

OLIGOARTHRITIS
ASSESSMENT, INVESTIGATION AND MANAGEMENT

Dr Tim Jenkinson

**Consultant in Rheumatology,
Sports & Exercise Medicine**

**Royal National Hospital for
Rheumatic Diseases, NHS FT**



A 28yr OLD RUGBY PLAYER PRESENTS WITH AN ACUTELY SWOLLEN KNEE

- **History (questions)**
- **Differential diagnosis**

REACTIVE ARTHRITIS

- **Psoriatic Arthritis**
- **Enteropathic Spondylarthropathy**
- **Ankylosing Spondylitis**
- **Crystal Arthropathy**
- **Sarcoid Arthropathy**
- **Septic Arthritis**
- **Lyme Disease**
- **Gonococcal Arthritis**
- **Coeliac Disease**

REACTIVE ARTHRITIS

- **Lyme and viral arthritis (not SpA or HLA B27 related)**
- **Post Streptococcal Arthritis (occasional SpA features)**

EPIDEMIOLOGY

- **5 – 15/100 000 post urethritis and post enteropathic**
- **Enteric ReA**
- **Salmonella, Shigella, Campylobacter and Yersinia**
- **Urogenital**
- **Chlamydia**

CLINICAL FEATURES - 1

- **Age 25yr to 35yr**
- **Monoarticular joint swelling within 6 weeks of infection**
- **Dactylitis**
- **Spondylitis**
- **Enthesopathy**







