



Original Article

Incidence of Different Variant of Focal Soft Tissue Rheumatism Patients with Their Socio-demographic Profiles at a Tertiary Care Hospital in Dhaka City

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Abstract

Background: Focal soft tissue rheumatism occurs in varied incidence with difference socio-demographic group of patients. **Objective:** The purpose of the present study was to see the incidence of focal soft tissue rheumatism with the socio-demographic characteristics of the patients. **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 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. The details of socioeconomic condition and the demographic characteristics were recorded. **Result:** During the study period a total of 2350 patients were examined. Among them 44 patients presented with different focal soft tissue rheumatism. The incidence of the patients presented with focal soft tissue rheumatism was 1.87%. Among 2350 patients, the incidence of different soft tissue rheumatism cases were Tennis elbow 20(85%), De-Quervain's disease 12(51%), Trigger fingers 8(34%) and Golfers elbow 4(17%). The most common age group suffering from soft tissue rheumatism was the 31 to 40 years which was 20(46.0%) cases. Housewife was suffering most commonly with focal soft tissue rheumatism which was 14(32.0%) cases. **Conclusion:** In conclusion focal soft tissue rheumatism occurs most commonly among the young housewife presented with the tennis elbow. [*Journal of Science Foundation 2018;16(1):8-12*]

Keywords: Socio-demographic Characteristics; Focal Soft Tissue Rheumatism;

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Introduction

Soft tissue rheumatism (extra-articular rheumatism) is a group of common disorders found separately as independent disorders or as a symptom of systemic joint or spine diseases (Rao 2003). The complaints known as soft tissue rheumatism can be defined as painful states, which arise in the muscle and fibrous structures of the body (Reveille 1997). The most frequent soft tissue rheumatism are tendinopathies, rheumatism of muscles with myofascial pains, fibrositis of subcutaneous tissue and, finally, bursitis and inflammations of tendon sheaths. Soft tissue rheumatism is one of the most common and most misunderstood categories of disorders facing the primary care physician.

The disorders can be classified broadly into two groups like diffuse and focal. Proper history taking and performing detailed examination are very important in arriving at diagnosis. Inflammatory signs or systemic manifestations may be lacking in these disorders (Beuckle 1990). The patients complain of pain and stiffness in the neck, shoulder girdle and extremities, which are worse with work or stress, better with rest or diversion. Physical examination is normal, as are those of x-rays, laboratory tests and biopsies (Basford 1989). Among the more common types are subacromial bursitis, epicondylitis, trochanteric bursitis, anserine bursitis, and fibromyalgia. Extensive laboratory testing and radiographs are not as helpful in evaluating patients with these complaints (Justus and Barbara 1990). The most common causes of soft tissue rheumatism are misalignment, microtrauma, overstraining, and occasionally intrinsic diseases. In many cases, the genesis is multifactorial, psychological factors also being involved (Botstein 1990). This present study was undertaken to see the incidence of focal soft tissue rheumatism with the socio-demographic characteristics of the patients.

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.

Results

During the study period a total of 2350 patients were examined in the Department of Physical Medicine and Rehabilitation, BSMMU, Dhaka. Among them 44 patients presented with different focal soft tissue rheumatism. The incidence of the patients presented with focal soft tissue rheumatism was 1.87% (Table 1).

Table 1: Incidence of focal soft tissue rheumatism

Focal Soft Tissue Rheumatism	Frequency	Percentage
Present	44	1.87
Absent	2306	98.13
Total	2350	100.0

Among 2350 patients, the incidence of different soft tissue rheumatism cases were- Tennis elbow 20(.85%), De-Quervain`s disease 12(.51%), Trigger fingers 8(.34%) and Golfers elbow 4(0.17%) (Table 2).

