

CURRICULUM VITAE

Name: Faten Ismail Mohamed

HOME ADDRESS:

New-Minia,Egypt

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OFFICE ADDRESS:

Rheumatology & Rehabilitation Department, Minia University Hospitals

Horryia Road, Cornish ElNile, Minia

Minia, Egypt, 61111

E-Mail: faten_ismail70@yahoo.com

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Current job: Prof. of Rheumatology & Rehabilitation,
Minia University, Minia, Egypt

BIRTH: May, 1967, Minia, Egypt

EDUCATION AND DEGREES

M.B.B.Ch in Medicine and Surgery (1991)

Faculty of Medicine, Minia University, Minia, Egypt:

Master in Rheumatology & Rehabilitation (1996)

Thesis: *comparison of radiological and arthroscopic finding in Osteoarthritis.*

Faculty of Medicine, Minia University, Minia, Egypt:

MD in Rheumatology & Rehabilitation (2003)

Thesis: *gastrointestinal endoscopic findings in patients with rheumatoid arthritis*

EMPLOYMENT

House Officer, Minia University Hospitals, Minia, Egypt (1992-1993).

Resident of Rheumatology & Rehabilitation, Minia University Hospitals, Egypt and Kasr Eleini University Hospitals, Egypt (1993 – 1996).

Lecturer of Rheumatology & Rehabilitation, Faculty of Medicine, Minia University, Egypt (28/5/2002).

Assistant Prof. of Rheumatology & Rehabilitation, Faculty of Medicine, Minia University, Egypt (30/3/3008).

Prof. of Rheumatology & Rehabilitation, Faculty of Medicine, Minia University, Egypt (30/4/2013- till present).

PROFESSIONAL ORGANIZATIONS

Head of Rheumatology & Rehabilitation Department, Minia University Hospitals (2013-2017).

Member of scientific Council of the Egyptian fellowship

Member of Council of the Egyptian Society of Rheumatology and Rehabilitation (EGYRAR).

Member of the Egyptian society of Rheumatic Disease (ESRD).

Member of the Egyptian Society of Osteoporosis & Geriatric medicine (ESOG)

Member of the Egyptian society of Back pain

Member of Egyptian School for MSUS

Member of Egyptian society of MSUS

Member of the Upper Egypt Rheumatology, Rehabilitation and Immunology Society (UERRIS)

General Secretary of Specialized Medicine committee council.

Member of Accreditation and Certification, Minia University, School of Medicine

Member of scientific board of conferences (ESRD, ELAR, ARC, MINIA)

Journal reviewer:

- Egyptian journal of Rheumatology and Rehabilitation
- Egyptian Rheumatologist

- Minia Journal

Author of books:

Participation in writing Rheumatology book for under graduate

TEACHING EXPERIENCE

1. Lecturing of Rheumatology & Rehabilitation, Minia University, Minia Egypt: The Class of Rheumatology & Rehabilitation for Undergraduate the 6th & 5th grade medical students (2004- present), comprising clinical rounds and lectures, exams and evaluations.
2. Co-teaching with staff at Department of Rheumatology & Rehabilitation, Minia University, Minia Egypt:
 - Post -Graduate level in Master of Rheumatology & Rehabilitation, since 2002 till present.
 - Post -Graduate level in MD of Rheumatology & Rehabilitation, since 2002 till present.
3. Grand Round, of both Department of internal medicine and Special medicine, Minia University, Minia Egypt, **Invited lecturer**
4. Organization and head of MD , Master and under graduate Exam for 4 years

RESEARCH EXPERIENCE

- 1-Main supervisor of 7MD thesis and 4 Master thesis Minia and 2 Assuit
- 2-Discussion of 12 MD thesis El Minia, Assuit, , Bani Suief and Cairo University.
- 3- Discussion of 4 master thesis and 2 Essay Minia, Ain Shams and Assuit university

HONORS/AWARDS:

1. Head of Minia Rheumatology & Rehabilitation Department Annual conferences 2015, 2016
2. General secretary of Minia Rheumatology & Rehabilitation Department Annual conferences for 2 years
3. Attend ACR conference 2016, 2017
4. Attend Emirates Society conference 2017
5. Chair-person of conferences (ESRD, EGYRAR, AROM, ELAR, ARC)
- 6.General secretary of Minia rheumatology conferences 2017-2018-2019
- 7.Attend conferences of ESRD, EGYRAR, AROM, ELAR, ARC 2014, 2015, 2016, 2017 2018

Workshops:

1. Participation in Hands-on **workshop of basic Musculoskeletal ultrasonography (knee and ankle)**, Minia, Egypt 2018.,
2. Participation in Hands-on **workshop of Extracorporeal Shock wave therapy** 2018 Alexandria university
3. Participation in Hands-on **workshop of basic Musculoskeletal ultrasonography** 26 July 2018, August 2018, EULAR certified trainer
4. Participation in Hands-on **workshop of May 2018**
5. **5th International Musculoskeletal Ultrasound Course 2018**
6. Participation in Hands-on **workshop April and May 2018**
7. EULAR certified intermediate endorsed course. Of musculoskeletal ultrasound (MSUS)

PUBLICATION Form Google Scholar:

[The role of ultrasonography in early detection and monitoring of shoulder erosions, and disease activity in rheumatoid arthritis patients; comparison with MRI examination](#) 24 2012

MF Amin, FM Ismail, RR El Shereef
Academic radiology 19 (6), 693-700



[Visfatin and adiponectin as novel markers for evaluation of metabolic disturbance in recently diagnosed rheumatoid arthritis patients](#)

15 2013

SH El-Hini, FI Mohamed, AA Hassan, F Ali, A Mahmoud, HM Ibraheem
Rheumatology international 33 (9), 2283-2289



[Primary Sjögren's syndrome and B-non-Hodgkin lymphoma: role of CD4+ T lymphocytopenia](#)

15 2013

F Ismail, A Mahmoud, H Abdelhaleem, A Mamdoh, M Geneidy, E Kamal
Rheumatology international 33 (4), 1021-1025



[Hepatitis C virus \(genotype 4\)-associated mixed cryoglobulinemia vasculitis: effects of antiviral treatment](#)

15 2012

HR El Khayat, YM Fouad, EA Ahmad, H El Amin, F Ismael, A Rizk
Hepatology international 6 (3), 606-612



