



“बेटी बचाओ, बेटी पढ़ाओ”

JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR

FACULTY OF HOMOEOPATHIC SCIENCE

Teaching Methodology

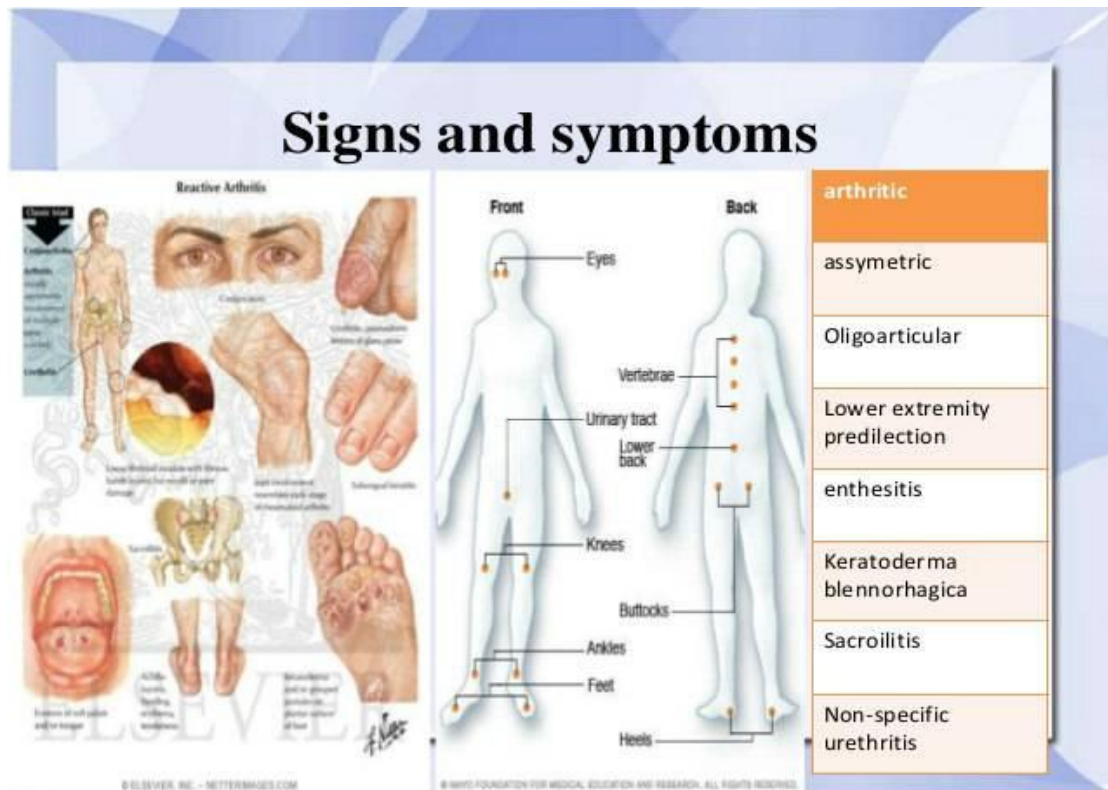
Faculty Name	: JV'n Dr. Ravi Jain (Asso. Professor & HOD)
Program	: BHMS
Course	: Practice of Medicine
Session	: Reactive Arthritis

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 Ankylosing Spondylosis
- **Topic to be discussed today-** Today I will start with Reactive arthritis.
- **Lesson deliverance (ICT, Diagrams & Live Example)-**
 - PPT (15 Slides)
 - Diagrams



Picture of Reactive Arthritis

- It refers to acute nonpurulent arthritis complicating an infection elsewhere in the body.
- The term has been used primarily to refer to spondyloarthritides following **enteric** or **urogenital infections**.
- The association of acute arthritis with episodes of **diarrhea** or **urethritis** has been recognized.
- During World Wars I and II the triad of **arthritis, urethritis, and conjunctivitis**, often with additional mucocutaneous lesions, became widely known.

