

The Calvary after the abort due to varied attempts to treat rheumatoid arthritis by TNF α inhibitors and the final resolution, owing to classic and orthodox remedies in an old lady suffering from a complex syndrome: a special case report.

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Abstract: *Scope of this modest case report is to demonstrate that it is not impossible to conciliate the usage of common and orthodox medicaments to combat difficult outcomes deriving from an inconceivable series of syndromes in a single individual.*

The very importance I want this paper has to herald is that TNF α inhibitors may result perilous and sometimes lethal (in peculiar cases) for elder, besides to propose a treatment of that complicated syndrome by the aids of common and orthodox remedies.

Keywords: *TNF α inhibitors, INR, diabetes mellitus type 1, psoriatic rheumatoid arthritis.*

I. Background

The case report deals with an ancient lady suffering from the following syndromes: psoriatic rheumatoid arthritis, diabetes mellitus type 1, diverticulitis and is 84 y. old, female and underwent 10 years ago to double knee replacements. The volunteer (cycle of the patient) is not but my mother and for, I have had not to satisfy all the dictates of the Camorra imposed by almost all the Italian Local Ethical Committees, and since I am a doctor (subjected to the Galen's oath), I avail myself of Sir Thomas Percival's code on medical ethics (1847).

Her psoriatic rheumatoid arthritis was diagnosed the very first time when the volunteer was 69 y. old.

She has been proving 4 kinds of TNF α inhibitors for 12 years, (each of every drug showed a three-yearly efficacy) and this sequence of drugs had destroyed all her immunological system (she presented always 1000000 Cfus of E. coli in urines; she had lost completely appetite; she grew progressively completely sideropenic and developed a grade 4 cardiac murmur and moreover it must be kept on account that she had never suffered from any cardiac failure throughout all her life) and when she used to take painkillers (in case of acute attacks of disabling arthritis) the assumption of these drugs forced her to stay at home because of severe risk of diarrhoeic episodes. After this pharmacological Armageddon (euphemistically speaking) he has necessitated one entire year to re-establish compromised immunological system and stop her severe and recurrent urinary tract infections; regain appetite for all types of aliments; present a perfect electrocardiogram with no cardiac murmur of any grade; do not suffer from recurrent diarrhoeic episodes, if sometimes she

Assumed N said. Nevertheless joint pains, due to the rheumatoid arthritis, were devastating and the only remedy she could tolerate resulted prednisone (10 mg/pro day), that is known is contraindicated in case of diabetes type 1, and thus doses of insulin had to be adjusted when required. All this has implied a complex therapeutic career, that could never be the same or almost predictable, depending on the quality and quantity of carbohydrates she had ingested during meals.

II. Materials And Methods

And so the schedule of painkillers and insulins became the following:

at morning: acetaminophen (1 g) and 4 IU of fast acting insulin (depending on the carbohydrates assumed at morning breakfast or no IU of insulin),

at lunch time: diclofenac (100 mg) or indomethacin (50 mg) and 8 IU of fast-acting insulin,

at supper time: acetaminophen (1 g) and 16 or 18 IU of long-acting insulin, depending on carbohydrates assumed by diet.

As far as anticoagulants, in order to reach a INR comprised between 2 and 3, the schedule has been the following:

first day: coumadin (5 mg) at 4 p.m. and mesoglycane (50 mg),

at supper time from the second to the fourth day: coumadin (5 mg) at 4 p.m. and coumadin 2.5 mg.

.After the fourth day the INR reached the value 1.72, I repeat this value quite satisfying according to the protocol of the initiation of warfarin, one may behold in Table I:

Table I: Warfarin Initiation Dosing Protocol (Week 1) with INR Goal 2-3

Day therapy	INR value	Total day dose
Day 1		5 mg
In 2-3 days after initiation	< 1.5	5-7.5 mg/die
	1.5-1.9	2.5-5 mg/die
	2.0-2.5	2.5 mg/die
	<2.5	Need for a re-check
After 4th day	< 1.5	7.5/10 mg/die
	1.5-1.9	5-10/die
	2.0-3.0	2.5-5/die
	>3	Need for a re-check

In order to achieve the INR I had foretold.

III. Results

Finally, the INR value was 2.2 (for this complex clinical picture, the range of INR 2-3 is more than favorable). Concomitantly, some A.A. (6), assert that corticosteroids may increase the INR value after some days in patient taking coumadin and the augmentation of the value is observable after 6.7 +/- 3.3 days from the first assumption of corticosteroids.

So at 9th day the volunteer began to take again prednisone at the same prior dosages and after other 10 days the INR value was 2.8.

The therapy could remain the same for long time and aught of irreparable occurred.

IV. Discussions

Inr 2.8 avoids risks of pulmonary embolism and cerebral venous thrombosis as well, as I feared at the first occurrence of symptoms of DVT in the volunteer.

This case is very particular, but I deem the clinical trial and the results can be useful for everybody (especially women over 60 suffering from DVT and rheumatic arthritis evoked by diverse causes, besides diabetes mellitus type 1).

V. Conclusions

The remission after 12 years of assumption of TNF α inhibitor has been dramatic and those drugs should be used, especially in Italy where Camorra and Mafia of the Hospitals reign as Sovereigns.

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