MRI - sacroilitis

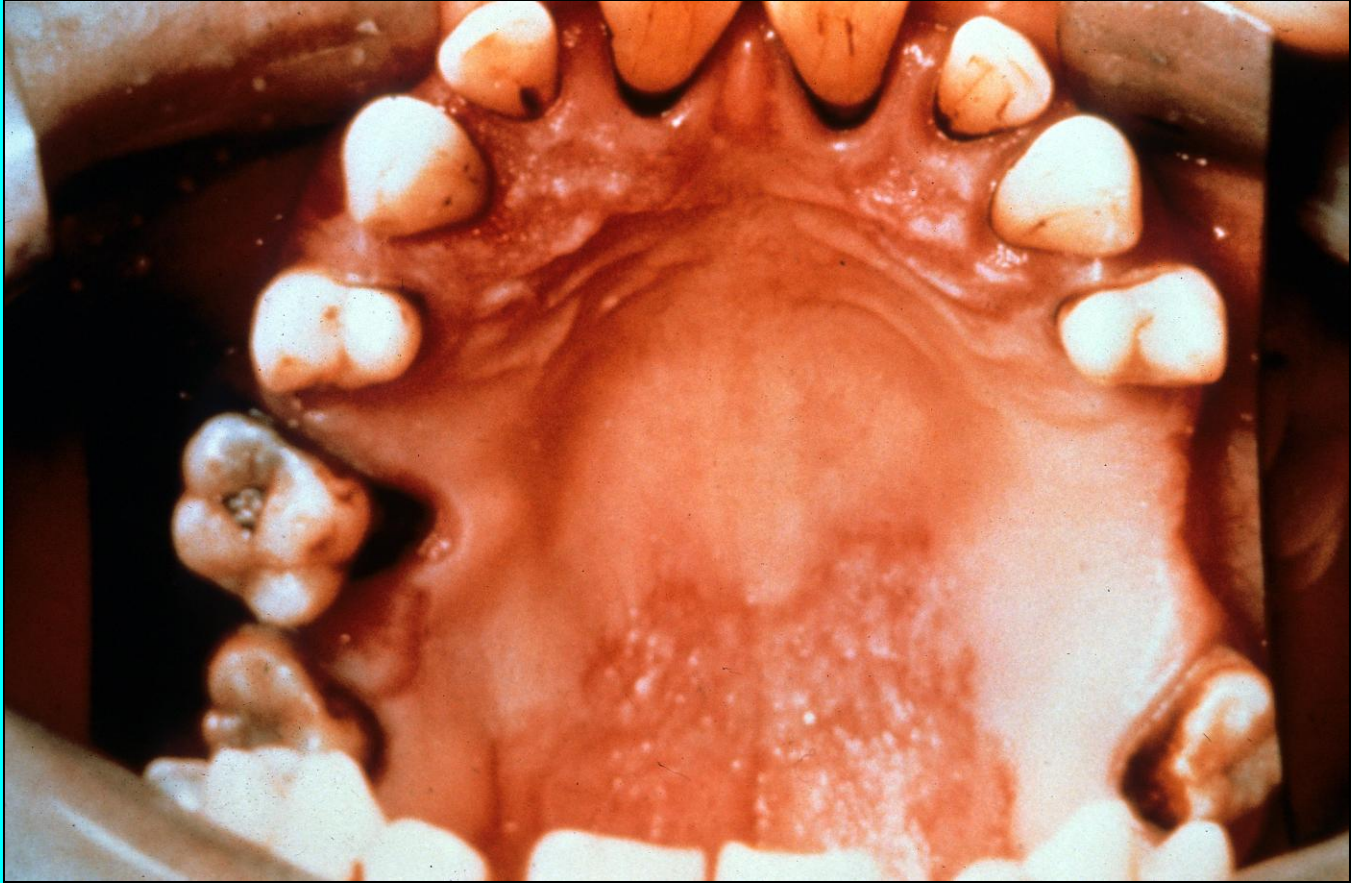
CLINICAL FEATURES - 2

- **Age 25yr to 35yr**
- **Systemic disease**
- **Yersinia ReA can mimic Sarcoidosis (periostitis and erythema nodosum)**
- **History of enteric symptoms (Yersinia ReA can be mild)**
- **Full genitourinary history, Balanitis**