[Plasma and synovial fluid osteopontin levels in patients with knee osteoarthritis: relation to radiological grade](#)

12 2012

FI Mohammed, MIA El-Azeem, AM KamalElDin
The Egyptian Rheumatologist 34 (3), 131-136



[Sexual maturation in Egyptian boys and girls with juvenile rheumatoid arthritis](#)

SE Maher, FI Ali

[10](#) 2013

Rheumatology international 33 (8), 2123-2126



[Possible role of leptin, and tumor necrosis factor-alpha in hypoandrogenicity in patients with early rheumatoid arthritis](#)

F Ismail, HA Ali, HM Ibrahim

[10](#) 2011

The Egyptian Rheumatologist 33 (4), 209-215



[Urinary angiostatin, CXCL4 and VCAM-1 as biomarkers of lupus nephritis](#)

CC Mok, S Soliman, LY Ho, FA Mohamed, FI Mohamed, C Mohan

[4](#) 2018

Arthritis research & therapy 20 (1), 6



[Implementation of musculoskeletal ultrasonography in detection of early juvenile idiopathic arthritis](#)

AF Darwish, FM Ismael, A Ell-Laban, A Hamed, MA Kader, A Osman

[3](#) 2016

European journal of radiology open 3, 264-271



[Feto-maternal outcome in patients with systemic sclerosis](#)

F Ismail, MI Abdel-Azeem, HA El-Haleem, AB Mohammed, MA Katta, ... [3](#) 2013

The Egyptian Rheumatologist 35 (2), 101-106



[Diagnostic value of anti-annexin A5 antibodies in seropositive versus seronegative antiphospholipid syndrome patients](#)

G Omar, FI Mohamed, HA Sadek

2018

The Egyptian Rheumatologist 40 (2), 111-116



[Urine angiostatin and VCAM-1 surpass conventional metrics in predicting elevated renal pathology activity indices in lupus nephritis](#)

S Soliman, FA Mohamed, FM Ismail, S Stanley, R Saxena, C Mohan

2017

International journal of rheumatic diseases 20 (11), 1714-1727



[PReS-FINAL-2123: Feto-maternal outcome in patients with systemic sclerosis](#)

SE Maher, FM Ismail

2013

Pediatric Rheumatology 11 (2), P135



[RETINOPATHY IN PATIENTS WITH SYSTEMIC SCLEROSIS: PREVALENCE, CHARACTERS, AND ASSOCIATION WITH OTHER](#)

2007

DISEASE PARAMETERS

F Ismail, HA Taha, MM Genedy, AMK El-Din



Radiological joint involvement and functional disability as outcome measures in rheumatoid arthritis: Abstract Number: P376

AM El Shafie, AM Abdel-nasser, F Ismail, A Hamdy
Aplar Journal of Rheumatology 9, A174-A175

2006



Spondyloarthropathic Features in Patients with Rheumatoid Arthritis.



Manual therapy intervention in the treatment of patients with carpal tunnel syndrome: median nerve mobilization versus medical treatment. Faten I. Mohamed, Amal A. Hassan ...

Egyptian Rheumatology & Rehabilitation



Usefulness of neuromuscular ultrasound in the diagnosis of idiopathic carpal tunnel syndrome. Faten I. Mohamed, Shereen R. Kamel, Ahmed E. Hafez. Egyptian Rheumatology ...

Egyptian Rheumatology & Rehabilitation



Implementation of musculoskeletal ultrasonography in detection of early juvenile idiopathic arthritis. Darwish AF, Ismael FM, Ell-Laban A, Hamed A, Kader MA, Osman A. Eur J ...

European Journal of Radiology Open 3 (1.32)



Spondy Loarthropathic Features in patients With Gheumatoid Arthritis



Seronegative Antiphospholipid Syndrome Existence in Clinical Practice

M Al Shimaa, GA Omar, HA Sadek, FI Mohamed, YM Alsherbiny



POSSIBLE ROLE OF LEPTIN, AND TUMOR NECROSIS FACTOR-ALPHA IN HYPOANDROGENICITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

F Ismail, HM Ibrahim



Early Detection and Outcome Prediction of Juvenile Idiopathic Arthritis

FM Ismail, AF Darwish, AM Osman, AS Ellabban, FA Mohamed, A Hamed, ...



Pregnancy outcome in patients with systemic sclerosis: Study of 10 pregnant women

MIA EL-Azeem, F Ismail, HA El-Haleem, A Fakry, MA Katta, A Mahmoud



[VALIDITY OF ULTRASONOGRAPHY VERSUS MAGNETIC RESONANCE IMAGING IN DETECTING SHOULDER EROSIONS, IN PATIENTS WITH RHEUMATOID ARTHRITIS](#)

RR Elshereif, F Ismail, MF Amin

Requested Papers:

Dean letter

السيد الأستاذ الدكتور / محمد لطيف

أمين عام المجلس الأعلى للجامعات

تحية طيبة وبعد...

يرجى التكرم بالموافقة على السماح بتقديم السيد الأستاذ الدكتور / فائق اسماعيل محمد اسماعيل الأستاذ بكلية الطب جامعة المنيا إلى قائمة اللجنة العلمية الدائمة (الطب الطبيعي والروماتيزم والتأهيل) أو إلى قائمة المحكمين للانتاج العلمي للدورة الثالثة عشر (٢٠١٩-٢٠٢١).
وأشرف بالإحاطة أنه بالاطلاع على ملف خدمة سادته تبين أنه لا يوجد لديه أي جزاءات وغير محال إلى مجلس تأديب ولم يرد بملف خدمته ما يفيد صدور أي أحكام ضده.
وتفضلوا بقبول فائق الاحترام والتقدير...

الأستاذ الدكتور

حسني سيد عبد الغني

عميد كلية الطب - جامعه المنيا





Statement of Career Progression



(بيان حاله)

الاسم : د/ فانتن إسما عجل محمد إسما عجل .

تاريخ وجهه الميلاد : ١٩٦٧/٥/١٥ - المنيا .

