

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's 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



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Page 1 of 2.

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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



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