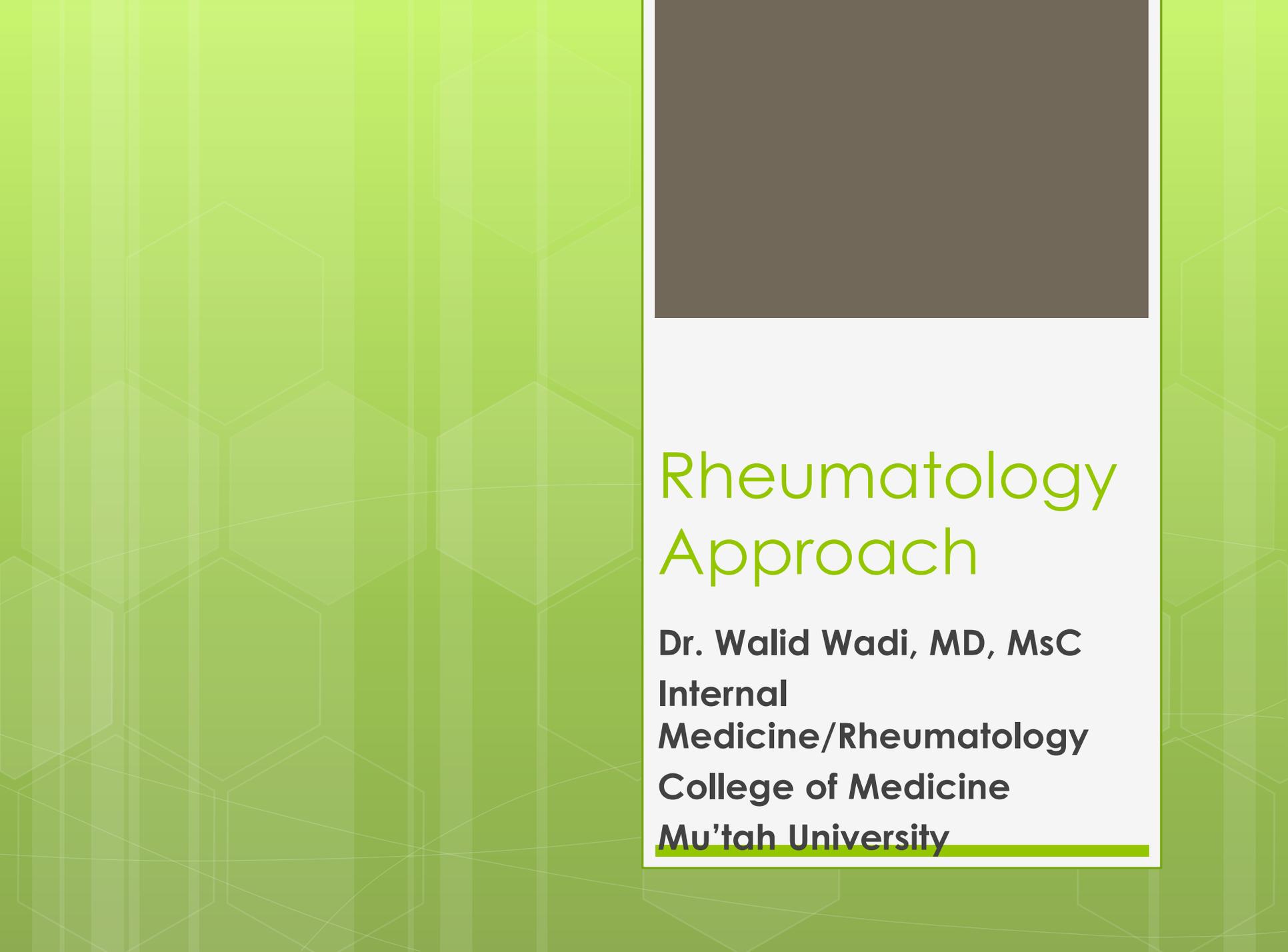


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Rheumatology Approach

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Rheumatology

مبحث الرثويات

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?
- **1st MTP= Gout, OA**

Articular history (contin.)