المؤهلات الدراسية :

- ١- بكالوريوس الطب والجراحة دورديسمبر ١٩٩١ بتقدير عام جيد جداً كلية الطب جامعة المنيا .
- ٢- ماجستير في الروماتيزم والتأهيل اعتباراً من ١٩٩٦/١/١٤ بتقدير عام جيد جداً كلية الطب - جامعة المنيا .
- ٣- دكتوراه في الباطنة الخاصة (روماتيزم وتأهيل) اعتباراً من ٢٠٠٢ كلية الطب - جامعة المنيا.

الكلية : الطب **القسم : الباطنة الخاصة (روماتيزم وتأهيل)**

التدرج الوظيفي :

- ١- مدرس اعتباراً من ٢٠٠٢/٥/٢٨ .
- ٢- أستاذ مساعد اعتباراً ٢٠٠٨/٣/٣٠
- ٣- أستاذ اعتباراً من ٢٠١٣/٤/٣٠ حتى الآن .

الحالة الاجتماعية : متزوجة

بيانات أخرى :

أعطيت هذه الشهادة بناء على طلب سيادتها وذلك لتقدمها إلى من يهمه الأمر

عميد الكلية



د/ حسني سيد عبد الغني **١٩٢٤** **١٨** **١٩١٤/١٨**

List of Scientific supervision



كلية الطب

بسم الله الرحمن الرحيم

أجيزت

بيان برسائل الدكتوراه الذي اشرف عليها السيد الدكتور / فانتن اسما عيل محمد

قسم الدراسات العليا

الاسم	التخصص	تاريخ التسجيل	تاريخ المناقشة	موضوع البحث	لجنة الاشراف
احمد حامد اسماعيل احمد	دكتوراة روماتيزم وتأهيل	٢٠١١/٠٧/١٧	٢٠١٥/٤/٢٧	" التشخيص المبكر والتنبؤ بمآل المفاصل مجهول السبب عند الاطفال" Early detection and outcome prediction of 'guvenile idiopathic arthritis	د.١ / عبده سعد طه اللبان د.١ / اشرف محمد عثمان د.١ / فانتن اسماعيل محمد د.٢ / ايمن فاروق درويش
سمر احمد محمود محمد	دكتوراة روماتيزم وتأهيل	٢٠١٣/٠٦/٢٣	٢٠١٧/٩/٢٥	" العلاقة بين الدلائل البيولوجية البولية والخصائص السيجية المرضية للتهاب الكلى الناتج عن الذئبة الحمراء " The Relationship between Urinary Biomarkers and Histopathologic Features of Lupus Nephritis	د.١ / فانتن اسماعيل محمد د.٢ / فاطمة علي محمد د.١ / شاندرنا موهان
الشيماء مدوح عبد النعم علي	دكتوراة روماتيزم وتأهيل	٢٠١٣/٠١/٠٦	٢٠١٧/٦/٥	" الحساسية التشخيصية لمضادات انكسين ٥ ه في مرضى متلازمة مضاد الدهون الفوسفورية ايجابي وسلبي المصل" Diagnostic sensitivity of anti - annexin A5 antibodies in both seropositive and seronegative antiphospholipid syndrome	د.١ / فانتن اسماعيل محمد د.٢ / جيهان محمد احمد عمر د.٢ / هناء احمد صادق د.٢ / ياسر مكرم الشريتي
احمد السيد حافظ رشاد	دكتوراة روماتيزم وتأهيل	٢٠١٤/٠٤/٢٩	٢٠١٦/١١/٢١	" الدور التشخيصي للموجات فوق الصوتية في متلازمة الاعتلال الاحتشائي للعصين الاوسط والزندى" Diagnostic role of the neuromuscular ultrasonography in entrapment neuropathies of median and ulnar nerves	د.١ / فانتن اسماعيل محمد د.٢ / شيرين رفعت كامل د.٢ / منى حمدي محمود د.٢ / فاطمة علي محمد

وكيل الكلية للدراسات العليا والبحوث



مدير الدراسات العليا

١٩/٤/١٨

الموظف المختص



كلية الطب

بسم الله الرحمن الرحيم

أجيزت

بيان برسائل الدكتوراه الذي اشرف عليها السيد الدكتور / فانتن اسما عيل محمد

قسم الدراسات العليا

الاسم	التخصص	تاريخ التسجيل	تاريخ المناقشة	موضوع البحث	لجنة الاشراف
رانيا مصطفى محمد عبد الله	دكتوراة روماتيزم وتأهيل	٢٠١٤/٠٣/١٩	٢٠١٨/٨/٢٠١٧	" التغيرات العظمية تحت الغضاريف المبطنة للمفاصل في المراحل المبكرة والتأخرة من الروماتويد المفصلي وحشونة المفاصل : دراسة مقارنة" Articular subchondral bone changes in early versus late rheumatoid arthritis and osteoarthritis A comparative study	د.١ / فانتن اسماعيل محمد د.٢ / امل علي حسن د.٢ / رشا علي عبد المجيد د.٢ / ايهاب علي عبد الجواد
ولاء فوزي محمد ابراهيم	دكتوراة روماتيزم وتأهيل	٢٠١٥/٠٦/٢٣	٢٠١٨/١١/١٨	" دراسة العلاقة بين اشعة الرنين المغناطيسي ومستوى الاوستيوبونتين في بلازما الدم والسائل السينوفي في تحديد مستوى شدة الحشونة في الركبة" Plasma and synovial osteopontine level ; relation to joint damage in mri	د.١ / فانتن اسماعيل محمد د.٢ / جيهان محمد احمد د.٢ / رشا علي عبد المجيد د.٢ / مصطفى عبد القادر عبد الوهاب
شيماء صلاح احمد عطية	دكتوراة روماتيزم وتأهيل	٢٠١٣/٠٦/١٨	٢٠١٦/٦/٢٠	" نسبة اعتلال الفقار المحوري او الطرفي في مرضى الروماتويد المفصلي" Frequency of axial and or peripheral Apondyloarthropathles in patients with rheumatoid arthritis	د.١ / فانتن اسماعيل محمد د.٢ / امل علي حسن د.٢ / شيرين رفعت كامل د.٢ / نصر محمد محمد عثمان

