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## Thieves market example acr

The annual Thieves Market: Show Me Your Best Cases event returns November 9, 2019, featuring a diverse set of uncommon clinical rheumatology cases and an opportunity for attendees to compare their diagnostic strategies with experts in the field. This year's edition will include a second session focused on pediatric cases. The event will take place on Monday from 4:30-6:00 pm in Room A411-A412, Building A at the Georgia World Congress Center, moderated by Aruni Jayatilke and Elizabeth Wahl. Six selected cases will be presented orally, with additional poster presentations showcasing unique imaging and physical findings. Audience participation is encouraged through an interactive response system, allowing attendees to compare their answers with others and vote on the best case, which will receive a prize. A similar pediatric session will occur on Tuesday from 1:00-2:30 pm in Room B216-B217, Building B. Submissions are now open for the Thieves Market sessions at ACR Convergence 2025, featuring fascinating clinical cases with dynamic imagery. Each case should include a brief introduction, summary, and audience response question, along with physical findings or imaging studies. Cases will be selected for both oral and poster presentations, with two categories: adult and pediatric. The first-place winners in each category will receive complimentary registration to ACR Convergence 2026 and be featured in ACR Open Rheumatology. Submissions must be in PowerPoint format, with no more than ten slides, including a title slide and case content slides. The deadline for submission is May 13, noon ET, and no changes can be made after this date. Presenters must participate in ACR Convergence to be eligible, and no registration assistance will be provided. Thieves Market Returns to ACR Convergence 2024 with Interactive Sessions for Adult and Pediatric Rheumatology The 2024 Pediatric Thieves Market session "Show Me Your Best Cases!" is scheduled for Sunday, November 17th from 3:30-4:30 p.m. ET in Room 202AB. The event will be led by Dr. Hanna Kim and Dr. Sivia Lapidus, who will feature a variety of interactive cases that showcase unusual diagnoses or side effects. These sessions provide a unique opportunity for attendees to learn about rare diseases and innovative techniques through real-life examples. According to Dr. Lapidus, the Pediatric Thieves Market session is designed to present "little pearls or clues" in each case that highlight unexpected twists and surprising elements. The event will feature four oral presentations, selected from over 200 abstracts submitted this year. The sessions are intended to help clinicians think critically about complex cases and gain experience presenting in front of a larger audience. Attendees can expect to learn about new techniques and testing methods that can aid in diagnosing rare diseases, as well as gain insight into the selection process for choosing these unique cases. Both sessions will be available on-demand within 48 hours for registered ACR Convergence 2024 participants, providing an opportunity for attendees to review the material at their convenience. Looking for information on managing patients effectively, Dr. Kim explained that ACR Convergence attendees should experience challenging cases firsthand. The Thieves Market Poster session offers an opportunity to do so. Attendees can view the replay or continue their experience through the meeting website. During the Thieves Market session at the 2018 ACR/ARHP Annual Meeting, rheumatologists presented several difficult cases that highlighted clinical persistence and attention to detail. Three notable cases are summarized below. Case 1, presented by Dr. Sonam Kiwalkar, a fellow at Oregon Health & Science University, involved a 30-year-old woman who arrived at the hospital with headaches, worsening skin rash, low-grade fevers, arthralgias, and fatigue that persisted over three months. Four years ago, she was diagnosed with lepromatous leprosy but did not follow up on her medication regimen. A patient was diagnosed with skin rash of ENL, characterized by splenomegaly and acid-fast bacilli stain patterns indicating the presence of *M. leprae*. Although ENL shares similarities with lupus, it's challenging to determine whether nephritis, arthritis, or serologies were caused by one or both conditions. Due to Occam's razor principle, ENL was considered the primary diagnosis. The patient's bacterial meningitis might have triggered ENL, which can induce autoantibody formation mimicking autoimmune diseases. Treatment included high-dose corticosteroids and cyclosporine, with *M. leprae* treatment as a secondary agent. Although the patient showed overall improvement, lab values remained abnormal. There is ongoing debate about whether the patient also had lupus, with some suggesting a combination of both conditions. The case remains complex, and only further investigation will clarify the diagnosis.