DISTRIBUTION OF RHEUMATIC DISEASES

Vietnam is a tropical country with a humid monsoon climate. It is a developing country with a population of more than 70 million people. Rheumatic diseases are very common. However, there have been no formal epidemiological studies. The prevalence of rheumatic diseases was estimated at 47.6% of the population aged 60 yr or older.

At Bachmai Hospital, the largest national polyclinic hospital in Northern Vietnam, rheumatic patients accounted for 4.5% of all patients admitted to hospital in the period from 1979 to 1988. Among them, ankylosing spondylitis (AS), rheumatoid arthritis (RA), connective tissue diseases and osteoarthritis were the most common rheumatic diseases.

Data from some epidemiological studies in some areas estimated the prevalence of RA to be 4–6/1000 for both sexes (8–9/1000 in women and 2.8/1000 in men).

The prevalence of AS estimated in the population of Northern Vietnam was 1–1.5/1000 overall, 2.2/1000 among men and 0.67/1000 among women. We had also carried out the studies to access the relationship between HLA-B27 antigen and the development of AS as well as the role of Chlamydia trachomatis in the pathogenesis of AS. The number of AS patients who were B27 positive accounted for 87% of all patients with AS, whereas the prevalence of B27-positive subjects in the population was 4%.

Rheumatic fever is still common, especially in rural areas, suggesting a possible influence of living conditions. According to a study in 1974, the prevalence of acute rheumatic fever was 4–5/1000 in children aged 15 yr or younger in Northern and Central regions. Nowadays, with improved living conditions and a national anti-rheumatic programme, the incidence of the disease has decreased; however, the number of patients with acute rheumatic fever and rheumatic heart diseases is still considerable.

The situation of infectious arthritis remains a characteristic feature of a country with a tropical climate and a developing economy. Within 6 yr (1988–1993), there were 155 cases of osteoarticular tuberculosis treated at Bachmai Hospital. The number of patients with infectious osteoarticular diseases accounted for 16.8% of rheumatic patients.

Systemic lupus erythematosus (SLE) is the most common of the connective tissue diseases. A retrospective study showed that the principal clinical and laboratory features of SLE in Vietnam were persistent fever (82%), hair loss (78%), malar rash (54%), photosensitivity (52%), arthral complaints (85%), renal manifestations (60%) and anaemia (65%).

Non-inflammatory disorders are quite frequent. According to an epidemiological study performed in a rural district 90 km south of Hanoi, osteoarthritis was seen in 8.8% of the population and low back pain was seen in 9.3% of that population.

Osteoporosis has become a problem being cared for in recent years. The proportion of osteoporotic patients admitted to hospital is low (0.48% of rheumatic patients), but the prevalence of osteoporosis is estimated at 18–19% in postmenopausal women and the incidence of extra-vertebral fractures was 4–5% among these subjects.

DEVELOPMENT OF RHEUMATOLOGY IN VIETNAM

Rheumatology is a young specialty of medicine in Vietnam. Rheumatology has been practised at Hanoi Medical College for a long time; however, its development officially began 20 yr ago when a rheumatology ward was founded at Bachmai Hospital. Since then, rheumatology has become an official subspeciality of internal medicine. Rheumatology has been taught to undergraduates and postgraduates at all medical schools in the country. At most of the central hospitals, there is now a department of rheumatology. Few core rheumatology centres have grown up in Hanoi and Ho Chi Minh City, where research develops and rheumatology training takes place. Training courses on rheumatology at different levels provide essential knowledge for rheumatologists and practitioners to care for rheumatic patients at medical units as well as in the community.

A Rheumatology Symposium, held in Hue City, led to the establishment of the Vietnam Rheumatology Association (VRA) in 1992, and marked an important step in the development of rheumatology in Vietnam. VRA became an official member of APLAR and ILAR in 1994.

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The society now has ~150 members throughout the country. They are rheumatologists, internists and specialists in orthopaedics. Professor Tran Ngoc An was elected as the president of VRA from 1992. He was a co-opted member of APLAR and a member of the British Society for Rheumatology.

The society has organized biennial national congresses; the first was in 1992, the second in 1994 and the next congress was held in March of 1996. A postgraduate course in rheumatology was also held in conjunction with the Second National Congress on January 31 and February 1, 1994. At this congress, the speakers came from many countries in the APLAR area. In addition, the Society organizes regular scientific symposia including international symposia.

Now we are concentrating on studying the epidemiology, aetiology, pathophysiology and treatment of some common rheumatic diseases such as RA, arthrospondylopathies, osteoporosis, low back pain, etc. We are also trying to improve the quality of diagnosis and treatment of rheumatic diseases. Biological and immunological tests are essential, but we do not yet have well-equipped laboratories. Imaging is mainly based on conventional radiography. Now CT scanner machines are available in Vietnam; however, its application is not yet popular because of the cost. Arthroscopy has not been introduced.

A centre for research and training on bone diseases was established at Hanoi Medical College in March 1995. The centre is carrying out studies on postmenopausal osteoporosis, glucocorticoid-induced osteoporosis and some other bone problems. We have some difficulties because we lack some bone densitometry machines.

Cytological diagnosis by fine needle aspiration seems to be effective, simple, not expensive and very suitable for our conditions.

Anti-rheumatic drugs have been available in Vietnam in recent years, especially NSAIDs. Methotrexate has become a principal therapy for selected patients with RA. Chloroquine and sulphasalazine are used commonly in the treatment of RA and AS. Cyclosporin has begun to be used for a limited number of patients with RA or SLE. We have no experience in using other DMARDs and immunosuppressive agents, such as gold salts, D-penicillamine, cyclophosphamide, azathioprine.

One special feature in the management of rheumatic diseases in Vietnam is the combination of modern and traditional medicine. Some traditional remedies and acupuncture can provide an effective relief of symptoms. However, we find that further studies on their role should be performed.

Our population is overcrowded. We have all kinds of serious rheumatic diseases. Our country is in the beginning of changing to a market economy. We lack many needed resources to serve our patients. We must try our best and call for the substantial help and kind cooperation from APLAR, ILAR and other international organizations to develop our rheumatology.