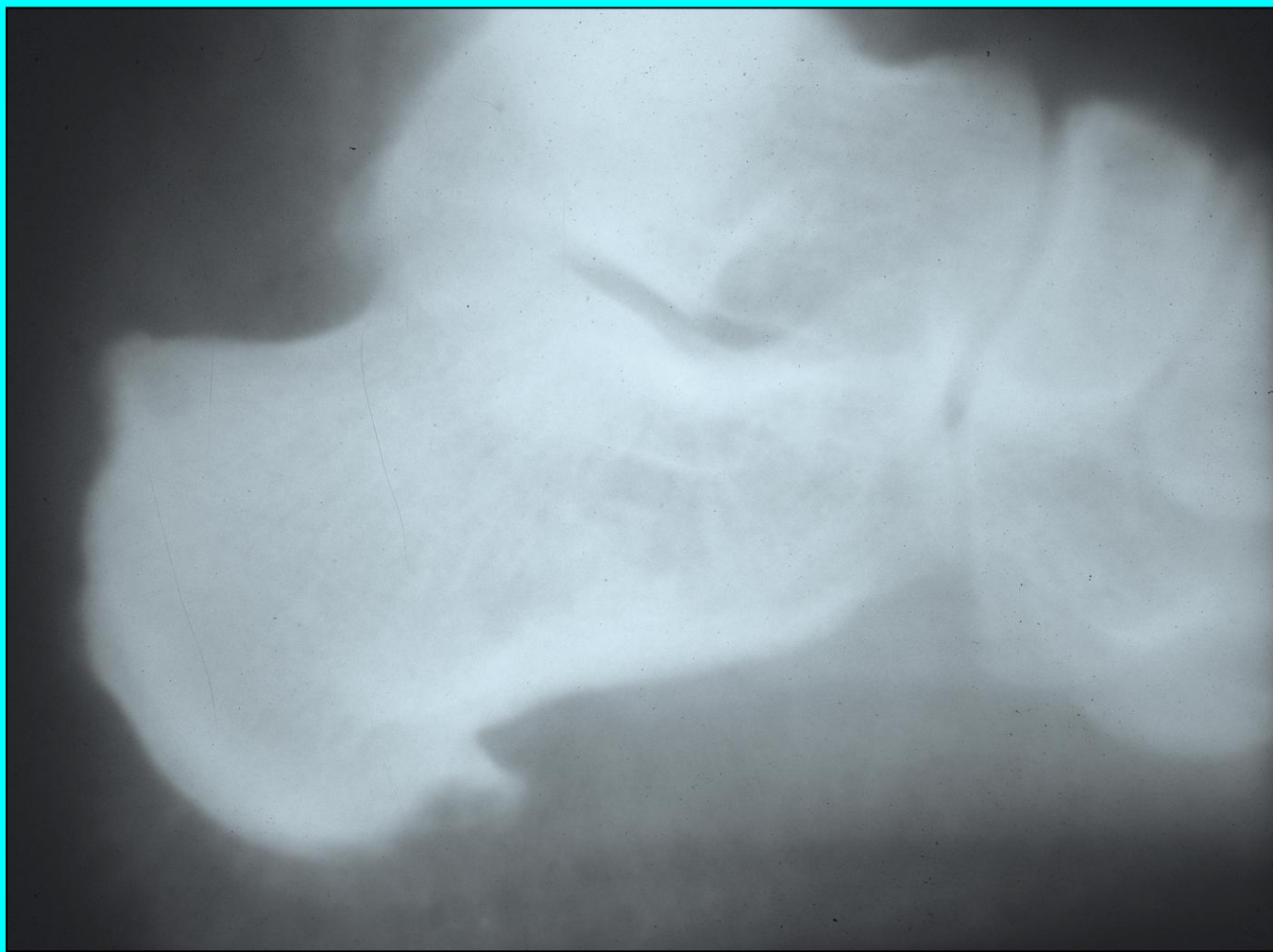




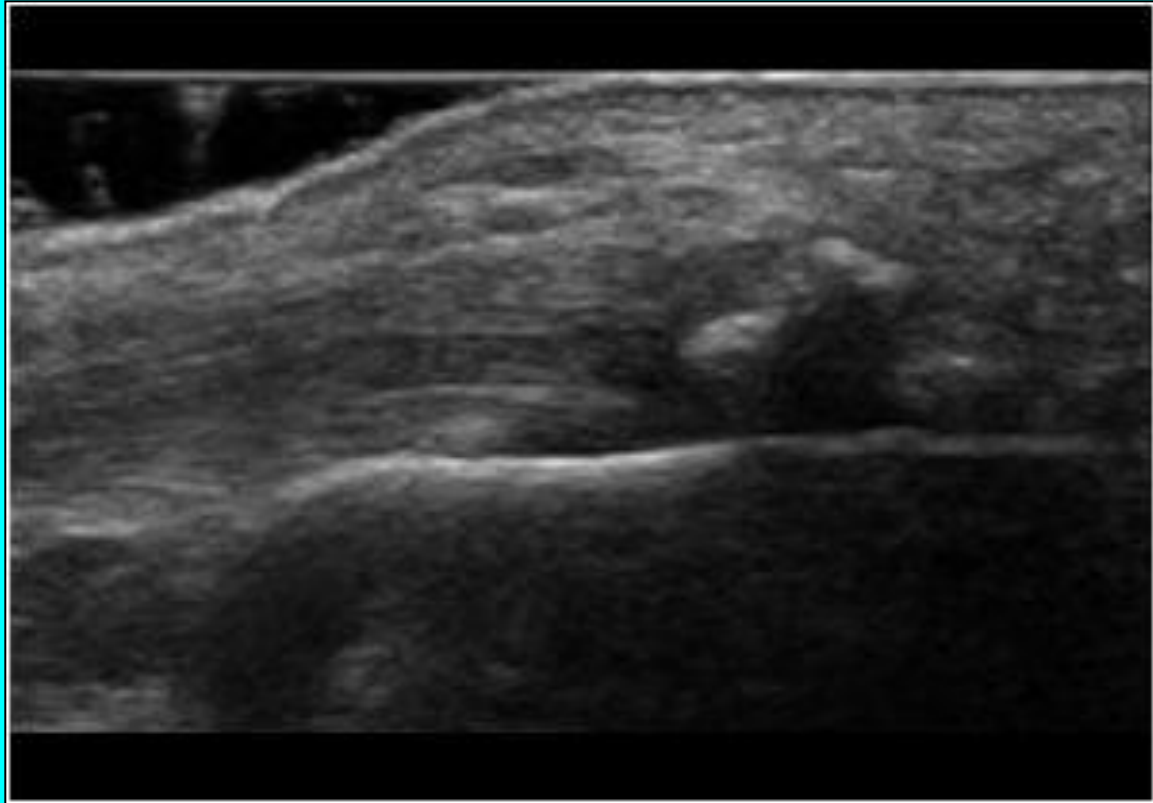


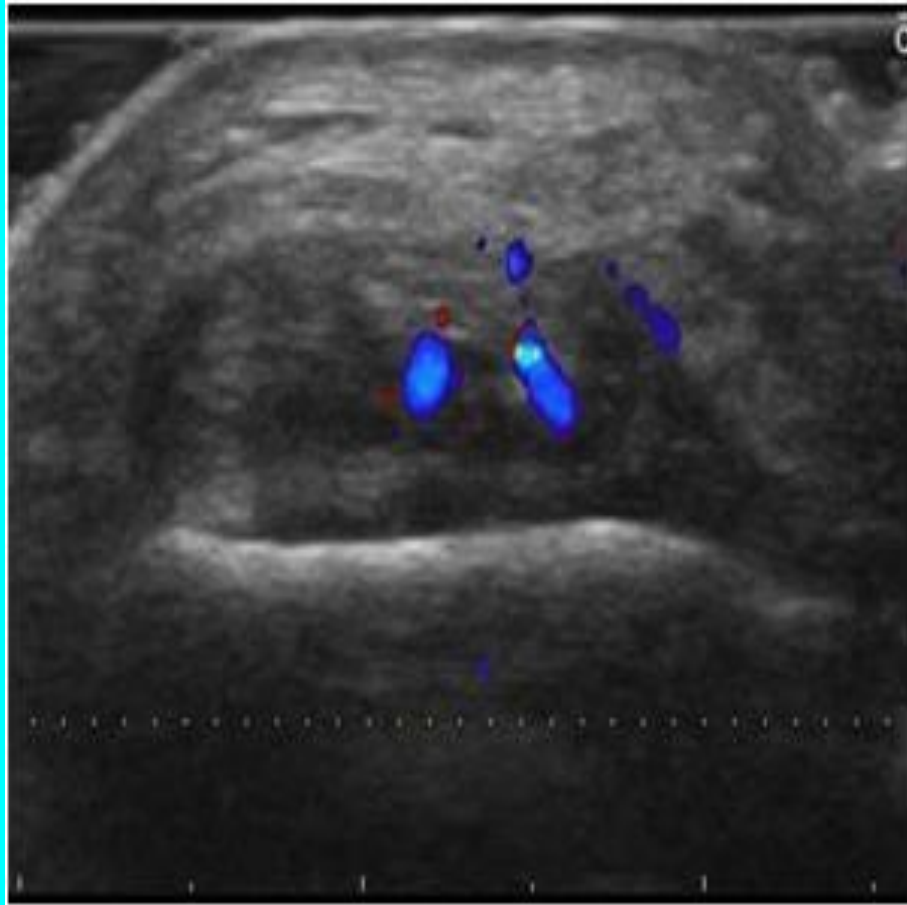


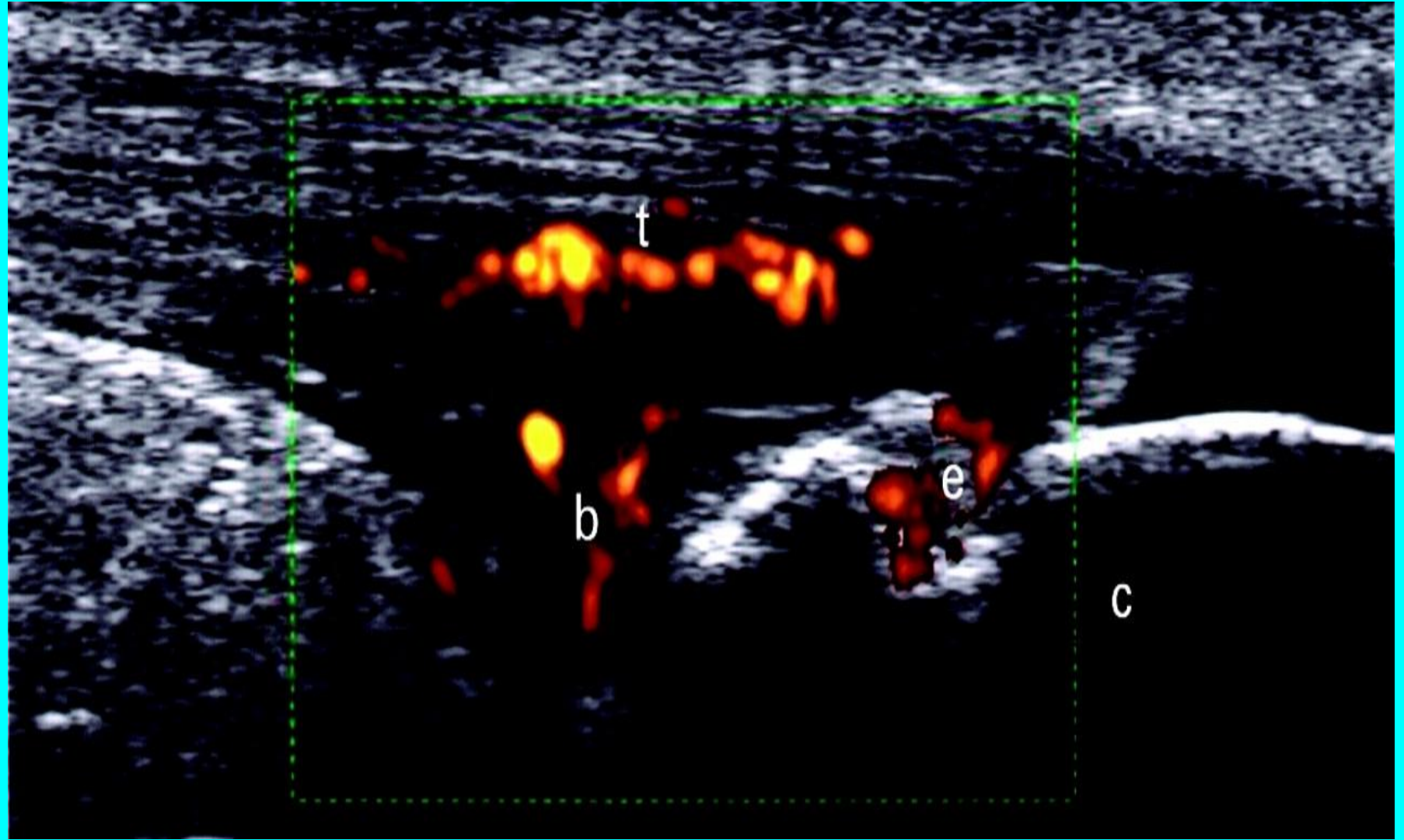


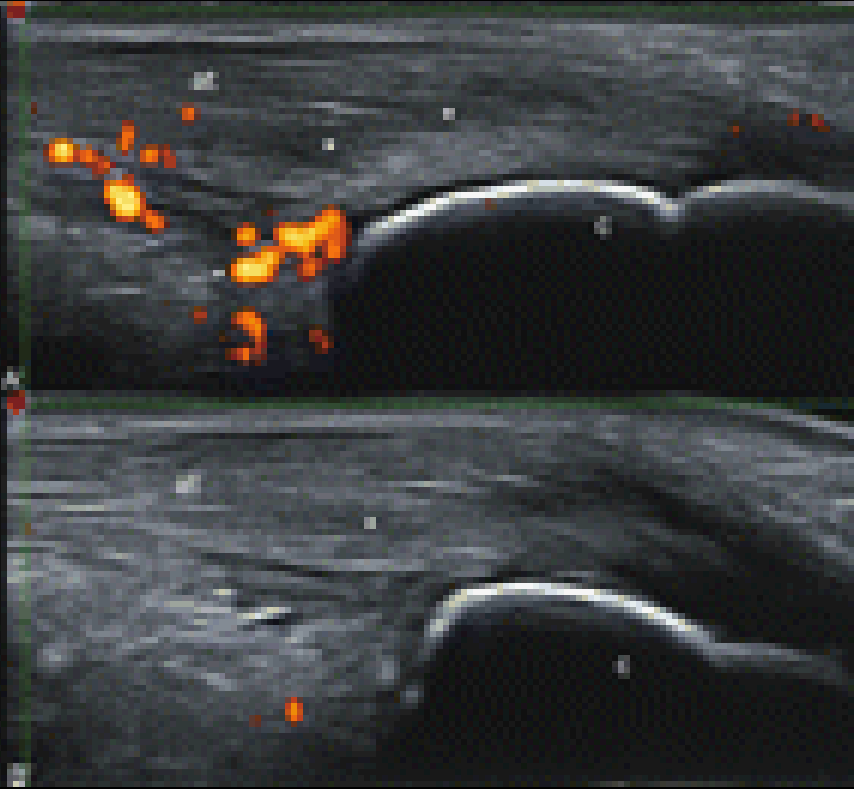














PROGNOSIS AND RECOVERY

- **ReA usually mild and self limiting (3-5 months)**
- **75% remission in 2 years**
- **Majority arthritis non erosive**
- **HLA B27 more severe disease, increased incidence of Sacroilitis, persistent arthritis, extra articular features**

POOR PROGNOSIS

- **Onset <16**
- **Family History SpA**
- **Hip Arthritis**
- **ESR >30mm/h**