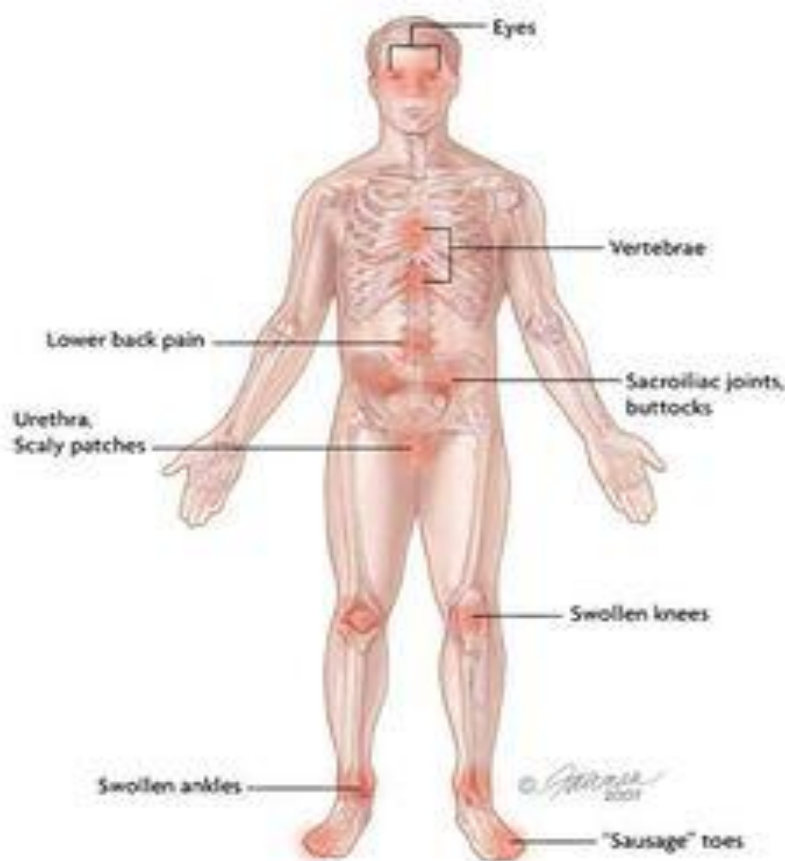
Pathology

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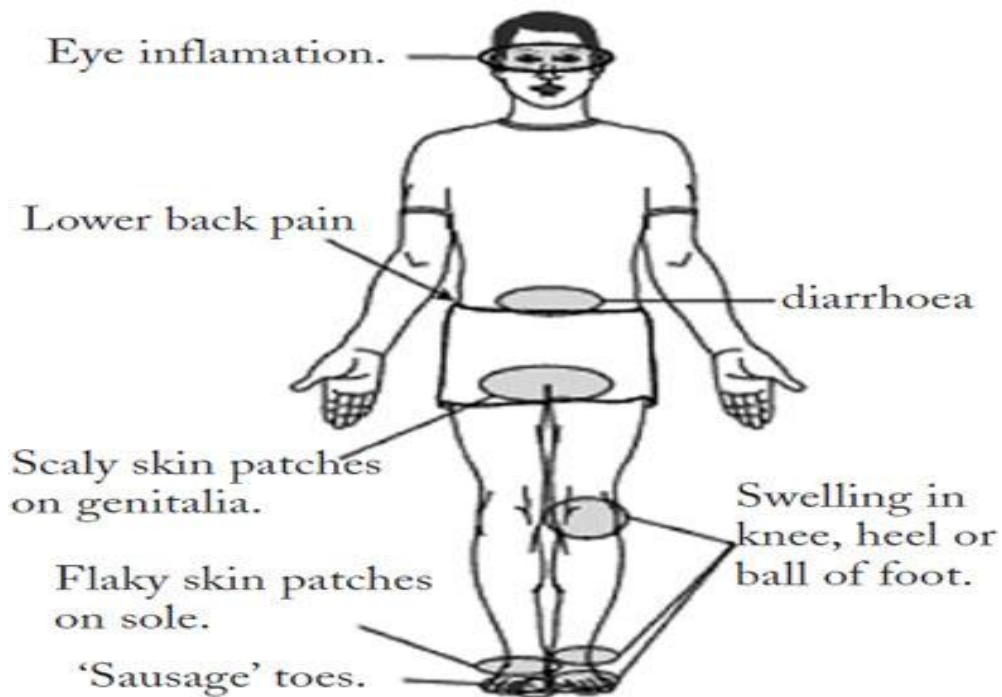
Epidemiology

- There is association of ReA with HLAB27
- Age group is 18–40 years.
- The gender ratio in ReA following enteric infection is nearly 1:1, whereas venereally acquired ReA occurs mainly in men.
- It has become the most common rheumatic diseases in Africans in the wake of the AIDS epidemic.