Table 2: Incidence of different Variant of Focal soft tissue rheumatism (n=44)

Different focal soft tissue rheumatism	Frequency	Percentage
Tennis elbow	20	85.0

De Quervain`s	12	51.0
Trigger fingers	8	34.0
Golfer`s elbow	4	17.0
Total	44	100.0

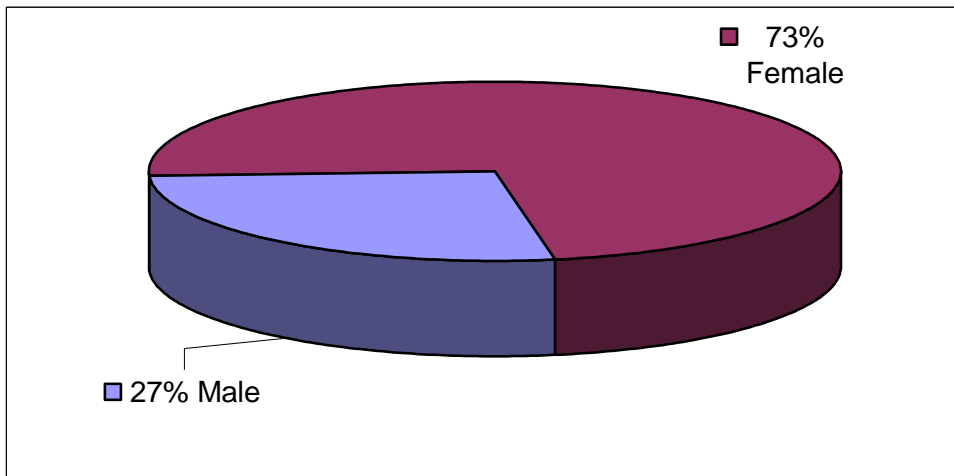


Figure 1: Pie diagram showing the Sex distribution of the patients

Both male and female patients were studied. Out of 44 patients 12 were male and 32 were female. Male female ratio was (Figure I)

Table 3: Gender distribution among patients of different focal soft tissue rheumatism Patients (n=44)

Different focal soft tissue rheumatism	Male n(%)	Female n(%)	Total
Tennis elbow	6 (30%)	14 (70%)	20(100.0%)
De Quervain`s	3 (25%)	9 (75%)	12(100.0%)
Trigger finger	2 (25%)	6 (75%)	8(100.0%)
Golfers	1 (25%)	3 (75%)	4(100.0%)
Total	12(27.3%)	32(72.7%)	44(100.0%)

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 4).

Table 4: 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
Total	44	100.0

Housewife was suffering most commonly with focal soft tissue rheumatism which was 14(32.0%) cases. However, manual laborer was also reported as the send most occupation suffering from focal soft tissue rheumatism which was 10(23.0%) cases. Service holder was found in 8(18.0%) cases (Table 5).

Discussion

Soft tissue rheumatism is not an uncommon disorder in our community. The most common causes of soft tissue rheumatism are misalignment, microtrauma, overstraining, and occasionally intrinsic diseases. 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 (Justus and Barbara 1990).

Table 5: Occupational distribution among the Study Population (n=44)

Occupation	Frequency	Percentage
House wife	14	32.0
Service holder	8	18.0
Manual laborer	10	23.0
Businessman	4	9.0
Student	4	9.0
Others	4	9.0
Total	44	100.0

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 (1993) 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 (2005) found the prevalence of soft tissue rheumatism in rural and urban community was 3.3% and 2.5% respectively. In a study about the pattern of rheumatic diseases among 4037 patients by Alam et al (1995) revealed that 28.34% of them presented with soft tissue rheumatism. The discrepancy of the present study with the others is due to the fact that this study is related only to the focal soft tissue rheumatism, not the generalized one. That is why the incidence was only 1.87%.

In this study, about 73% of the patients were female and 23% were male. In various international studies male female ratio ranges from 1:7 to as high as 1:20. In this present study male female ratio stands 1:2.7. Present study sample was too small and did not include all the focal soft tissue rheumatism cases. Present study shows that most of the patients are of 31-50 years age group, which constitutes 67% of the total cases. Jaffer (1983) 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 our study. According to the data of present study most of the patients are housewives; next common occupation is manual labor and then service. Of the 44 patients studied, 14(32%) patients were housewives, 10(23%) patients were manual laborer, 8(18%) were service holder and 4(9%) were businessman, student and involved in other occupations each.

Conclusion

In conclusion focal soft tissue rheumatism occurs most commonly among the young age. Female is predominant than male. Tennis elbow is the most common variant and housewife is reported most commonly. Further multicentre study should be carried out to see the real scenario of whole country.

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