- **Symmetrical= RA, SLE, Systemic sclerosis.**
- **Asymmetrical=OA, seronegative 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**
- > 1 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

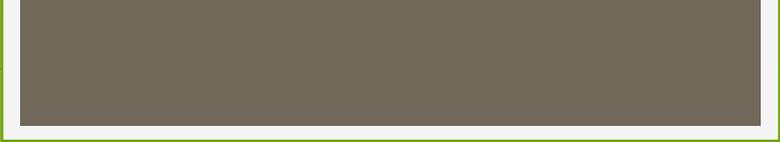
- **Proximal muscle weakness (Upper limbs)**

- 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

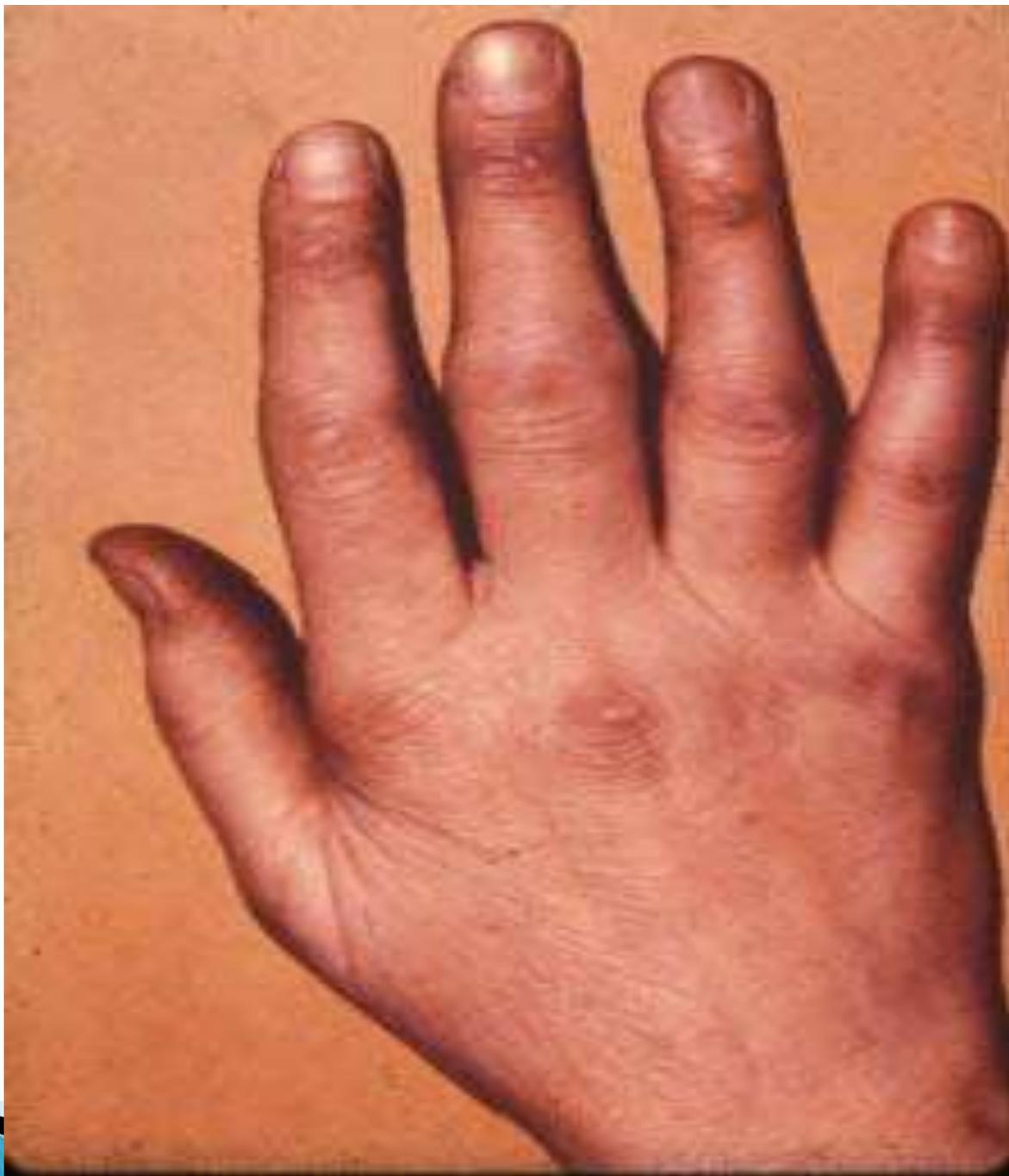


SCLERODERMA

EARLY

LATE















Joint movement

- If active and passive movements are affected

Joint pathology

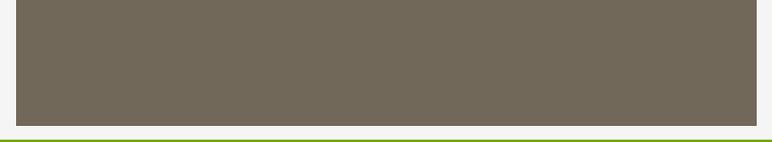
- If active movement is impaired and passive movement is normal

Peri-articular pathology

Special maneuvers

Carpal tunnel syndrome

- Tinel's test
- Phalen's test



Thank you