

### General Information

Autoimmune condition causing synovitis of joints, tendon sheaths, and bursae

Symmetrical and affects multiple joints

3x more common in women

Associated with HLA DR4 and HLA DR1

70% of RA patients have +ve RF

Some patients will be anti-CCP +ve

### Hand Signs



Boggy feeling in synovium

Z-shaped deformity to thumb

Swan neck deformity (hyperextended PIP, flexed DIP)

Boutonniere deformity (hyperextended DIP, flexed PIP)

Ulnar deviation of MCP joints

### Diagnostic Criteria

**More than 4/7 = diagnosis:**

Morning stiffness for >1hr for 6+ weeks

3+ joints affected for 6+ weeks

1+ joints in hand/wrist for 6+ weeks

Symmetrical involvement of 1+ joints

Presence of rheumatoid nodules

High serum RF

Consistent radiographic changes of hand or wrist

### Worse Prognosis

Younger onset

Male

More joints + organs

RF + anti-CCP

Erosions on XR

### Presentation

Key symptoms Symmetrical distal polyarthropathy

Pain, swelling, stiffness

Improves with activity

Morning stiffness >1hr

Systemic symptoms Fatigue

Weight loss

Flu

Myalgia

### Extra-Articular Manifestations

Caplan's syndrome - pulmonary fibrosis, pulmonary nodules

Bronchiolitis obliterans

Felty's syndrome - RA, neutropenia, splenomegaly

Secondary Sjogren's syndrome - sicca syndrome

Anaemia of chronic disease

CVD

Episcleritis and scleritis

Rheumatoid nodules

Lymphadenopathy

Carpel tunnel syndrome

Amyloidosis

### Important Side Effects

Methotrexate Pulmonary fibrosis

Leflunomide HTN  
Peripheral neuropathy

Sulfasalazine Male infertility (reduced sperm count)  
Orange fluids

Hydroxychloroquine Nightmares  
Reduced visual acuity

Anti-TNF medication Reactivation of TB or Hep B

Rituximab Night sweats  
Thrombocytopenia

### Joint Involvement

PIP joints

MCP joints

Wrist + ankle

Cervical spine

Can involve large joints (knees, hips, shoulders)

Does not involve DIP joints

### Palindromic Rheumatism

Self-limiting, short episodes of inflammatory arthritis

Presents with joint pain, stiffness and swelling

Episode lasts 1-2 days then completely resolves

A +ve RF and anti-CCP can indicate it will progress to RA

### Investigations

RF

If -ve, check anti-CCP

CRP + ESR

XR of hands and feet

USS to confirm synovitis

### XR Changes

Joint destruction and deformity

Soft tissue swelling

Periarticular osteopenia

Bony erosions

### Management

MDT

Steroids Short course initially + flare ups

NSAIDs (+PPI)

DMARDs 1. Monotherapy with methotrexate/leflunomide/sulfasalazine  
Hydroxychloroquine if mild  
Take folic acid 5mg if on methotrexate

2. Dual therapy with above

3. Methotrexate + biological therapy (usually TNF inhibitor)

4. Methotrexate + rituximab

If pregnant - sulfasalazine or hydroxychloroquine

Surgery

C

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