Top 5 tips: Rheumatoid Arthritis

Arthritis Subcommittee



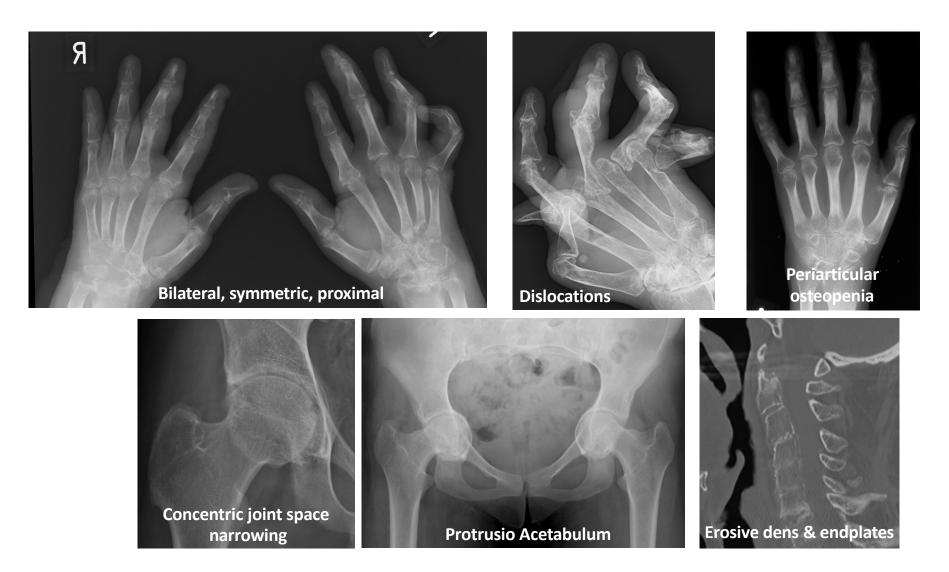
Rheumatoid arthritis (RA)

- Chronic systemic disease of unknown cause
- Inflammation primarily affects the synovia
- Usually, symmetrical involvement of peripheral joints
- Chronic synovial inflammation leads to structural damage of cartilage, bone, and ligaments.
- In most of the patients, multiple organs are affected.

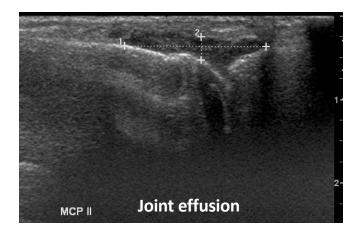
Clinical and laboratory diagnosis of RA

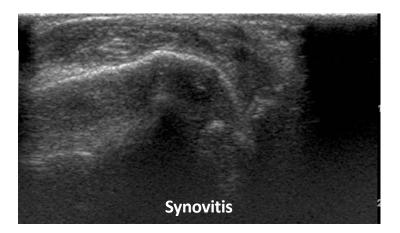
- Diagnosis = combination of findings that are followed over time
- No single laboratory tests, histologic or X-ray findings confirms RA
- Rheumatoid factor is positive in 85% of the patients with RA but can also be found in other diseases
- Anti-citrullinated peptide antibodies play a critical role in initiating the inflammatory response in RA.

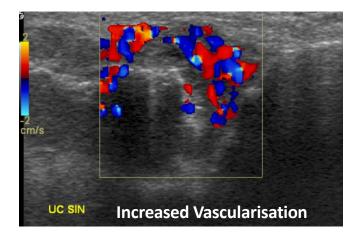
Tip#1: X-ray findings

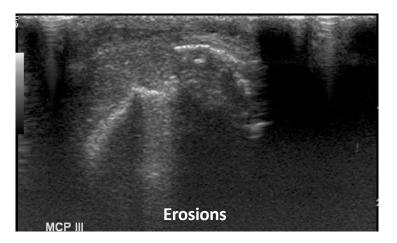


Tip#2: US findings



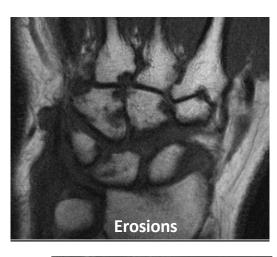


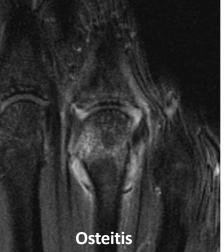




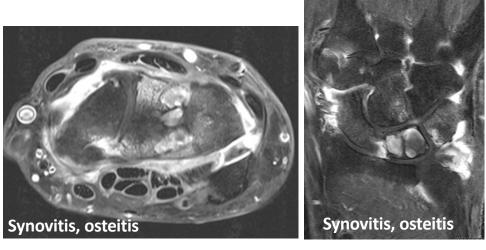
Tip#3: MRI findings





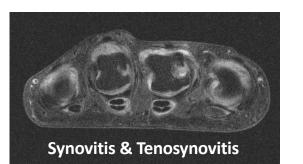


T1w + Gd







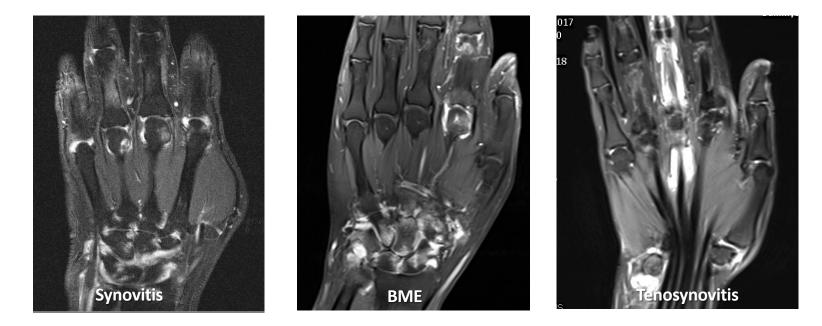


Tip#4: Differential diagnoses



Tip#5: Imaging as prognostic tool

- Synovitis at US/MRI is an independent predictors of erosive progression in early RA patients.
- BME is a strong predictor for subsequent erosions.
- Tenosynovitis of the flexor tendons of the hand in patients with undifferentiated arthritis has been associated with progression to clinical RA.



References

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