



**ORIGINAL ARTICLE**

**Associated Disease Profiles among the Patients Presented with Focal Soft Tissue Rheumatism**

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[Reviewed: 30 September 2017; Accepted on: 1 November 2017; Published on: 1 January 2018]

**Abstract**

**Background:** There are several diseases related with the patients suffering from focal soft tissue rheumatism. **Objective:** The purpose of the present study was to observe the associated diseases among the patients suffering from focal soft tissue rheumatism. **Methodology:** This descriptive type of cross-sectional study was carried out in the Department of Physical Medicine and Rehabilitation at Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh from March 2006 to August 2006 for a period of 6(six) months. The patients presented with focal soft tissue rheumatism were selected from the Department of Physical Medicine and Rehabilitation who were referred from other outpatient department of Bangabandhu Sheikh Mujib Medical University, Dhaka and also from general practitioners outside the hospital. The different associated diseases were recorded during the data collection. **Result:** A total of 44 patients were recruited who were presented with different focal soft tissue rheumatism. The incidence of different soft tissue rheumatism cases were Tennis elbow 20(85.0%), De-Quervain's disease 12(51.0%), Trigger fingers 8(34.0%) and Golfers elbow 4(17.0%). Diabetes mellitus was found in 8(18.0%) cases. Hypertension was detected in 10(23.0%) cases. Patients presented with hypertension and diabetes mellitus were found in 6(14.0%) cases. Peptic ulcer disease was found in 12(27.0%) cases. However, others diseases were found in 8(18.0%) cases. **Conclusion:** In conclusion diabetes mellitus, hypertension and peptic ulcer disease are the most common diseases found among the focal soft tissue rheumatism patients. [Journal of Current and Advance Medical Research 2018;5(1):19-22]

**Keywords:** Associated diseases; Focal Soft Tissue Rheumatism; diabetes mellitus

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**Cite this article as:** Moonmoon TH, Ahmed M, Parvin S, Banu HB, Haque MZ, Khan EH. Associated Disease Profiles among the Patients Presented with Focal Soft Tissue Rheumatism. Journal of Current and Advance Medical Research 2018;5(1):19-22

**Conflict of Interest:** All the authors have declared that there was no conflict of interest.

**Contributions to authors:** Moonmoon TH, Ahmed M & Parvin S have contributed in protocol preparation up to report writing; Banu HB, Haque MZ & Khan EH have written the manuscript and have revised the manuscript.

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### Introduction

Soft tissue rheumatism is the painful states which arise in the muscle and fibrous structures of the body<sup>1</sup>. It includes disorders of tendons and their sheaths, ligaments, bursae, joint capsules, muscles, fasciae and others<sup>2</sup>. This term is applied to inflammatory or painful conditions which are, in general, non-articular in origin<sup>4</sup>.

In focal soft tissue rheumatism the symptoms are generally well localized like Tennis elbow, golfers elbow, trigger finger and so on<sup>5</sup>. The prevalence of various forms of soft tissue rheumatism including painful low back syndrome (PLBS), painful restricted shoulder syndrome (PRSS), and epicondylitis without an underlying specific rheumatic disease is varied<sup>6</sup>. Furthermore there are some associated diseases among these patients<sup>7</sup>. These diseases may be related with the focal soft tissue rheumatism. However this type of study has not been performed so far. Therefore, this present study was undertaken to observe the associated diseases among the patients suffering from focal soft tissue rheumatism.

### Methodology

This descriptive type of cross-sectional study was carried out in the Department of Physical Medicine and Rehabilitation, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh from March 2006 to August 2006 for a period of 6(six) months. The patients having focal soft tissue rheumatism were selected from the dept. of Physical medicine and Rehabilitation who were referred from other outpatient department of BSMMU and also from general practitioners outside the hospital. On arrival at the department detailed history was taken and clinical examination was carried out properly. The patients were selected on the basis of the criteria of patients age between 20 to 70 years both male and female with the clinical symptoms of focal soft tissue rheumatism like tennis elbow, de Quervain`s disease, trigger finger and bursitis. Details history of associated diseases was taken and was recorded.

### Results

During the study period a total of 44 patients were examined in the Department of Physical Medicine and Rehabilitation, BSMMU, Dhaka. The most common age group suffering from soft tissue rheumatism was the 31 to 40 years which was 20(46.0%) cases followed by 41 to 50 years, 21 to

30 years and 51 to 60 years which was 10(23.0%) cases, 8(18.0%) cases and 4(9.0%) cases respectively (Table 1).

