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A CASE OF SERONEGATIVE SPONDYLOARTHROPATHY

Rheumatology

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ABSTRACT

Psoriatic arthritis is an autoimmune musculoskeletal disease that characteristically occurs in about 30 % of patients with psoriasis in their life time that predominantly involves distal interphalangeal joints and is seronegative unlike rheumatoid arthritis with distinctive radiographic findings. In about 60-70% of cases, psoriasis precedes joint disease whereas in 15-20% cases arthritis precedes skin disease. This is a case report of 42 year old female who is a known case of psoriasis since 5 years admitted in department of general medicine for complicated urinary tract infection and generalised weakness fortuitously diagnosed to have psoriatic arthritis with specific criteria and radiological findings with severe disability

KEYWORDS

Rheumatology ; Psoriasis ; Arthritis

MANUSCRIPT BODY : CASE REPORT:

A 42 yr old female who is a known case of psoriasis since 4 years was referred to general medicine opd in view of complaints of complicated Urinary tract infection , planned to get the patient admitted into the ward for IV antibiotics. Upon taking further history , patient mentioned that she was having difficulty in getting from the bed due to severe joint pains and myalgias and was unable to attend the washroom comfortably. Detailed history and general physical examination revealed symmetrical swelling and tenderness over distal interphalyngeal joints , dactylitis , and pitting over the nails.There was no significant family history , patient was non compliant to treatment prescribed for psoriasis.No significant obstetric history , no recent history of conjunctivitis.A severe case of arthropathy was suspected and patient was investigated further with ESR,CRP , RA factor , x rays of the digits.ESR , CRP were elevated but RA factor was negative. X ray of DIP revealed pencil in cup deformity. This case could be suspected to be either reactive arthritis or psoriatic arthritis .Pt was diagnosed finally to have Psoriatic arthritis as she was fitting under CASPER criteria with typical nail and radiological findings . This patient had all the features relating to PsA with severe disability. Dermatology consultation was taken to start HCQ/steroids in this patient initially how ever these were relatively contraindicated as they might aggravate skin lesions. Patient was started on methotrexate 15mg once a week and arthralgias are managed with NSAIDS initially but patient still complained of severe pain therefore fentanyl transdermal patches were prescribed. Patient was under compliant therapy now and in regular followup with better results.

INTRODUCTION:

PsA is a seronegative arthropathy that often involves DIP joints.More prevalent among white populations and increased severity in pts with hiv . 30% pts have effected first degree relative, increased incidence among twins , and is also associated with HLA B27.There is immune mediated inflammation and fibrosis of synovium. There are 5 patterns of joint presentation as proposed by Wright and Moll, of which arthritis mutilans is the most severe and destructive form, however these patterns often coexist, Arthropathy confining to DIP joints is only seen in 5% of pts .30% of pts have asymmetric oligoarthritis in whom involvement of large joints are observed .Axial arthropathy without peripheral involvement in 5% of cases.6 patterns of nail changes are described in pts with PsA.Aortic valve insufficiency is seen in <4% cases. There appears to be a greater incidence of cardiovascular death in psoriatic disease.

Diagnosis made by acute phase reactants , negative RA factor , x ray findings in involved joints which may range from pencil cup deformity, illdefined ossification to telescoping of joints.Axial involvement may reveal asymmetric sacroilitis.Ultrasound and MRI can demonstrate enthesitis and tendon sheath effusions. The sensitivity of CASPER (Classification criteria for PsA) is greater than 90 %.

Management include NSAIDS , Anti TNF alpha agents which revolutionized the treatment . A monoclonal antibody against IL17A called secukinumab is effective to treat both skin and joint disease in refractory cases.other treatment modalities include MTX , puva therapy , cyclosporine leflunomide.Psoriatic arthritis is a disease with frequent remssions with cardiovascular related mortality .

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