وكيل الكلية للدراسات العليا والبحوث



مدير الدراسات العليا

١٩/٤/١٨

الموظف المختص



كلية الطب

قسم الدراسات العليا

بسم الله الرحمن الرحيم

بيان برسائل الدكتوراه الذي اشرف عليها السيد الدكتور/ فاتن اسماعيل محمد

الاسم	التخصص	تاريخ التسجيل	تاريخ المناقشة	موضوع البحث	لجنة الاشراف
احمد حسنى عبد الكريم بونس	دكتوراة روماتيزم وتأهيل	٢٠١٥/٠٤/٢١		" فيتامين د وكثافة العظام في مرضى الالتهاب الفقارى النسيى" Vitamin D and bone mineral density in *Ankylosing Spondylitis patients	د.١ فاتن اسماعيل محمد د.٢ ايمن فاروق درويش د.٣ منى حمدي محمود

وكيل الكلية للدراسات العليا والبحوث



مدير الدراسات العليا

الموظف المختص



كلية الطب

قسم الدراسات العليا

بسم الله الرحمن الرحيم

اجيزت

بيان برسائل الماجستير الذى اشرف عليه السيد الدكتور/ فاتن اسماعيل محمد

الاسم	التخصص	تاريخ التسجيل	تاريخ المناقشة	موضوع البحث	لجنة الاشراف
امال محمد كمال الشافعي	ماجستير روماتيزم وتأهيل	٢٠٠٣/٠٧/٢٠	٢٠٠٥/٠٢/١٣	" تاثر المفصلات الرثيولوجي والعجز الوظيفي كمقاييس تحصيلية في الروماتويد المفصلي" Radiological Joint involvement and Functional Disabikity as Outcome Measures in Rheumatoid *Arthritis	د.١ احمد حمدي احمد د.٢ احمد محمد عبد الناصر د.٣ فاتن اسماعيل محمد
ريم ناصر وجيه جورجى	ماجستير روماتيزم وتأهيل	٢٠١٤/٠٢/٢٦	٢٠١٥/٠٥/٠٤	" تأثير التدخل بالعلاج اليدوى في مرضى متلازمة النفق الرسغى" Impact of manual therapy intervention patients With idiopathic Carpal tunnel Syndrome	د.١ فاتن اسماعيل محمد د.٢ امل على حسن د.٣ رشا على عبد المجيد
مها عبد الحميد على عبد العزيز	ماجستير روماتيزم وتأهيل	٢٠١٧/٠٨/٢١	٢٠١٨/١١/١٢	"الريسستين كدلالة لالتهاب في مرضى الذئبة الحمراء" Resistin as an Inflammatory Marker in Systemic Lupus Erythematosus	د.١ فاتن اسماعيل محمد د.٢ شيما صلاح احمد
انجي فاروق غريبال عوض	ماجستير اطفال	٢٠١٥/٠٣/٢٣	٢٠١٥/١٢/٢٨	" مستوى الدهون في بعض الامراض الروماتيزمية عند الاطفال" Lipid profile in some rheumatologic diseases in children	د.١ صلاح محمود صالح د.٢ شيرين عصام ماهر د.٣ فاتن اسماعيل محمد

وكيل الكلية للدراسات العليا والبحوث



مدير الدراسات العليا

الموظف المختص

بسم الله الرحمن الرحيم
اجريت

بيان برسائل الماجستير الذى اشرف عليه السيد الدكتور/ فaten اسماعيل محمد


 كلية الطب
 قسم الدراسات العليا

لجنة الاشراف	موضوع البحث	تاريخ المناقشة	تاريخ التسجيل	التخصص	الاسم
د. فaten اسماعيل محمد د. هناء احمد صادق د. رشا على عبد المجيد	" تقييم الموجات فوق صوتية لمفاصل اليد والرسغ والقدم فى مرض الذئبة الحمراء وعلاقته بنشاط المرض" Ultrasound evaluation of hand,wrist and foot joints in systemic luqus erythematosus and its correlation to disease Activity	٢٠١٦/٠٢/٢٣	٢٠١٤/١٠/١٥	ماجستير روماتيزم وتأهيل	هدى طلعت محمود احمد

وكيل الكلية للدراسات العليا والبحوث



مدير الدراسات العليا


الموظف المختص
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Certificates of acceptance of research conferences :

Urine Angiostatin and VCAM-1 Surpass Conventional Metrics in Predicting Elevated Renal Pathology Activity Indices in Lupus Nephritis

Samar Soliman , Fatma Mohamed , Faten Ismail , Ramesh Saxena and Chandra Mohan , Rheumatology and rehabilitation, University of Minya, Minya, Egypt, Biomedical Engineering, University of Houston, Houston, TX, Rheumatology and Rehabilitation, University of Minya, Minya, Egypt, Internal Medicine/Division of Nephrology, University of Texas Southwestern Medical Center, Dallas, TX

