

A CASE OF PSORIATIC ARTHRITIS WITH SACROILIITIS

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CASE REPORT :

24 year old female known case of psoriasis, presented with complaints of low back pain radiating to right lower limb and left lower limb for past 4 years, aggravated since 1 month. history of early morning stiffness present, relieved on walking. No other comorbidities. no significant family and personal history. on examination patient conscious, oriented and afebrile. she was over weight. vitals are stable. Local examination reveals erythematous, scaly plaques over right knee joint [shown in figure 1]. Systemic examination is unremarkable. On investigation, X-ray of lumbosacral spine shows mild sclerosis in bilateral sacroiliac joints [shown in figure. 2]. On further evaluation, MRI sacroiliac joint shows irregularity of articular surfaces of bilateral sacroiliac joints with fatty change and marrow edema on both sides with minimal fluid seen in right sacroiliac joint suggestive of sacroiliitis. Patient is treated with intra-articular steroids to right sacroiliac joint, NSAIDS, following which she has shown good recovery.



figure: 1 shows erythematous, scaly plaques over right knee joint.



figure-2 : X-ray LS spine AP and lateral view shows sclerosis in bilateral sacroiliac joints.

DISCUSSION :

Psoriatic arthritis is a chronic inflammatory disease

characterized by the coexistence of arthritis with psoriasis of the skin and nails. Psoriasis is observed in about 2% of the population, and in 10-50% of cases it is associated with arthritis [1-3]. About 20% of patients with Psoriatic arthritis have a severe and debilitating form of arthritis [4]. The pathogenesis of psoriatic arthritis indicates an autoimmune nature of the disease and specific involvement of T cells in the development of the inflammatory process [5, 6]. It has been recently suggested that there is a relationship between the presence of enthesitis (inflammation of the attachment of ligaments, tendons, joint capsule and fascia to the bone), and the occurrence of Psoriatic arthritis [7-9]. Articular changes are asymmetric in the majority of cases [10, 11]. Sacroiliitis was found to be as high as 34-78% in patients with psoriatic arthritis and 14-23% of patients with psoriasis without articular involvement [12, 13]. however, few studies confirmed the presence of bilateral changes even in 59% of patients with Psoriatic arthritis [14].

The most frequently used diagnostic criteria for Psoriatic arthritis are Moll and Wright criteria:

- 1) an inflammatory arthritis (peripheral arthritis and/or sacroiliitis or spondylitis),
- 2) the presence of psoriasis,
- 3) the absence of serological tests for the rheumatoid factor

The main diagnostic tools for patients evaluating are invariably physical examination laboratory tests and imaging methods (X-rays and magnetic resonance imaging) [10, 11].

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