**Table 1: Distribution of Study Population according to Age Group (n=44)**

Age Group	Frequency	Percentage
21 to 30 Years	8	18
31 to 40 Years	20	46
41 to 50 Years	10	23
51 to 60 Years	4	9
61 to 70 Years	2	5
<b>Total</b>	<b>44</b>	<b>100.0</b>

Among them 44 patients presented with different focal soft tissue rheumatism. Among the 44 patients, the incidence of different soft tissue rheumatism cases were- Tennis elbow 20(85.0%), De Quervain`s disease 12(51.0%), Trigger fingers 8 (34.0%) and Golfers elbow 4 (1.7%) cases (Table 2).

**Table 2: Distribution of Different Focal Soft Tissue Rheumatism (n=44)**

Different focal soft tissue rheumatism	Frequency	Percentage
Tennis elbow	20	45.4
De Quervain`s	12	27.3
Trigger fingers	8	18.2
Golfer`s elbow	4	9.1
<b>Total</b>	<b>44</b>	<b>100.0</b>

There were several diseases observed among the study population. Diabetes mellitus was found in 8(18.0%) cases. Hypertension was detected in 10(23.0%) cases. Patients presented with hypertension and diabetes mellitus were found in 6(14.0%) cases. Peptic ulcer disease was found in 12(27.0%) cases. However, others diseases were found in 8(18.0%) cases (Table 3).

**Table 3: Different Diseases among the Focal Soft Tissue Rheumatism Patients (n=44)**

Disease	Frequency	Percentage
Diabetes mellitus	8	18.0
Hypertension	10	23.0
Hypertension with Diabetes mellitus	6	14.0
Peptic ulcer	12	27.0
Others	8	18.0
<b>Total</b>	<b>44</b>	<b>100.0</b>

## Discussion

Soft-tissue rheumatism comprises a category of disorders that produce pain, swelling, or inflammation not caused by arthritis in the tissues and structures around a joint<sup>5</sup>. The disorders include tendinitis, tenosynovitis, bursitis, capsulitis, enthesitis, myofascial pain syndrome, and fibromyalgia. Pain produced by these disorders is one of the most common and most misunderstood rheumatic complaints encountered by primary care practitioners<sup>8</sup>. The history and, more importantly, the physical examination findings are central to diagnosing soft-tissue rheumatism syndromes because imaging and laboratory tests often are unhelpful<sup>9</sup>.

Soft tissue rheumatism is not an uncommon disorder in Bangladeshi community. The most common causes of soft tissue rheumatism are misalignment, microtrauma, overstraining, and occasionally intrinsic diseases<sup>10</sup>. It is broadly divided into two types, generalized and localized or focal. Among focal soft tissue rheumatism, the common are- lateral epicondylitis, de Quervain's, trigger fingers and medial epicondylitis<sup>11</sup>.

Out of total 2350 patients attending the Physical Medicine and Rehabilitation Department of BSMMU, Dhaka, 44 were diagnosed with focal soft tissue rheumatism. The incidence was 1.87%. Bhatt et al<sup>12</sup> revealed a study about patterns of rheumatic diseases in different regions of India among 11931 patients and found that 12.4% of them presented with soft tissue rheumatism. Haq et al<sup>13</sup> found the prevalence of soft tissue rheumatism in rural and urban community were 3.3% and 2.5% respectively. In a study about the pattern of rheumatic diseases among 4037 patients by Alam et al<sup>14</sup> revealed that 28.34% of them presented with soft tissue rheumatism.

Present study shows that most of the patients are of 31-50 years age group, which constitutes 67% of the total cases. Jaffer<sup>15</sup> found in a study in Pakistan that most of the patients were of 31 to 50 years of age group, which is in favor of this study.

In the present study, out of 44 patients studied, 12 patients suffered from peptic ulcer diseases, 10 patients from hypertension, 8 from diabetes mellitus, 6 from both hypertension and diabetes mellitus and 8 from other diseases. While the etiologies of localized soft-tissue rheumatism syndromes are not entirely known, most syndromes are associated with repetitive low-grade trauma

from mechanical overloading of muscles, tendons, ligaments, and fascia<sup>16</sup>. Subsequent localized inflammation and degradation of the affected sites may be attributed to their poor vascular supply and the slow and often incomplete healing that accompanies decreased circulation. While these disorders can occur in the absence of systemic disease, they are associated with systemic diseases such as rheumatoid arthritis, ankylosing spondylitis, and diabetes mellitus, which produce a generalized vasculopathy<sup>17</sup>. The pathophysiology of regional myofascial pain syndromes and fibromyalgia is unknown.

## Conclusion

In conclusion diabetes mellitus and hypertension are reported among the focal soft tissue rheumatism patients. Furthermore there are some patients who are suffering from both DM and hypertension. However, peptic ulcer disease is the most common diseases found among the focal soft tissue rheumatism patients. Further large scale study should be carried out with the proper study design.

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