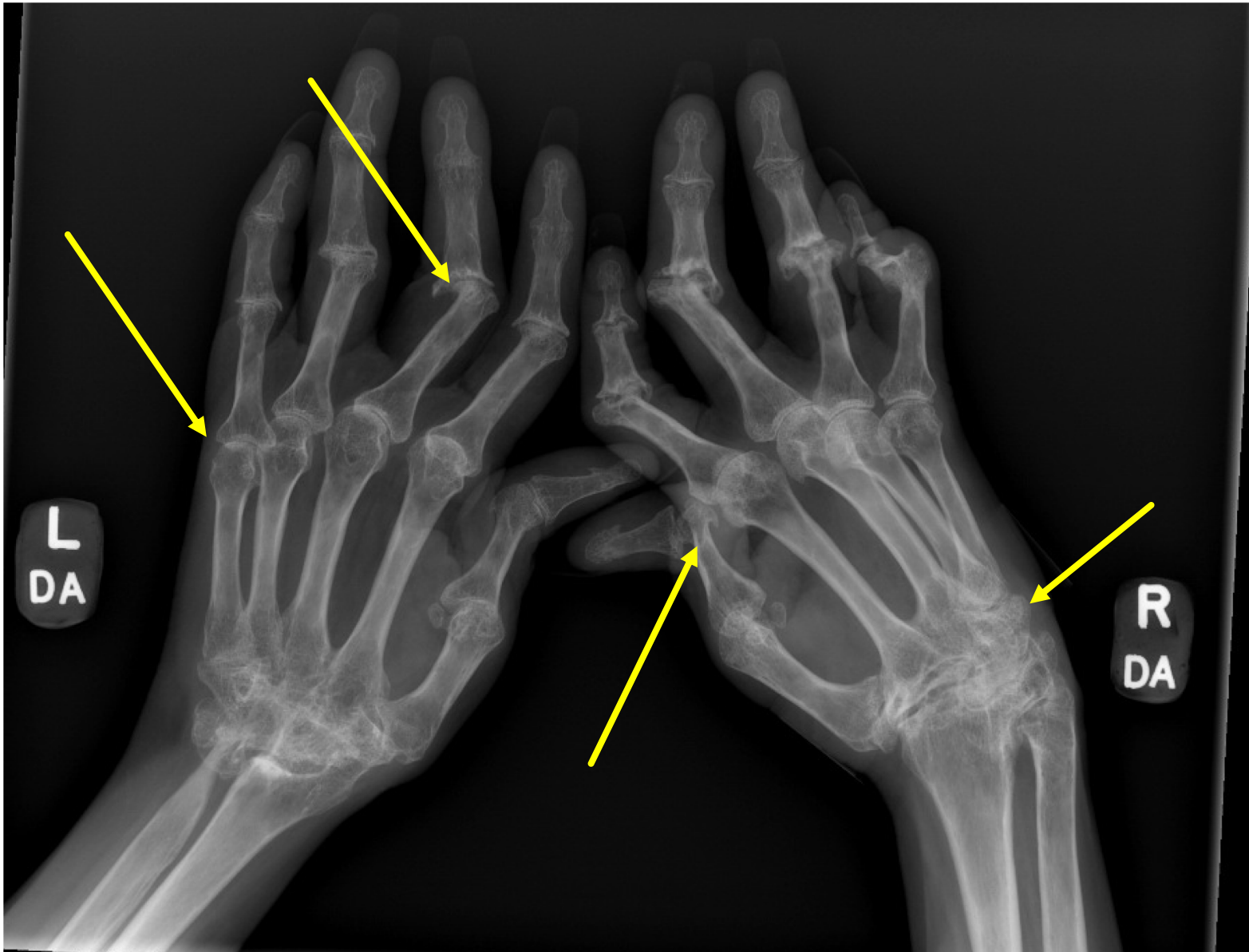


RADIOLOGY ROTATION
PRESENTATION – JUNE 2019
JENNIFER HANBERG, YSM 2020

A PATIENT WITH LONGSTANDING RHEUMATOID ARTHRITIS

BRIEF HISTORY

- 60 year old lady with seropositive RA for 30+ years, presenting to rheumatology office for follow-up
- Wheelchair bound due to knee contractures
- History of severe erosive deformity of the hands – unable to make a full fist
- Currently maintained on methotrexate weekly



RADIOLOGIC FINDINGS

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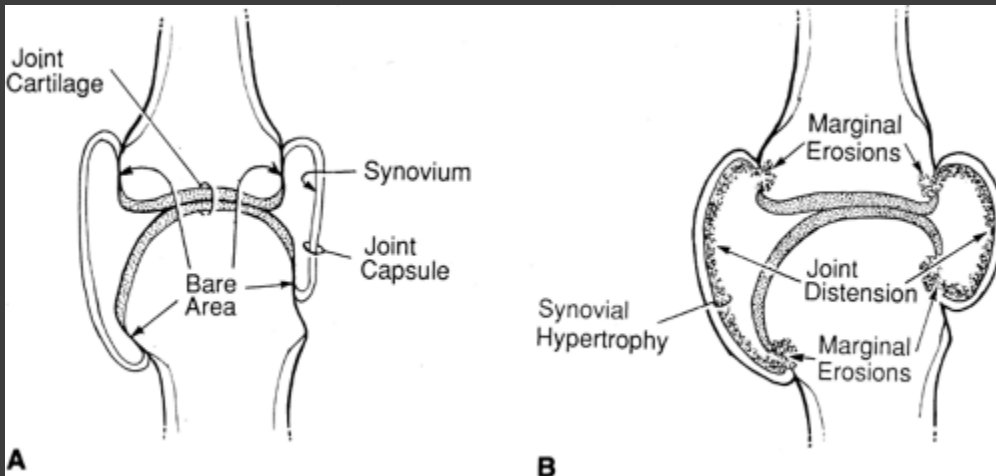
EROSIVE RHEUMATOID ARTHRITIS:

CLINICAL PEARLS

- Risk is reduced with DMARD therapy, but not eliminated
- Typically requires years to present, and is not reversible; joint replacement may be of use in select cases
- Foot involvement is common (at least 1/3 of patients) and may precede hand involvement
- Ddx of erosive joint involvement
 - RA/JIA
 - Seronegative spondyloarthropathies (usually asymmetric)
 - Erosive OA

EROSIVE RHEUMATOID ARTHRITIS:

RADIOLOGIC PEARLS



- Radiographic features:
 - ABCDES
- Inflammatory vs non-inflammatory joint arthritis:
 - Inflammatory = **uniform** cartilage loss, **erosions**, peri-articular osteoporosis, **ankylosis**
 - Non-inflammatory = **non-uniform** cartilage loss, **sclerosis/osteophytes**, cysts
 - Gout-like = **late** cartilage involvement, no osteoporosis, and **erosion/cysts**
- Progression:
 - Joint space narrowing, juxta-articular osteopenia
 - Marginal erosions
 - “Bare area”
 - Destruction of joints, subluxation
 - Superimposed degenerative changes in longstanding cases
- Ankylosis of small joints and of talonavicular has been reported with frequencies varying from 0.8-10%

REFERENCES

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