Clinical Features and Diagnostic Considerations in Psoriatic Arthritis

Dafna D. Gladman, MD, FRCPC

KEYWORDS

- Psoriatic arthritis • Dactylitis • Enthesitis • Axial disease • Clinical features
- Differential diagnosis

KEY POINTS

- Psoriatic arthritis is a unique musculoskeletal disease occurring in patients with psoriasis.
- There are specific clinical and imaging features that help identify it.
- It should be differentiated from other forms of arthritis that might coexist with psoriasis.

Psoriasis is an inflammatory immune-mediated skin disease that affects 2% to 3% of the population. Some 30% of patients with psoriasis develop an inflammatory form of arthritis, termed psoriatic arthritis. Psoriatic arthritis was initially described in detail by Wright,[1] and then Wright and Moll,[2] who considered it "an inflammatory arthritis associated with psoriasis usually seronegative for rheumatoid factor." They described 5 clinical patterns of the disease, namely distal, oligoarticular, polyarticular, primarily axial, and arthritis mutilans.[2] However, it has been demonstrated that patients change their pattern over time, such that a patient may present with oligoarthritis and then develop polyarticular involvement, or present with polyarthritis and remain oligoarticular after therapy. Alternatively, patients may have primarily peripheral disease at presentation and then develop axial disease, or vice versa. Because patients may present at different points during their disease course, these patterns are not useful in terms of identifying disease.[3] Moreover, patients with psoriatic arthritis may present with peripheral arthritis, axial disease, or enthesitis. Thus, the new definition of psoriatic arthritis is "an inflammatory musculoskeletal disease associated with psoriasis."[4] More recently, most investigators consider psoriatic arthritis to consist of 5 domains: peripheral arthritis, axial disease, enthesitis, dactylitis, and skin and nail disease.[5]

In this article, the clinical features of psoriatic arthritis are discussed, together with diagnostic considerations.

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Toronto Western Hospital, University of Toronto, University Health Network, 399 Bathurst Street, 1E-410B, Toronto, Ontario M5T 2S8, Canada
E-mail address: dafna.gladman@utoronto.ca

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CLINICAL FEATURES OF PSORIATIC ARTHRITIS

Peripheral Arthritis

Psoriatic arthritis is inflammatory in nature. Thus, patients present with joint pain that is worse with inactivity, and is associated with morning stiffness of more than 30 minutes' duration. The joint pain and stiffness improve with activity. There may be joint swelling associated with the pain. Any joint may be affected, but the most common joints are the joints of the feet and hands, followed by knees, wrists, ankles, and shoulders (**Table 1**).

On physical examination, joints may be tender and swollen; however, it should be noted that patients with psoriatic arthritis are not as tender as patients with rheumatoid arthritis.[6] Moreover, the effusions may be tight and difficult to appreciate. Patients with psoriatic arthritis may demonstrate a purplish discoloration over their affected joints.[7] When assessing disease activity in psoriatic arthritis, it is important to assess 68 joints for tenderness and 66 joints for swelling, as one may otherwise underestimate the extent of the disease.[8] Because the feet are most commonly affected, a joint count that excludes the feet is inappropriate for the assessment of psoriatic arthritis.

Most patients with psoriatic arthritis present with polyarticular disease, with 5 or more joints involved (**Fig. 1**). The distribution tends to be asymmetrical, but the more joints involved the more likely the symmetry.[9] Isolated distal joint involvement may occur in 5% to 10% of the patients (**Fig. 2**). Oligoarticular disease occurs in 37% of the patients (**Fig. 3**). Oligoarticular presentations are more likely to occur in early disease. Polyarticular disease is prognostic for progression of damage.[10,11] Patients with oligoarticular disease are more likely to achieve remission.[12]

Psoriatic arthritis may appear as a rapidly destructive arthritis described as arthritis mutilans. It was recognized by Wright and Moll[2] as a unique pattern. However,

Table 1
Active and damage joint prevalence among 355 inception patients

	Frequency (%)	
Joints Involved	**Active Joint Involvement**	**Damage Joint Involvement**
Temporomandibular	19 (5.4)	0 (0.0)
Sternoclavicular	11 (3.1)	0 (0.0)
Shoulder	71 (20.0)	4 (1.1)
Elbow	43 (12.1)	2 (0.6)
Hand		
Wrist	101 (28.5)	4 (1.1)
Metacarpophalangeal	167 (47.0)	3 (0.9)
Proximal interphalangeal	203 (57.2)	21(5.9)
Distal interphalangeal	123 (34.7)	19 (5.4)
Hip	23 (6.5)	3 (0.9)
Knee	102 (28.7)	3 (0.9)
Ankle	81 (22.8)	3 (0.9)
Foot		
Metatarsophalangeal	186 (52.4)	11 (3.1)
Proximal/distal interphalangeal	131 (36.9)	16 (4.5)

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