Autoimmune Arthritis

Rheumatoid Arthritis

- Presentation
  - Symmetric polyarthritis
  - All hand joints EXCEPT for DIP
  - Usually spares thoracic and lumbar spine
  - Erosions on radiograph
- Diagnosis → primarily clinical. High prevalence. Imaging can be negative in early disease. RF and anti-CCP can both be negative as well.
- Management
  - Methotrexate
  - Triple therapy (MTX, hydroxychloroquine, sulfasalazine)
  - TNF-alpha inhibitors (etanercept)
  - Steroid for acute flares
- Monitor for side effects of treatments

SLE

- Presentation
  - Symmetric polyarthritis
  - Minimal swelling
  - No erosions on radiograph
- Diagnosis
  - If suspecting → check serology (ANA with reflex to dsDNA, Smith, U1-RNA, Ro/La)

Spondyloarthritis

Group of disorders with these elements

1. Inflammation of axial skeleton, tendons, and entheses (insertion of tendon to bone)
2. Tendon and enthesis calcification
3. Association with HLA-B27
4. Mucocutaneous, GI, ocular inflammation

The 4 Disorders

- Usually joint involvement is asymmetric
- Axial skeletal (spine, sacroiliac joints) – most involve sacroiliac joints only

1. Ankylosing Spondylitis

- Strongest HLA-B27 association (90%)
- Insidious onset low back pain (worse after immobility and better with use)
- Joint involvement
  - **Symmetric**
  - Spine involvement (in addition to basic sacroiliac)
  - Spares small joints

2. Psoriatic Arthritis

- Joint involvement
  - **DIP involvement, dactylitis**
- Xray
  - juxta-articular new bone formation in hand or foot.
  - "pencil-in-cup" deformities
  - **Erosions & osteophytes**
- Extra-articular: psoriasis, psoriatic nail dystrophy

3. Reactive Arthritis ("Reiter")

- Joint involvement
  - Lower extremity (knee, ankles)
- Extra-articular: GI or GU infection, chlamydia, other weird infections

4. IBD-associated Arthritis

- Joint involvement Lower extremity (Knees and feet)
- Extra-articular: crohn's or UC

Other Pearls

- severe reactive arthritis or psoriatic arthritis --> check for HIV

Garg's Simple Medicine

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