Meeting: 2017 ACR/ARHP Annual Meeting

Date of first publication: September 18, 2017

Keywords: Adhesion molecules, Biomarkers, biopsies and lupus nephritis, Kidney

SESSION INFORMATION

Date: Monday, November 6, 2017

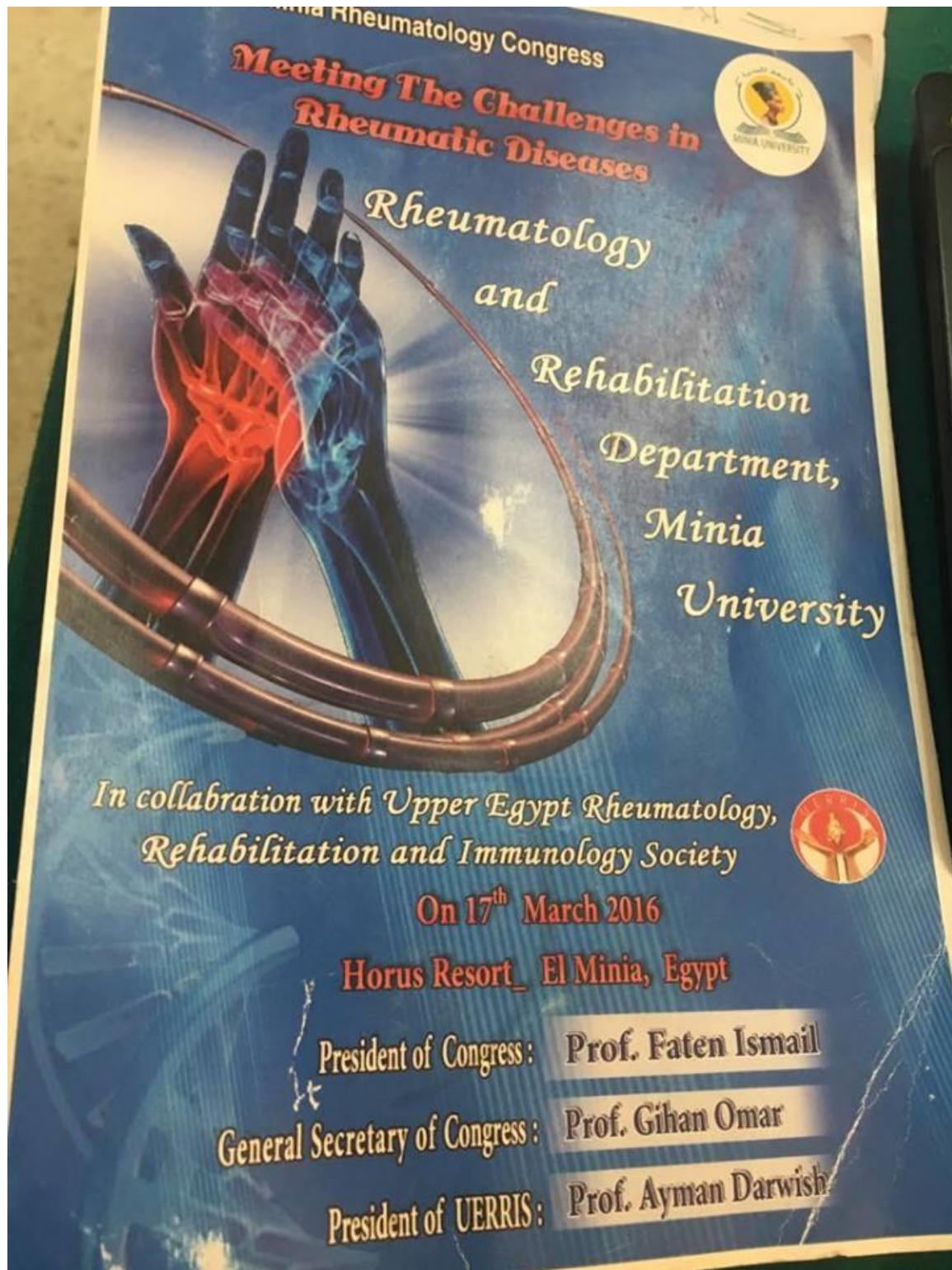
Session Title: Systemic Lupus Erythematosus – Clinical Aspects and Treatment III: Biomarkers

Session Type: ACR Concurrent Abstract

Session

Session Time: 4:30PM-6:00PM

Minia conference



The poster features a central illustration of two hands, one in red and one in blue, with a glowing, translucent skeletal structure overlaid. The background is a dark blue with a subtle pattern of light rays. The text is arranged in a structured layout, starting with the event title at the top, followed by the organizing department and university. Below that, it mentions a collaboration with a local society, the date and location of the congress, and a list of key personnel.

Minia Rheumatology Congress
**Meeting The Challenges in
Rheumatic Diseases**

**Rheumatology
and
Rehabilitation
Department,
Minia
University**

*In collabration with Upper Egypt Rheumatology,
Rehabilitation and Immunology Society*

On 17th March 2016
Horus Resort_ El Minia, Egypt

President of Congress: **Prof. Faten Ismail**
General Secretary of Congress: **Prof. Gihan Omar**
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Egyptian Rheumatologist

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2011-10 | journal-article

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Hepatology International

2011-08 | journal-article

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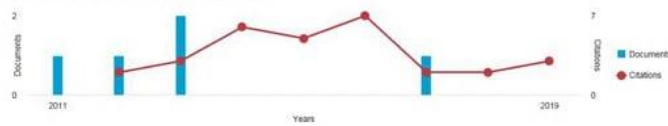
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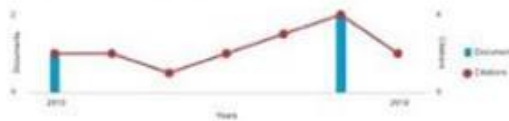
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Mohamed et al.,

Research article

Spondyloarthropathic Features in Patients with Rheumatoid Arthritis

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Abstract

Background: The main clinical symptom of Rheumatoid arthritis is symmetric small-joint polyarthritis, while the spinal column is usually not involved except for atlantoaxial subluxation, a severe and rarely seen complication of advanced RA. **Methods:** 100 patients with Rheumatoid arthritis of either sex or age ranged between 18-72 years old and 20 healthy age and sex matched individuals were enrolled in this study. Full history, clinical examination, laboratory investigations and imaging techniques were performed for all patients. **Results:** 52 patients (52%) had inflammatory back pain according to calin criteria, 63 patients had gluteal pain, 90 patients had clinical enthesitis, 72 patients had ultrasonographic enthesitis according to MASEI score (≥ 18), 1 patient (1%) had family history of psoriasis, 21 patients (21%) had positive test of HLA-B27, 56 patients (56%) fulfilled ESSG criteria, 26 patients (26%) fulfilled Amor's criteria, 27 patients (27%) fulfilled axial ASAS criteria, and 20 (20%) patients fulfilled modified New York criteria of AS. **Conclusion:** This study suggests that the frequency of SpA features in patients with RA may be much higher than expected.

Keywords: Rheumatoid arthritis - Ankylosing spondylitis - Spondyloarthritis - Inflammatory back pain - Enthesitis - MASEI score - HLA-B27

Introduction:

Rheumatoid arthritis (RA) is a chronic autoimmune disease that is characterized by inflammation and destruction of joints. The disease has a major effect on health status and quality of life and imposes a substantial economic burden on patients and society⁽¹⁾. In contrast Ankylosing Spondylitis (AS) and related spondyloarthritis (SpA) are characterized by axial disease involving the sacroiliac joints (SIJ) and spine, causing inflammatory back pain (IBP)⁽²⁾. Sacroiliitis is an atypical joint involvement of RA, bilateral sacroiliitis cases accompanying late RA have been reported in the literature, although rarely⁽³⁾. An increased prevalence of low back pain was also associated with HLA-B27 in the patients with RA.⁽⁴⁾ Thought the presence of HLA-B27 could modify the phenotypes of patients with RA towards resembling SpA. There have been some reports in this direction⁽⁵⁾. One of these studies reported an increased prevalence of clinical enthesitis in patients with early arthritis fulfilling RA criteria⁽⁶⁾.

