi I et al, 112 cases of HD, only one case or 0.89% had this association (Rachdi I et al 2014). This diagnosis is worthy of mention in the case of peripheral arthritis in a patient followed for HD.

## Joint Involvement Revealing Celiac Disease of the Elderly

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### ABSTRACT

**Introduction:** Celiac disease (CD) or gluten-sensitive enteropathy is an autoimmune disease related to gluten intestinal allergy that typically occurs in childhood and young age (Dos Santos S 2016, Iqbal T 2013, Jericho H 2016). Late-onset forms (after 60 years) are far from rare but often underestimated in current medical practice: their frequency is estimated at 2.5 to 7.2% (Tortora R 2016, Sabel'nikova EA 2010). We report an original case of CD in an elderly patient revealed by joint damage.

**Observation:** A 62-year-old patient with no significant pathological history was explored for inflammatory polyarthralgia of large and small joints that were both acute and disabling. The physical examination noted synovitis of the hands and wrists without articular deformities with a marked mucocutaneous pallor. The biology revealed a microcytic anemia at 8 g/dl with stigmas of malabsorption (low cholesterol and hypocalcemia). No inflammatory syndrome was noted. Joint X-rays were without abnormalities. Immunological tests (anti-nuclear antibodies and rheumatoid factor) and thyroid function test were normal. Digestive fibroscopy with duodenal biopsies was done confirming the diagnosis of CD. Anti-gliadin, anti-reticulín and anti-endomysium antibodies were positive. Under the gluten-free diet the evolution was favorable with disappearance of the articular signs.

**Comments and conclusion:** Joint manifestations during CD are rare: frequency estimated at 0-26% depending on the series (Iqbal T 2013). The revealing forms are exceptional and can make a differential diagnosis with chronic inflammatory rheumatism (rheumatoid arthritis or juvenile arthritis) since the associations are described with CD (Lerner A 2015, Koning F 2015, De Maddi F 2013). CD deserves to be mentioned in front of arthralgia or unexplained arthritis of the elderly person even without any specific clinical symptomatology of this disease (Jericho H 2016, Vilppula A 2008).

## **An Exceptional Digestive Complication of Horton's Disease**

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### **ABSTRACT**

**Introduction:** Visceral digestive manifestations in Horton's disease (HD) are rare and dominated by intestinal necrosis and ischemia (Scola CJ 2008, Annamalai A. 2007, Trimble MA 2002). Pancreatic involvement remains exceptional and unusual. We report a particular observation of acute edematous pancreatitis during an evolutionary flare of HD.

**Case report:** An 80-year-old patient, diagnosed with HD for 10 years with positive right temporal artery biopsy. He received oral corticosteroid with a favorable evolution. He was hospitalized 10 years later for acute abdominal pain with bilious vomiting associated with clinical signs of HD. Biology noted amylasemia at 309 IU/L and an ESR at 70/mmH1 without other abnormalities. Abdominal ultrasonography and CT showed acute stage B pancreatitis with no other abnormalities; in particular, a fine intra and extrahepatic bile ducts, an alithiasic vesicle, an unexpanded Wirsung and absence of adenopathies and hepato-pancreatic and intra-abdominal tumoral lesions as well as the absence of pancreatic calcifications. The patient was not under corticosteroids at that time. The antiphospholipid antibodies were negative. An acute exacerbation of her disease was also diagnosed given the headache, the elevated ESR, and the appearance of thoracic aortitis on CT. Systemic corticosteroid therapy at 0.5mg/d was initiated with a favorable evolution.

**Conclusion:** The plausible mechanism of this pancreatitis is that of diffuse vasculitis. In our observation, the negativity of the etiologic assessment of pancreatitis as well as its concomitant onset with the acute exacerbation of the temporal vasculitis and its improvement under systemic corticosteroids allow us to link it directly to HD. This unusual complication deserves to be kept in mind during HD, especially at the beginning of the treatment by systemic corticosteroids.

## **An Unusual Complication of Rheumatoid Arthritis of the Elderly**

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### **ABSTRACT**

**Introduction:** The chronic and localized lymphedema of the limbs are exceptionally reported during rheumatoid arthritis. We report a new observation.