Clinical Features

- These constitute a spectrum that ranges from an isolated, transient monoarthritis or enthesitis to severe multisystem disease.
- A careful history elicit evidence of an antecedent infection 1–4 weeks before onset of symptoms.
- Constitutional symptoms are fatigue, malaise, fever, and weight loss.
- The musculoskeletal symptoms are usually acute in onset.
- Arthritis is asymmetric and additive, with involvement of new joints occurring over a few days to 1–2 weeks.



Pic of Reactive Arthritis showing symptoms

- Joints of the lower extremities, especially the knee, ankle, and subtalar, metatarsophalangeal, and toe interphalangeal joints, are commonly involved.
- The joints are usually quite painful, and tense with joint effusions.
- Dactylitis, or “sausage digit” a diffuse swelling of a solitary finger or toe, is a distinctive feature.

- Tendinitis and fasciitis are characteristic lesions, producing pain at multiple insertion sites (enthuses).
- Sites : Achilles insertion, the plantar fascia, and sites along the axial skeleton.
- Spinal, low-back, and buttock pain are quite common It caused by insertional inflammation, muscle spasm, acute sacroiliitis, or arthritis in intervertebral joints.
- Urogenital lesions in males, urethritis occurs in both postvenereal and postenteric ReA. Prostatitis is also common. In females, cervicitis or salpingitis may be caused either by the infectious trigger or by the sterile reactive process.
- Ocular disease : transient, asymptomatic conjunctivitis to an aggressive anterior uveitis and may result in blindness.
- Mucocutaneous lesions :painless lesions on glans penis (circinate balanitis) and oral mucosa, keratoderma blennorrhagica cutaneous vesicles that become hyperkeratotic, most common on soles and palms.
- Nail changes are common and consist of onycholysis.
- Uncommon manifestations: pleuropericarditis, cardiac conduction defects, aortic regurgitation, neurologic manifestations, secondary amyloidosis.
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- **Uncommon manifestations:** pleuropericarditis, cardiac conduction defects, aortic regurgitation, neurologic manifestations, secondary amyloidosis.

Laboratory Findings

- Pursuit of triggering infection by culture, serology, or molecular methods.
- Rheumatoid factor and ANA negative.
- Mild anemia, leukocytosis, elevated ESR.
- HLA-B27 association showing a prevalence <50%. May be helpful in atypical cases and may have prognostic significance.
- HIV screening should be performed in all pts.
- Pursuit of triggering infection by culture, serology, or molecular methods.
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- Mild anemia, leukocytosis, elevated ESR.
- HLA-B27 association showing a prevalence <50%. May be helpful in atypical cases and may have prognostic significance.
- HIV screening should be performed in all pts.
- **Radiographs** : In early or mild disease, radiographic changes are absent or confined to juxtaarticular osteoporosis.
- Erosions and loss of joint space is seen with new periosteal bone formation, ossification of entheses, sacroiliitis (often unilateral).
- Spurs at the insertion of the plantar fascia are common.
- The syndesmophytes are nonmarginal; coarse, asymmetric, and “comma”-shaped, arising from the middle of a vertebral body, a pattern less commonly seen in primary AS.
- Progression to spinal fusion is uncommon.

Differential Diagnosis

- Septic arthritis (gram +/-),
- Gonococcal arthritis,
- Crystalline arthritis,
- Psoriatic arthritis

Treatment

- Most patients with ReA benefit from high-dose NSAIDs.
- Indomethacin, is the initial treatment of choice.
- Prompt antibiotic treatment of acute chlamydial urethritis may prevent subsequent reactive arthritis.
- Tendinitis and other enthesitic lesions may benefit from intralesional glucocorticoids.
- Skin lesions ordinarily require only symptomatic topical treatment.
- Uveitis require therapy with ocular or systemic glucocorticoids.
- Sulfasalazine,, may be beneficial to patients with persistent ReA

University Library Reference-

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

Suggestions to secure good marks to answer in exam-

- Write the definition, etiopathogenesis, clinical features, investigation and management of Reactive Arthritis
- **Next Lecture** : Psoriatic Arthritis
- **Day ends with** - National song ' Vande Mataram'