Aim of the work

The aim of the work was to detect the frequency of axial and or peripheral spondyloarthropathic features in patients with rheumatoid arthritis.

Patients and methods

One hundred patients (83 female, 17 male) who fulfilled the 1987 ACR classification criteria for Rheumatoid arthritis⁽⁷⁾ from Rheumatology outpatient clinic, Minia University Hospital in the period from July 2014 to August 2015 were included in the study. The mean of age was 41.37 ± 11.93 years (range 18-72 years) and the mean of disease duration was 5.99 ± 5.31 years (range 0.25-20 years). Twenty healthy age and sex matched individuals were served as a control group. Excluded from the study, patients diagnosed as overlap disease and other causes of sacroiliitis like pyogenic sacroiliitis, Familial Mediterranean fever



Research Article

Seronegative Antiphospholipid Syndrome Existence in Clinical Practice

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Faten I. Mohamed* and Yassir M. Alsherbiny **

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Abstract

Background: In daily clinical practice, there appears to be a subset of patients with classical APS manifestations who test negative for the recommended criteria APA tests as a result of a lack of harmonization and/or standardization. Alternatively, they may have APA that target other antigens involved in the pathogenesis of APS. Therefore, the term 'seronegative APS' (SN-APS) has been coined to include these patients. **Objectives:** To assess the clinical manifestations of a group of SN-APS patients comparing that with a group of seropositive APS (SP-APS). **Method:** 60 patients were divided into two groups, 30 Patients with seropositive APS (SP-APS) whether primary or secondary fulfilling the Sydney classification criteria for APS (group I) and 30 Patients with SN-APS matched for sex and age which tested negative for LA, aCL and anti-β2-GPI twice at least 12 weeks apart. Each patient underwent a complete history taking and physical examination and laboratory investigations. **Results:** No significant differences in the frequency of obstetric and thrombotic morbidity between SN-APS versus SP-APS. **Conclusion:** our results should help clinicians bear in mind that the possibility of SN-APS can exist in patients with strong evocative clinical evidence of the disease and that appropriate treatment may prevent thrombosis from recurring and improve fetal and maternal outcome.

Keywords: Antiphospholipid Syndrome- Antiphospholipid antibodies (APA) Seropositive APS (SP-APS) -Seronegative APS (SN-APS).

Introduction

In daily clinical practice, we can find patients with clinical manifestations suggestive of antiphospholipid syndrome (APS) who are persistently negative for the routinely used assays to detect anticardiolipin antibodies (aCL), lupus anticoagulant (LA) and anti-β2-glycoprotein-1 (anti-β2-GPI) antibodies. Therefore, the term 'seronegative APS' (SN-APS) has been coined to include these patients⁽¹⁾.

Roubey, 2000, reported that the most important explanation is laboratory evidence of autoantibodies thought to be associated with APS, but not detected in conventional APA assays. These include autoantibodies to certain phospholipid-binding plasma proteins, as well as antibodies detected in immunoassays using phospholipids other than cardiolipin⁽²⁾.

Hughes and Khamashta high lightened the history of "seronegative RA" and "seronegative lupus" and suggests a positive approach towards "seronegative APS"⁽³⁾.

Subsequent comparative studies tried to specify characteristics of patients with seronegative APS⁽⁴⁾⁽⁵⁾.

Ricard Cervera and his colleagues in 2012 presented the arguments for and against the diagnosis of SN-APS aiming to help the clinician when approaching a patient with clinical manifestations consistent with APS diagnosis but with negative APA using the commonly available tests⁽⁶⁾.

Nayfe et al., 2013 presented a literature review on the most promising antibodies of this heterogeneous APA family, which includes antibodies to a zwitterionic



Research Article

Urine Angiostatin, CXCL4 and VCAM1 as predictors of renal versus non-renal activity in Lupus

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Department of Rheumatology and Rehabilitation, Faculty of Medicine, El-Minya University,

Abstract

Objective: To study urinary angiostatin, CXCL4 and VCAM-1 as biomarkers of renal disease in systemic lupus erythematosus (SLE). **Methods:** Patients who fulfilled ≥ 4 ACR criteria for SLE with active renal, active non-renal or inactive disease and a group of healthy controls were studied. Urine samples were assayed for angiostatin, CXCL4 and VCAM-1 by ELISA, and normalized by creatinine. Receiver operating characteristic (ROC) analysis was performed to obtain the best cut-off values to calculate the performance of these markers in differentiating among the different groups of patients as compared to anti-dsDNA and complement C3. Correlation between these urinary biomarkers with various renal parameters was also performed. **Results:** 175 SLE patients (56 inactive SLE; 65 active non-renal disease; 54 active renal disease; (94.3% women, mean age 34.7 ± 12.9 years) and 53 controls (96% women) were studied. Urinary angiostatin, CXCL4 and VCAM-1 levels (normalized for creatinine) were significantly higher in patients with active renal than active non-renal disease, inactive SLE or controls. These markers correlated significantly with the total SLE disease activity index (SLEDAI) and renal SLEDAI scores, as well as the urinary protein-to-creatinine ratio. Angiostatin had the highest specificity and sensitivity in differentiating active renal from active non-renal SLE (area under the curve [AUC] 0.87). CXCL4 (AUC 0.64) and VCAM-1 (AUC 0.73), on the other hand, performed similarly to anti-dsDNA or C3. **Conclusions:** Urinary angiostatin, CXCL4 and VCAM-1 are potential useful biomarkers for SLE, in particular lupus nephritis. Further longitudinal studies are necessary to delineate the performance of these markers in predicting renal flares and prognosis in SLE patients.

Key words: biomarker, lupus, nephritis, adhesion molecule, anti-angiogenic, chemokine

Introduction

SLE is a complex systemic autoimmune disease with heterogeneous manifestations, with Lupus nephritis (LN) remaining a major cause of morbidity and mortality among patients. Overt renal disease is found in 15-30% of patients with lupus at the time of initial diagnosis and 30-50 % during disease progression, with reports of 5-year renal survival rate reaching 46-95%⁽¹⁻⁵⁾. Present assessment of LN includes serologic measurement of anti-ds DNA and complement levels. These although being clinically valuable methods, they are neither specific to renal involvement nor predictive of the classification and severity of renal pathology with biopsy⁽⁴⁾.