**Case report:** A 63-year-old woman has been diagnosed with rheumatoid arthritis (RA) since 6 years ago in front of inflammatory polyarthritis of the large and small joints, bilateral carpal fusion and a highly positive rheumatoid factor. She was treated with hydroxychloroquine 200 mg/day, prednisone 10 mg/day and methotrexate 10 mg/week with a good clinical and biological evolution; she had presented for two years a swelling of the left upper limb. The physical examination showed a total, painless and elastic infiltrated member covered with a stretched and shiny skin but of normal appearance. The remainder of the somatic examination was without abnormalities, in particular no tumor syndrome, no axillary lymphadenopathy or palpable venous cords. Biology showed no abnormalities, especially no inflammatory syndrome, no abnormalities in blood count, muscle enzymes at normal levels and negative immunological status. Standard X-rays of the thorax bones were without lesions. The thoracic CT scan was normal, as well as ultrasound of the soft tissues and the axilla. Echo-mammography was normal. The marked nano-colloid lympho-scintigraphy concluded that there was no visualization of the left superficial

lymphatic network. The diagnosis of localized lymphedema of the left upper limb associated with RA was held back by the negativity of the etiological assessment. Physiotherapy with lymphatic drainage was prescribed then a mini bolus of methylprednisolone due to the non-improvement under physiotherapy.

**Comments and conclusion:** Localized chronic lymphedema of the limbs is exceptional during RA. Their pathophysiological mechanisms are still poorly understood; a local defect of the lymphatic circulation is proved during this pathology. The treatment is not unanimous yet.

## Coexistence of Rheumatoid Arthritis and Psoriatic Arthritis in an Elderly Patient

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### ABSTRACT

**Introduction:** The overall prevalence of rheumatoid arthritis (RA) in the elderly is estimated at 2%, double that is observed in subjects under 60 years of age. These late-onset forms are characterized by the lower prevalence of women and the frequency of the damage of the larger joints (40%), which may lead to a differential diagnosis with other common rheumatic diseases in the elderly, particularly psoriatic arthritis (PA). We report an original case where RA and PA coexisted in the same patient.

**Case report:** A 67-year-old patient having RA for 5 years (bilateral, symmetrical and distal rheumatoid arthritis; positive rheumatoid factor; positive anti-CCP antibodies and bilateral carpal fusion on the hands' x-rays) treated with methotrexate and low doses of oral corticosteroids with initial stabilization. The evolution was marked later by the reappearance of peripheral and axial arthralgia with synovitis of the hands and wrists as well as white squamous lesions on the extension faces of the elbows and knees and in retro-auriculars. The diagnosis of psoriasis with psoriatic arthritis was retained. The patient was treated by biotherapy with a favorable evolution.

**Discussion and conclusion:** RA is one of the most common rheumatic disorders in the elderly, but is often underestimated and under diagnosed. Early-onset forms of RA are defined by a beginning after the age of 55 and may account for up to 26% of RA cases. The association of these two rheumatisms is exceptional: theoretical prevalence estimated at 0.03-0.15 / 10,000 H (Mazzucchelli R 1992). In the large series of 286,601 patients with PA of Simon TA et al, the frequency of RA was significantly higher compared to the related control population: 3.2% versus only 0.4% (Simon TA 2017). This association is often not taken into consideration in the elderly.

## Quality of Life Assessment in Elderly Polyarthrosis

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### ABSTRACT

**Background:** Osteoarthritis (OA) is the most common degenerative joint disease in the elderly. The often multifocal location at this age can be a source of pain, and limitation of everyday activities, thus affecting their quality of life (QOL).

The objective of our work was to evaluate of the impact of polyarthrosis on the QOL among patients affected by OA.

**Methods:** A cross-sectional, descriptive study was done in 2017. Patients aged 65 years and over were included, and followed for polyarthrosis according to the criteria of Lawrence J.S. A clinical evaluation (anthropometric data, postural examination, and joint assessment) was made. The quality of life was studied by the SF36 scale translated into Tunisian dialect and the OAKHQOL questionnaire, specific for lower limb arthrosis.

**Results:** Fifty patients were included. The mean age was 71 years with a sex ratio (M/F) of 0.4.

Almost all of our patients had knee osteoarthritis (98% of cases), spinal involvement was in the second position (88%). We noted an alteration of the different physical health items of the SF-36 predominant in the areas of physical limitation, general health and emotional limitation, as well as the physically under-score (28/100) which was significantly lower than the mental under-score (52/100). The quality of life was impaired in the dimensions of social functioning and physical activities assessed by the OAKHQOL.

Factors associated with poor QOL were: Female gender, spinal osteoarthritis, diabetes and heart disease as comorbidities and lack of functional rehabilitation ( $p < 0.05$ ).

**Conclusion:** Polyarthrosis is accompanied by an alteration of the QOL in the elderly. Factors associated with QOL impairment should be considered in the patient management program.