- **Poor response to NSAIDs**
- **Spondylitis**
- **Dactylitis**

THE CHARACTERISTICS OF REACTIVE ARTHRITIS (i)

Causative organism	Incidence of ReA in those infected	HLA B27 frequency
Campylobacter jejuni	1 – 5%	72%
Salmonella Typhimurium enteritidis, Paratyphi B and C and other Salmonella	1 – 14%	84%
Shigella S.flexneri/sonneil/dystenteriae	1%	80%
Chlamydia trachomatis	1%	80%
Yersinia enterocolitica 03, 08, 09 or Yersinia pseudotuberculosis	5 – 33%	75%

THE CHARACTERISTICS OF REACTIVE ARTHRITIS (ii) Table 1

Peripheral arthritis	Large joint – lower limb synovitis typically non erosive; dactylitis 16%
Limb enthesopathy	Heel pain, Achilles' or patella ligament insertional pain 30%
Axial inflammatory symptoms	Sacroilitis 14 – 49%; spondylitis 12 – 26%; pelvic enthesopathy
Eye disease	Conjunctivitis 35%, iritis 5%, keratitis; corneal ulceration; episcleritis, retrobulbar neuritis; hyphema

THE CHARACTERISTICS OF REACTIVE ARTHRITIS (ii) Table 2

Gastrointestinal	Diarrhoea; lesions resemble Chron's/UC on ileocolonoscopy or biopsy
Genitourinary	Urethral pain and discharge; prostatitis; haemorrhagic cystitis; non specific cervicitis ± bleeding/abdo pain; proteinuria, microhaematuria or aseptic pyuria
Mucocutaneous lesions	Keratoderma; palmar pustolosis; circinate balanitis (post-C trachomatis); oral ulcers; erythema nodosum (<i>Yersinia</i> ReA)
Cardiac	Aortic valve disease; conduction defects

LONG TERM (10-20Y) PROGNOSIS OF ReA: ARTHRITIS

(FROM COLMEGNA ET AL 2004, WITH PERMISSION)

%of patients with end point after infection with:

	<i>Yersinia</i>	<i>Salmonella</i>	<i>Shigella</i>	<i>C trachomatis</i>
Recovered	45	40	20	30
Arthralgia	20	20	NA*	68
Recurrent arthritis	6	22	18	38
Chronic arthritis	4	19	19	17
AS	15	12	14	26
Radiological synovitis	20	14	32	49

*Data not available