بسم الله الرحمن الرحيم

RHEUMATOLOGY APPROACH

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مبحث الرثوبات

Early Intermediate Late







RHEUMATIC DISORDERS

- Acute/Chronic
- Systemic
- Inflammatory
- Autoimmune
- Joint symptoms may be prominent, among other systemic systems, or almost not appreciable

HISTORY

Articular

Constitutional

• Extra-articular manifestation

HISTORY

A. Articular

- Arthralgia / Arthritis.
- Mono/ Oligo / Poly-articular.
- · Pattern of joint involvement: additive, intermittent, migratory
- Small /Large or both.
- Symmetrical /asymmetrical

ARTICULAR HISTORY- SITE OF INVOLVEMENT

- DIP= OA, Psoriatic arthritis (not involved in RA)
- MCP= RA, SLE
 If MCP are not involved then RA is?
- Ist MTP= Gout, OA

ARTICULAR HISTORY (CONTIN.)

• Symmetrical= RA, SLE, Systemic sclerosis.

 Asymmetrical=OA, seronegatrive spondyloarthropathy. Large joints=OA, Serongative spondyloarthropathy other than PsA

Small and large joints: RA, SLE,
 Psoriatic arthritis,

- Relation to movement.
 - Worse at rest Inflammatory
 - Worse on movement Non-inflammatory (mechanical).
- Early morning stiffness:

< 30 min. Non-inflammatory (OA)

> 30 min. Inflammatory arthritis

> I hr RA

BACK PAIN

- Inflammatory pain
- EMS
- Site of involvement:

Cervical region RA AS

Low back pain (SI) SpA

Mid back pain infection TB Brucellosis

DURATION OF ARTHRITIS

- <6 wks= viral arthritis, systemic rheumatic diseases.
- >6 wks=systemic rheumatic diseases





MONOARTHRITIS

Acute septic arthritis

Crystal induced arthritis

Hemarthrosis

• Early stage of a systemic rheumatic disorder.

OLIGOARTHRITIS (SERONEGATIVE SPONDYLOARTHROPATHY)

- Ankylosing spondylitis
- Psoriatic arthritis
- Reactive arthritis
- Enteropathic arthritis
- Undifferentiated spondyloarthropathy

OLIGOARTHRITIS

(Sero-negative spondylo-arthropathy)

- A symmetrical, large joint, oligo-arthritis. (Except for psoriatic arthritis).
- Can present with mono-arthritis.
- Axial involvement (SI joint).
- Eye/ Lung/ Heart / skin.
- Rheumatoid factor/anti CCP are negative.

POLYARTHRITIS...

- Rheumatoid Arthritis
- Systemic lupus Erythematosus
- Psoriatic arthritis
- Viral arthritis

- B. Constitutional symptoms
 - Fever

Fever can occur in almost in almost all Rheumatic disorders.

- Sweating Brucellosis TB

SLE RA

- Weight loss TB Lymphoma

- C. Exrta-articular manifestation
 - hair fall
 - rash malar discoid relation on sun exposure
 - photosensitivity
 - oral ulcers SLE BEHCET
 - Respiratory ILD RA SLE SCLERODERMA
 - CVS IHD Arrythmias Pulmonary HPT.

- · Contin. Exrta-articular manifestations.
 - Renal edema, frothy urine, hypertension
 - Hematological anemia purpura
 - CNS headaches cognitive impairment seizure strokes

MYOSITIS

- Muscle pain
- Proximal muscle weakness
- Skin lesions : Heliotrope rash/ gottron's papules
- i.e
- Polymyositis / Dermatomyositis

SYMPTOMS OF MUSCLE WEAKNESS

- Proximal muscle weakness (Upper limbs)
 - Difficulty in getting dressed or undressed
- Difficulty in combing hair
- Proximal muscle weakness in lower limbs
 - Difficulty in getting up from sitting position
- - Difficulty in getting up stairs



PHYSICAL EXAMINATION (RHEUMATOLOGY)

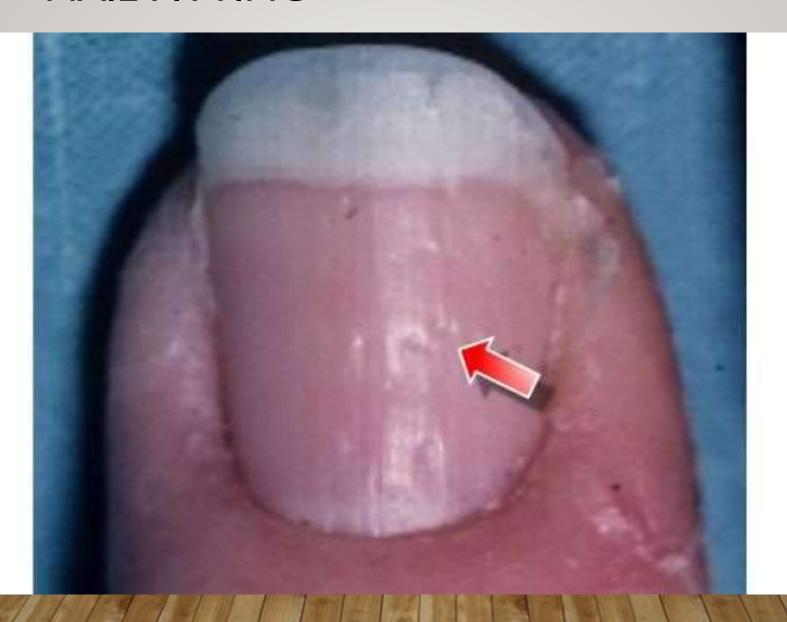
KOILONYCHIA(SPOONING)