Till now renal biopsy remains the gold standard for diagnosis and assessing prognosis of LN, however, its invasiveness

and hazardous complications warrant the discovery of novel noninvasive diagnostic and prognostic biomarkers⁽⁵⁾. Over the past decade, there has been huge interest in defining reliable lupus nephritis biomarker for assessing disease activity and progression; however, no candidate biomarker has yet been validated⁽⁶⁾. Urinary biomarkers are considered attractive candidates for reflecting the activity of LN as they may be the most immediate and excellent indicators of change in the renal status. Among the potential biomarkers, Angiostatin and VCAM-1 have emerged and proven effective in tracking disease activity in LN.

Proteomics study is now considered as an efficient screening approach for identifying valuable protein biomarkers which are worth tracing. A preliminary proteomic



*Research Article***Early Detection and Outcome Prediction of Juvenile Idiopathic Arthritis**

Faten M. Ismail*, **Ayman F. Darwish***, **Ashraf M. Osman****,
Abdou S. Ellabban*, **Fatma A. Mohamed***, **Ahmed Hamed***
 and **Moustafa Abdel Kader*****.

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Abstract

Introduction: Juvenile Idiopathic Arthritis (JIA) is a heterogenous group of arthritides affecting children under the age of 16 years. It is important to find ways to diagnose patients early in order to use active treatment modalities before damage has occurred. Also identifying predictors of poor outcome in JIA children may help to target therapies to those most likely to have poor outcomes. **Objective,** to determine whether early clinical, laboratory and musculoskeletal ultrasound (MSUS) characteristics can be used as early detectors and outcome predictors of JIA. **Methods,** this study comprised 40 patients with JIA diagnosed according to the ILAR criteria, and 20 healthy control individuals. All patients were subjected to the following assessments at base line and at follow up after 6 months; clinical, laboratory and radiological evaluation, MSUS examination, assessment of disease activity and outcome measures. **Results,** musculoskeletal ultrasonography is highly sensitive for early detection of joint involvement in JIA and screening with US can identify subclinical disease. Number of joints with US synovitis was significantly correlated with different clinical features, disease activity and outcome measures. Children with JIA have reduced cartilage thickness, compared with healthy children. **Conclusion,** many clinical, laboratory and musculoskeletal ultrasonographic findings can be used as early detectors and outcome predictors of JIA patients.

Key words: Juvenile idiopathic arthritis, early detection, outcome prediction.

Introduction

Juvenile idiopathic arthritis is a chronic inflammatory disease that affects 1 of every 1,000 children worldwide⁽¹⁾. Joint inflammation has a central role in the development of cartilage damage and bony erosion in JIA⁽²⁾. The presence of subclinical disease in some joints may alter patient classification or affect the identification of patients requiring more aggressive treatment⁽³⁾. Musculoskeletal Ultrasonography (MSUS) is increasingly used by clinicians for the evaluation of joint disease. It has been shown to be sensitive in the detection of synovitis and bone erosion in both small and large joints^(4,5). Outcomes of children with chronic arthritis have progressively

improved over the past 40 years^(6,7). Identifying predictors of poor outcome in JIA children may help to target therapies to those most likely to have poor outcomes and avoid over treatment in those most likely to have good outcome⁽⁸⁾.

Patients and methods

Forty patients with JIA and twenty subjects as a control group were included in this study; the patients were (25) females and (15) males. All patients were diagnosed according to the ILAR criteria⁽⁹⁾. *All patients were subjected to:* Initial assessment at base line and follow up assessment after 6 months, where the



Research Article

Role of Musculoskeletal Ultrasound in the Diagnosis of Entrapment Neuropathies of Median and Ulnar Nerves

Faten I. Mohamad, Shereen R. Kamel, Mona H. Mahmoud,
 Fatma A. Mohamed and Ahmed E. Hafez,
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Abstract

Objective: the aim of the study was to evaluate the role of musculoskeletal ultrasound in the assessment of entrapment neuropathies of median nerve at the wrist and ulnar nerve at the elbow; and to determine the relationships of ultrasound findings with the clinical severity of carpal tunnel syndrome (CTS) and cubital tunnel syndrome (CuTS) and the electrophysiological grading scale. **Methods:** one hundred hands with CTS, twenty elbows with CuTS and one hundred twenty asymptomatic controls were assessed by nerve conduction studies and underwent ultrasonography of wrists and elbows. Data from patients and controls were compared to determine the diagnostic relations in patients with CTS and CuTS and the grade of severity. **Results:** There was a high degree of correlation between NCS of the median and ulnar nerves, clinical parameters and variable ultrasound measurements. A cut-off point of 8.5 mm² for the cross-sectional area (CSA) of the median nerve at the tunnel inlet was found to be 94% sensitive and 66% specific. Palmer bowing (PB) of the flexor retinaculum was found to have 91% sensitivity and 95% specificity at cut-off point 2.55mm, while flattening ratio (FR) at 3.71 cut-off point was less sensitive and highly specific (21% and 99% respectively). The CSA of the ulnar nerve was the most sensitive parameter and a cut-off point of 9.5 mm² behind medial epicondyle was found to be 100% sensitive and 80% specific. The ulnar nerve ratios (UNR) had a diagnostic accuracy of 95% with 85% specificity. **Conclusion:** Ultrasonographic measurements of median and ulnar nerves CSAs, FR, PB and UNR have a comparable diagnostic value as a non-invasive and an alternative modality for the evaluation of CTS and CuTS.

Keywords: Ultrasonography, nerve conduction, entrapment neuropathies.

Introduction

Carpal Tunnel Syndrome (CTS) is the commonest neuropathy of the upper extremities and accounts for 90% of all entrapment neuropathies⁽¹⁾. The Cubital tunnel syndrome (CuTS) is the second most common compressive neuropathy of the upper limb following carpal tunnel syndrome⁽²⁾ and is the most common site for entrapment for the ulnar nerve⁽³⁾. Neuromuscular ultrasound (NMUS) has been introduced into electrodiagnostic laboratories as a complement to nerve conduction studies and electromyography for the diagnosis of a variety of nerve and muscle conditions⁽⁴⁾.

