Top 5 tips: Psoriatic arthritis

Arthritis Subcommittee
Psoriatic arthritis (PsA)

- Inflammatory musculoskeletal disease associated with cutaneous psoriasis
- The prevalence of psoriasis is 2–4% in Western adults while 20–30% of patients with psoriasis will develop PsA
- It is under the umbrella-term of spondyloarthritis
- 10–15% of patients develop arthritis prior to psoriasis
- CASPAR classification criteria*
  - Gender: Men = women
  - Age: 40-50 years
  - Affected systems: peripheral & axial joints, entheses, skin, & nails
  - Comorbidities: cardiovascular disease, osteoporosis, uveitis, and subclinical bowel inflammation

*CASPAR criteria (minimum score of 3)
Current/history of psoriasis
Psoriatic nail dystrophy
Negative rheumatoid factor
Current/history of dactylitis
Radiographic juxta-articular new bone formation
Tip#1: Enthesitis

- Enthesitis is a characteristic feature of PsA
- It almost always occurs at fibro-cartilaginous attachments
- Enthesitis of the axial & appendicular skeleton is the key in psoriatic arthritis
- “Enthesis organ concept”: Inflammation occurs **not only** at the enthesis **but also** in neighboring tissues
Tip#2: New bone formation

- New bone formation
- BME
- Bone sclerosis
Tip#3: Imaging of the appendicular skeleton

**Radiography**
- Marginal erosions
- "Pencil in cup"
- Periarticular new bone formation
- Periostitis
- Dactylitis
- Ankylosis

**MRI**
- Synovitis
- Periarticular edema
- Enthesitis
- Extensive BME
- Tenosynovitis
Tip#4: Imaging of the axial skeleton

**Radiography**
- Sacroiliitis
- Parasyndesmophytes
- Hip arthritis

**MRI**
- Inflammatory corners
- Enthesitis
- Fatty corners
- Sacroiliitis Unilateral=10%
- Enthesitis
Tip#4: Differential diagnoses appendicular skeleton
Tip#5: Differential diagnoses axial skeleton
References


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