

RA - Clinical Features

- Young - middle aged females	+ve RF/ RA latex
Elevated ESR	Anaemia
Fever	Fatigue
Weight Loss	Muscle Soreness
Muscle Atrophy	Fusiform/spindle like swelling
Stiffness	Can be variable

Radiology

Synovial Oedema = Soft tissue Swelling	Rheumatoid Nodule = Subcutaneous Soft Tissue Mass
Cartilage Destruction = Uniform Loss of Joint Space	Pannus Eroding Bone = Marginal Erosions "Rat bite"
Intraosseous Pannus and Synovial Fluid Intrusion = Subchondral Cysts	Inflammatory Hyperemia = Juxtaarticular Osteoporosis
Fibrous Tissue Metaplasia = Ankylosis	Capsule, Tendon, Ligament laxity + rupture = Deformity (Swan neck & Boutonniere)

Boutonniere = Flexion of the PIPs and Extension of the DIPs

Swan Neck = Extension of the PIPs and flexion of the DIPs

Management of RA

- NSAIDs	- Corticosteroids
- DMARDs	- Conventional DMARDs
- Biological Therapies (Anti-TNF)	- Joint replacements if severe

RA - Sites

RA affects the	Hands, Wrist, Feet, Knee, Hip, Cx Spine
In the Hands, RA affects the:	MCPs, PIPs (1st), Carpals, ulnar styloid, Radiocarpal joint in a bilateral symmetrical fashion

RA of the Cx Spine

- Atlanto-axial instability & impaction	Dens Erosion
- Pts who have RA in their feet and hands are more likely to suffer of Cx complications	- Decreased Disc Height
- Apophyseal Joint Disease	- Spinous Process Erosion
- Subluxation	- Osteoporosis

Juvenile RA

- Inflammatory Arthropathy <16 yo

2 Main types + 3 subtypes	RF + - Worst prognosis
	RF - (Still's disease: Muscle wasting, fever, fatigue)
	Classic - Systemic Organ Involvement
	Polyarticular - Bilateral + Symmetrical- fewer systematic S&S
	Pauciarticular/Monoarticular - <4 joints, Likes large joints



Juvenile RA Findings

- Soft Tissue Swelling
- Osteoporosis
- Loss of Joint Space
- Articular Erosions
- Subluxations
- Growth Disturbances + periostitis Ankylosis in children

Systemic Lupus Erythematosus

- Rheumatoid Type (seropositive)
- Females (child bearing)
- ESR Elevated
- LE cells present
- ANA positive
- Marked Subluxation

Clinical Findings

- Malaise, Fever, Skin Rash, Arthralgias
- Elevated ESR, ANF, LE, RF +

Radiographic Findings

- Bilateral, Symmetric reversible deformities
- Osteoporosis
- Soft Tissue Atrophy
- Increased Incidence of AVN in Hip
- Hand most commonly affected
- Increase in ADI
- Ulnar Deviation
- NO EROSIONS COMPARED TO RA



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