Characteristic symptoms and signs, and electrophysiological studies are the cornerstones in the diagnosis of CTS^(5,6).

False negative cases can be seen in about 10-20% of patients⁽⁷⁾.

The electrophysiological studies usually show the level of the lesion, but do not provide anatomical information about the nerve or its surroundings^(8,9). In the last few years, NMUS; being inexpensive and non-invasive imaging modality; has been shown to be useful diagnostic tools in CTS, providing information on the median nerve and surrounding structures^(10,11).

The aim of the current study was to evaluate the role of neuromuscular ultrasound in the assessment of idiopathic entrapment neuropathies of median nerve at the wrist and ulnar nerve at the elbow; and to determine the relationships of ultrasound findings with the clinical severity of CTS and cubital tunnel syndrome (as assessed by



Research Article

Subchondral bone changes in early versus late rheumatoid arthritis

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Ehab A. Abdelgawad** and Rania M. Mohammed*

* Department of Rheumatology and Rehabilitation

** Department of Radiology, Faculty of Medicine, El-Minia University, Egypt.

Abstract

Background: Bone marrow edema seen in MRI marks an important element of pathogenesis of RA, usually co-existing with synovitis, albeit it may be an isolated finding in some patients. **Aim of the work:** To detect articular subchondral bone changes by MRI in early versus late rheumatoid arthritis **Methods:** 30 patients diagnosed as RA with age ranged between 24-60 years, the patients further subdivided into early and late RA according to disease duration, all patients subjected to through history taking and full examination, plain X ray of hand and wrist, MRI on wrist join. **Results:** BME and BME score were higher in early than late RA. **Conclusion:** Bone remodeling manifested by BME was higher in early than late RA.

Keywords: Rheumatoid arthritis – BME- MRI.

Introduction

Rheumatoid arthritis (RA) is a chronic autoimmune disease that is characterized by inflammation and destruction of joints. The disease has a major effect on health status and quality of life and imposes a substantial economic burden on patients and society⁽¹⁾. Data obtained during the last decade, indicate that bone marrow is an important compartment in RA, where pathological processes from "outside the joint" can occur⁽²⁾. These studies revealed the presence of cellular infiltrates that replace yellow adipose tissue in bone marrow of RA patients, described on magnetic resonance scans as bone marrow edema (BME). The high frequency (68–75%) of BME appearance in early RA and its association with painful and aggressive disease course, indicate significance of this phenomenon for the pathogenesis of RA⁽³⁾.

Aim of the work

To detect articular subchondral bone changes by MRI in early versus late rheumatoid arthritis.

Patients and methods

30 patients (26 female, 4 males) who fulfilled the 1987 ACR classification criteria for Rheumatoid arthritis⁽⁴⁾ from Rheumatology outpatient clinic, Minia University Hospital in the period from April 2014 to February 2016 were included in the study. The mean of age was 41.26 ± 9.12 years (range 24-60 years) and the mean of disease duration was 5.166 ± 5.29 years (range 0.25-24 years), further subdivided into established diagnostic entities other than RA, Rheumatoid arthritis with comorbid endocrine, metabolic or major organ impairment. The nature of the study was explained to all patients. The radiological procedures represent standard care and pose no ethical conflicts. A verbal consent was obtained from all patients.

All patients were subjected to detailed medical history and complete physical examination, assessment of disease activity using DAS-28, disease severity using HAQ and functional outcome using Steinbrocker functional index, X ray hand and wrist PA



Research Article

Subchondral Bone Changes in Early Versus Late Osteoarthritis

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Abstract

Background: Osteoarthritis (OA) is the most common joint disorder, characterized by focal loss of cartilage and increased subchondral bone remodeling at early OA stages of the disease. **Aim of the work:** To detect subchondral bone changes by MRI and level of in early versus late osteoarthritis. **Methods:** 30 patients diagnosed as OA with age ranged between 27-75 years, the patients further subdivided into early and late OA according to Kellgren and Laurence grading, all patients subjected to through history taking and full examination, plain x ray knees PA view, MRI on the most severely affected knee joint. **Results:** there was significant difference between subgroups regarding BME, BME score, attrition and osteophytes ($P = 0.045$, $p < 0.0001$, $p = 0.005$ and $p = 0.01$ respectively). **Conclusion:** BME presence and BME score were more common in early than late OA but present in both while attrition, subchondral cyst and osteophytes were more common in late OA.

Keywords: Osteoarthritis – BME- MRI.

Introduction

Osteoarthritis (OA) is the most common joint disorder, characterized by focal loss of cartilage and increased subchondral bone remodeling at early OA stages of the disease⁽¹⁾. There are many trials demonstrated that the presence of bone marrow lesions (BMLs) are closely related for structural deterioration in knee OA. Roemer et al., attributed subchondral bone attrition to BMLs⁽²⁾. BMLs adjacent to the subchondral plate have been shown to have increased bone volume fraction and increased trabecular thickness, but reduced tissue mineral density, consistent with OA being associated with increased bone turnover. Both subchondral bone abnormalities are associated with cartilage loss as well⁽³⁾. Crema et al., also indicated that subchondral cysts arise at the same site as BMLs⁽⁴⁾. Clinical studies have reported BMLs in both patients with early asymptomatic OA and in those with severe late-stage OA^(2, 5).

Aim of the work

To detect subchondral bone changes by MRI and level of in early versus late osteoarthritis.

Patients and methods

30 patients (23 female, 7 males) who fulfilling Arthritis Rheum 1986 OA classification criteria, with permission from ACR, from Rheumatology outpatient clinic, Minia University Hospital in the period from April 2014 to February 2016 were included in the study. The mean of age was 50.00 ± 12.94 (range 27-75 years) and the mean of disease duration was 3.74 ± 3.32 years (range 0.25-12 years). OA patients were classified into 2 groups: I: early OA, II: late RA according to Kellgren and laurence scale. Excluded from the study other established diagnostic entities other than OA, osteoarthritis with co-morbid endocrine, metabolic or major organ impairment. The nature of the study was explained to all patients. Radiological procedures represent standard care and pose no ethical conflicts. A verbal consent was obtained from all patients.

All patients were subjected to detailed medical history and complete physical examination. X ray knees PA view were ordered in all the patients, MRI of knees was performed for patients using SiGNA