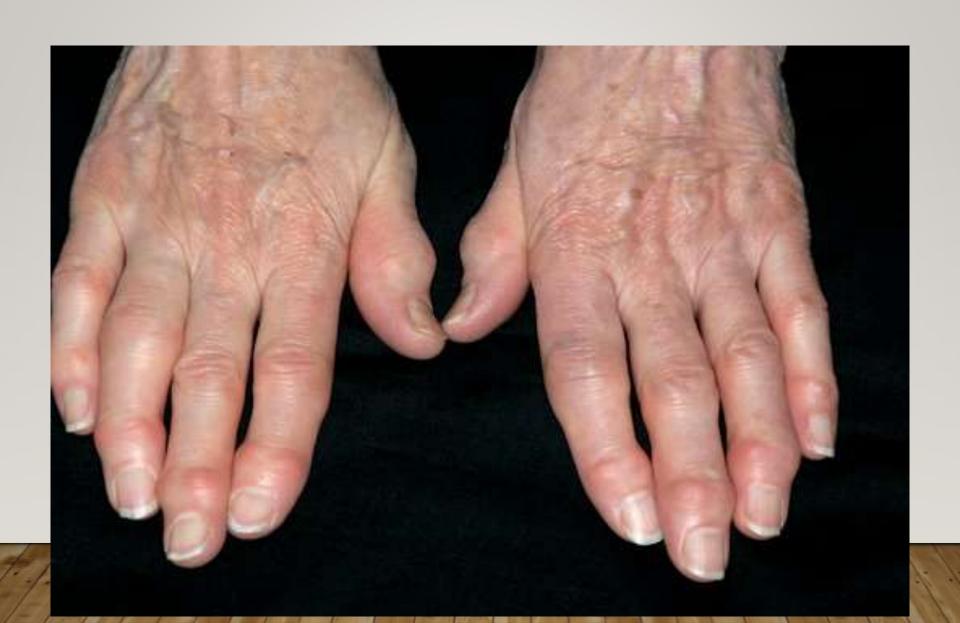
ONYCHOLYSIS



NAIL PITTING



OSTEOARTHRITIS



Raynaud's phenomenon





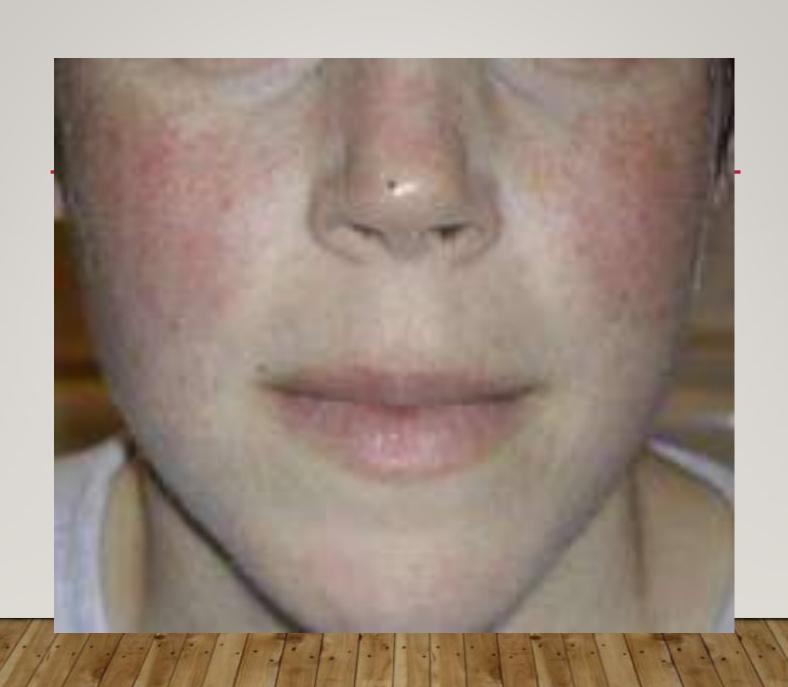
SCLERODERMA

EARLY LATE















JOINT MOVEMENT

If active and passive movements are affected
 Joint pathology

If active movement is impaired and passive movement is normal

Peri-articular pathology

SPECIAL MANEUVERS

Carpal tunnel syndrome

Tinel's test

• Phalen's test

THANKYOU