



“बेटी बचाओ, बेटी पढ़ाओ”

## JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR

### FACULTY OF HOMOEOPATHIC SCIENCE

#### Teaching Methodology

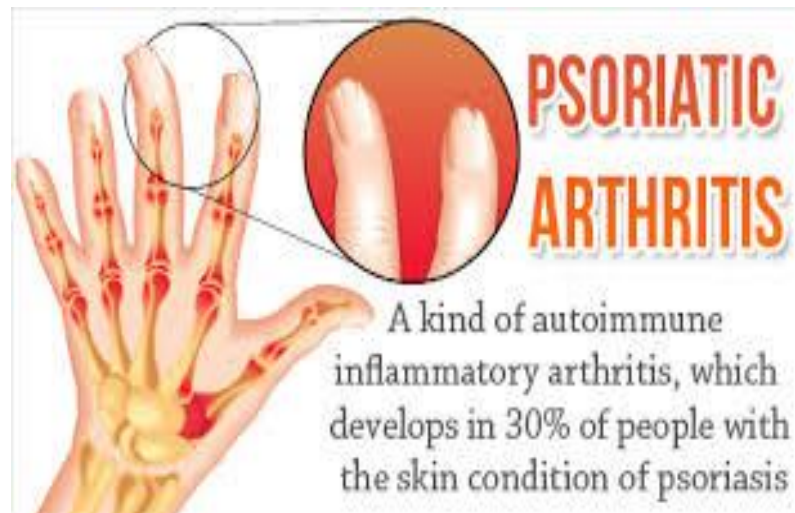
<b>Faculty Name</b>	: JV'n Dr. Ravi Jain (Asso. Professor & HOD)
<b>Program</b>	: BHMS
<b>Course</b>	: Practice of Medicine
<b>Session</b>	: Psoriatic Arthritis

#### Academic Day starts with –

- Greeting with saying ‘**Namaste**’ by joining Hands together following by 2-3 Minutes Happy session, Celebrating birthday of any student of respective class and **National Anthem**

#### Lecture Starts with-

- **Review of previous Session-** In previous session we have discussed about Reactive arthritis.
- **Topic to be discussed today-** Today I will start with Psoriatic Arthritis.
- **Lesson deliverance (ICT, Diagrams & Live Example)-**
  - PPT (15 Slides)
  - Diagrams



**Picture of Psoriatic Arthritis**

- It is a chronic inflammatory arthritis that affects 5–42% of persons with psoriasis.
- It refers to an inflammatory musculoskeletal disease that has both **autoimmune** and **autoinflammatory** features occurring in individuals with psoriasis.
- It is seronegative.
- Often involved the distal interphalangeal (DIP) joints of the fingers and the spine and sacroiliac joints.
- It has features similar to those of AS and ReA.
- Onset of psoriasis usually precedes development of joint disease.
- Nail changes are seen in 90% of pts with psoriatic arthritis.
- **Six pattern of nail involvement** : pitting, horizontal ridging, onycholysis, yellowish discoloration of nail margins, dystrophic hyperkeratosis, and combination of these findings.



Pic: Psoriatic Arthritis

### Pattern of Joints Involvement

- There are five patterns of joint involvement
- **Asymmetric oligoarthritis:** often involves distal interphalangeal/proximal interphalangeal (DIP/PIP) joints of hands and feet, knees, wrists, ankles; “sausage digits” may be present, reflecting tendon sheath inflammation.
- **Symmetric polyarthritis** (40%): resembles rheumatoid arthritis except rheumatoid factor is negative, absence of rheumatoid nodules.
- **Predominantly DIP joint involvement** (15%): high frequency of association with psoriatic nail changes.
- **Arthritis mutilans** (3–5%): aggressive, destructive form of arthritis with severe joint deformities and bony dissolution.
- **Spondylitis and/or sacroiliitis:** axial involvement is present in 20–40% of pts with psoriatic arthritis; may occur in absence of peripheral arthritis.

## Evaluation

- Negative tests for rheumatoid factor.
- Hypoproliferative anemia, elevated ESR.
- Hyperuricemia may be present.
- HIV infection should be suspected in fulminant disease.
- Inflammatory synovial fluid and biopsy without specific findings.
- Radiographic features include erosion at joint margin, bony ankylosis, tuft resorption of terminal phalanges, “pencil-in-cup” deformity (bone proliferation at base of distal phalanx with tapering of proximal phalanx), axial skeleton with asymmetric sacroiliitis, asymmetric nonmarginal syndesmophytes.



**Pic Showing Radiographic Changes in Psoriatic Arthritis**

## Diagnosis (CASPAR criteria)

- Patient must have inflammatory articular disease (joint, spine, or enthesal) with  $\geq 3$  points from any of the following five categories:
- Evidence of current psoriasis, a personal history of psoriasis, or a family history of psoriasis.
- Typical psoriatic nail dystrophy observed on current physical examination.

A negative test result for rheumatoid factor

- Either current dactylitis or a history of dactylitis recorded by a rheumatologist.
- Radiographic evidence of juxtaarticular new bone formation in the hand or foot.

### **Treatment**

- Coordinated therapy is directed at the skin and joints.
- Patient education, physical and occupational therapy.
- TNF modulatory agents, infliximab.
- NSAIDs.
- Intraarticular steroid injections
- Efficacy of gold salts and antimalarials
- Sulfasalazine
- Methotrexate
- Leflunomide

### **University Library Reference-**

- Davidson's Principles and Practice of Medicine – Elsevier Publication, 23<sup>rd</sup> Edition.
- Golwalla Medicine for students, Jaypee Brothers, 25<sup>th</sup> Edition
- Harrisons Manual of medicine – MC Graw Hill, 19<sup>th</sup> Edition
- Harrisons Principles of Internal medicine – 19<sup>th</sup> Edition, McGraw-Hill Education

## Online References :

- <https://www.mayoclinic.org/diseases-conditions/psoriatic-arthritis/symptoms-causes/syc-20354076>
- <https://www.versusarthritis.org/about-arthritis/conditions/psoriatic-arthritis/>
- <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Psoriatic-Arthritis>
- <https://www.healthline.com/health/psoriatic-arthritis>
  
- **Suggestions to secure good marks to answer in exam-**
- Write the definition, etiopathogenesis, clinical features, investigation and management of Psoriatic Arthritis
  
- **Next Lecture : Gout**
  
- **Day ends with - National song ' Vande Mataram'**