CLINICAL REFERENCE

Inflammatory Arthropathy Summary

* Labs are in addition to CBC with differential, UA, CRP & ESR

DISEASE	TYPICAL AGE OF ONSET	M:F RATIO (PREV./100K US POP.)	TYPICAL SITES OF INVOLVEMENT	CLINICAL MANIFESTATIONS	LAB DIAGNOSIS*
Rheumatoid Arthritis Chronic destructive autoimmune synovitis	40–50	1:3 (500/100K)	Bilateral & symmetrical: small joints of the hand (PIP, MCP), wrist, elbow, knee & foot (MTP)	Morning stiffness; warm, tender, swollen joints provoked by inactivity; subcutaneous nodules. Associated with Sjögren's syndrome (dry mucous membranes).	RA factor Anti-CCP antibody
Ankylosing Spondylitis Chronic joint inflammation leading to bony fusion	20–40	3:1 (130/100K)	Symmetric sacroiliiitis; lumbar & lower thoracic spine; ribs; asymmetric lower extremities	Intermittent LBP and stiffness provoked by inactivity; night-time pain; aortic regurgitation.	HLA-B27 (90%)
Psoriatic Arthritis Inflammatory arthritis preceded by psoriasis	35–45	1:1 (100/100K)	Asymmetric hands, wrists, ankles & feet; sacroiliiitis; cervical spine; DIP joint	Psoriasis, enthesitis, dactylitis (sausage appearance), nail dystrophy.	HLA-B27 (40%)
Reactive Arthritis / Reiter's Reaction secondary to enteric infection or UTI	20–40	5:1 (35/100K)	Asymmetric sacroiliiitis, lumbar spine & lower extremities	Nearly clinically identical to AS; provoked by inactivity. Inflammation of the joints, urinary tract and eyes; ulcerations of the skin and mouth; enthesitis, dactylitis, uveitis, aortic regurgitation, "flu-like" symptoms.	HLA-B27 (80%)
Enteropathic Arthritis Chronic inflammatory arthropathy secondary to Crohn's or UC	Any age	1:1 (65/100K)	Symmetric sacroiliiitis; lower extremities	Self-limiting but recurrent, correlating with bowel disease.	HLA-B27 (30%)
SLE Chronic autoimmune disease of skin, joints and organs	16–55	1:10 (45/100K)	Asymmetric fingers, hands, wrists & knees	Fatigue, headache, joint pain disproportionate to swelling, fever, "flu-like" symptoms, malar rash (50%), photosensitivity, hair loss, discoid lesions; migratory, episodic pattern. Associated with Sjögren's syndrome. 11 diagnostic criteria.	Leukopenia ANA Sjögren's A antibody Sjögren's B antibody
Scleroderma Overproduction of collagen in skin and/or organs	30–50	1:4 (25/100K)	**Localized:** skin only. **Systemic:** esophagus, colon, lung, heart, kidneys	Raynaud's, GERD, skin changes: tight, thickened or shiny skin (especially fingers and face).	—
Lyme Disease Bite from black-legged tick infected with *Borrelia burgdorferi*	5–19 & >30	1:1 (9/100K)	Polyarticular; knee	Initial "flu-like" symptoms days or weeks after tick bite; expansile "bullseye" rash (75%). If untreated, episodic joint pain and swelling. Late: paresthesias, weakness, facial paralysis.	ELISA for Lyme Western blot
Septic Arthritis Joint infection via puncture or spread from another body infection	Young & >65	1:1 (8/100K)	Monoarticular — adults: knee; children: hip	Low-grade fever (40–60%), pain (75%) and impaired range of motion.	Joint aspiration & culture Blood culture
Gout Uric acid crystals accumulate in and around joints	>40	9:1 (500/100K)	Monoarticular — great toe; less commonly ankle or knee	Sudden, severe joint pain and swelling lasting days; tophaceous deposits at the helix of the ear or extensor surfaces of fingers.	Uric acid in blood Joint aspiration
Pseudogout / CPPD CPPD crystals accumulate in joints	>60	1:1 (130/100K)	Monoarticular — knee; less commonly ankle, wrist or elbow	Sudden, severe joint pain and swelling lasting days.	Joint aspiration
Polymyalgia Rheumatica Acute inflammatory myopathy	~70	1:2 (52/100K)	Hip and shoulder girdle	Rapid onset of "flu-like" symptoms, especially myalgia and inactivity stiffness; limited ROM, weakness, fever, weight loss. Associated with giant cell arteritis (15% of cases).	ESR CRP
Polymyositis Chronic progressive inflammatory myopathy	45–60	1:2 (<0.8/100K)	Symmetrical skeletal muscles near trunk: hips, thighs, shoulders, upper arms & neck	Mild joint and muscle tenderness, fatigue, shortness of breath. Slowly progressive weakness leading to difficulty moving, swallowing or speaking. Dermatomyositis also affects skin.	CPK Urine myoglobin Serum aldolase EMG/NCV Muscle biopsy