

Rheumatology

According to number of joints involve:

1- Monoarticular joint the causes:

- *Trauma
- *Septic arthritis[infection]
- *Crystal induced arthritis [gout and pseudo gout]
- *TB
- *Hemarthrosis[blood in joint]

2- oligoarticular[2-3]:

- *Seronegative arthritis- asymmetrical

3- polyarticular [more than 3]:

- *RA – symmetrical, morning stiffness more than 1 h
- *SLE - symmetrical and may be asymmetrical

Seronegative arthropathies – spondyloarthropathies



1- Rheumatoid factor is negative

2- Anti-ccp [cyclic citrullinated peptide] is negative

Seronegative arthritis **types** :

- 1 – Ankylosing spondylitis
- 2 – reactive arthritis
- 3 – psoriatic arthritis
- 4 – enteropathic-arthropathy

Features of seronegative arthritis:

- **Autoimmune**
 - **chronic**
 - **inflammatory**
 - **systemic**
 - **oligoarthritis**
 - **large joint**
 - **lower limb mostly**
 - **lower limb pain**
 - **low back pain**
 - **asymmetrical**
- # Rheumatoid factor+ Anti-CCP are negative
Axial involvement SI joint
Eye ,Heart ,Skin
Treatment peripheral arthritis as in RA

psoriatic differ in its effect small joint of the hand [DIC] distal interphalangeal joint and is polyarthritis

DIC >>>> psoriatic and osteoarthritis

arthralgia : joint pain

arthritis : inflammation , redness, most important in it

[pain / swelling/ limitation of movement]

Joint pain questions:

- 1 – what is the joint involved and how many joint [oligo or poly]?
- 2 – arthralgia or arthritis?
- 3 – symmetrical or not?
- 4 – relation to movement?
[pain increase with movement this mean is mechanical not inflammatory like OA] but [pain increase after rest this mean inflammatory]
- 5 – morning stiffness [inflammatory]?
- 6 – duration of morning stiffness [significant duration more than 30 m . more than 1 h this RA]
- 7 – back symptoms
- 8 – systemic symptoms [constitutional] fever/ sweating/ weight loss

Arthritis and sweating = TB or Brucellosis

Facial rash – cheeks

Rash on forehead and chin – photosensitive rash

SLE – painless ulcer and pleuratic chest pain

50% of SLE have renal involvement !!

Investigation of Rheumatology:

- 1 – rheumatoid factor
- 2 – anti – ccp [cyclic citullinated peptides]
- 3 – ANA
- 4 – ANCA

Pattern of joint involvement :

1 – migratory : the first joint improve or completely resolve then migrate to another joint as Rheumatic fever and SLE [no period w/o pain]

2 – additive: if the first joint still inflamed and another joint involved (RA)

3 – intermittent: it resemble migratory but it have pain free period – gout and pseudogout

Typically back pain is in seronegative in sacroiliac joint [sacroilitis] >>>> ankylosing spondylitis

The age is important :

Rheumatic fever: childhood 5-15

SLE: menarche to menopause

Rigor: shaking chills – transient passage of micro organism through blood [uiremia/bacteremia]

Chills: feeling of coldness

Significant weight loss : 10%of weight during 6 months without intention

The most common risk of significant weight loss present in rheumatology is – lymphoma and TB spec. in old age.

Note: usually females affected with rheumatoid disease

Extra articular manifestations :

1 – hair fall [100 h] – alopecia

2 – facial rash

3- photosensitivity – when the patient exposed to light the rash will increase

4 – oral ulcer

5 – eye symptoms : redness/dryness

6 – pleurisy : sharp chest pain , increase with respiratory cough

7 – pericardial pain : sharp , retrosternal , increase by lying flat and decrease by pitting up-ward

8 – renal symptoms : heavy proteinuria[frothy urine] , decrease hypoalbuminemia

Glomerulonephritis: decrease oncotic pressure:

1 – edema

2 – hematuria

3 – oliguria: less than 400 ml/24 h

4 – newly onset of hypotension

Note: nephrotic syndrome amount of proteinuria is more than 359/24h

9 – CNS : fits.seizures , multiple infarct

10 – skin: any rash

***What type of crystals makes gout ?urate [uric acid] , and CPPD [calcium pyrophosphate dehydrate] make pseudogout**

Hemophilia A - factor 8 def, Hemophilia B – factor 9 def, Hemophilia C – factor 11 def

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