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MUSCULOSKELETAL MANIFESTATIONS IN PATIENTS WITH ENDOCRINE DISEASES IN TERTIARY SERVICE

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BACKGROUND

Musculoskeletal diseases have a great impact on the health and wellbeing of the individual and many factors add to the worldwide notoriety regarding chronic and related diseases. However, even with the relevance in the management of patients in the Unified Health System, there is still little discussion about its association with diseases considered chronic in endocrinology. Thus, medical professionals are required to have adequate clinical management of these patients. Despite the lack of understanding, endocrine diseases are linked to musculoskeletal manifestations. The purpose of this study is to characterize musculoskeletal manifestations in patients with endocrine diseases and to clinically classify patients based on physical exams and imaging findings.

MATERIALS AND METHODS

A cross-sectional and descriptive study was made, where clinical screening was conducted at the endocrinology outpatient clinic, in which patients with musculoskeletal complaints were identified. The patients with pain complaints were then referred for evaluation with a rheumatologist and clinical, laboratory investigation, and imaging for the diagnosis of rheumatic disease was made. A survey with epidemiological and clinical data was applied.

RESULTS

During two years, 333 patients with endocrine diseases were interviewed, with a mean age of 57.3 ± 13.26 years, being 268 women (80.48%). Regarding endocrine diseases, the most frequent was type 2 diabetes mellitus with 181 patients (54.35%), followed by hypothyroidism with 100 patients (30.03%), hyperthyroidism with 27 patients (8.1%), type 1 diabetes mellitus with 25 patients (7.5%), acromegaly with 5 patients (1.5%) and gigantism with 2 patients (0.6%). Two hundred and eighty of the patients (84.08%) had musculoskeletal complaints with the following diagnosis: osteoarthritis (37.5%), osteoporosis (25%), fibromyalgia (16%), Quervain's tenosynovitis (10%), rheumatoid arthritis (8%), Carpal tunnel syndrome (6.3%), gout (6%) and epicondylitis (2.1%).

CONCLUSION

In this sense, the importance of addressing the musculoskeletal complaints of this population is perceived, due to the association with rheumatological diseases. The physiopathological mechanisms of this association are not well elucidated. Although such limitations, early diagnosis and treatment are necessary to improve the quality of life of the patients. The numbers and most expressive results match with the macro literature, in this case representing the findings of osteoarthritis and osteoporosis being more frequent in women with type 2 diabetes. Other soft-tissue rheumatism, such as bursitis and myofascial pain, or other diseases more common in endocrinology patients were inexpressive when compared to other studies.