

RHEUMATOID ARTHRITIS

↓
Musculoskeletal
illness

↓
Joints

↳ Inflammation.

- One of the most common chronic inflammatory arthritis.

Etiology: Autoimmune disease

① Genetic

- ↓
- HLA DR1
 - HLA DR4

② Environmental

- ↓
- Cigarette smoking
 - Infections like
Epstein Barr virus,
Porphyromonas gingivalis

③ Hormonal

- ↓
- Breastfeeding
↑ risk due to
↑ prolactin
∴ Proinflammatory
 - Nullparity.

Pathology

In persons with HLA DR4 & HLA DR1 when they smoke

↓

By Modification of our own antigen
(Type II collagen & vimentin)

↓

∴ Arginine $\xrightarrow{\text{converted to}}$ Citrulline
(Citrullination)

↓

Now Immune cannot differentiate the
Self antigen so picked up by Antigen
presenting cells (Macrophage, Dendritic, B lymphocyte)

↓

Released in lymph node by antigen presenting
cell to CD4 T-Helper cell.

In lymph node.

- Antigen presenting cell activates CD4 T helper cells
T cell ↓ stimulates
B cells "
↓
Proliferate into Plasma cells
↓
Produce specific antibodies against them.
↓
Enter circulation → Joint space.

In Joint space:

T cells
↓ secrete
Cytokines (Interferon, Interleukin-17)
↓
More macrophages
↓
More cytokines
↓
Synovial cells proliferates
"New Blood vessel formation"
(Angiogenesis)
↓
"PANNUS" (Thick, swollen
synovial membrane with granulation
tissue like fibroblast & macrophages
& new blood vessels).
↓ secrete
Proteases & elastases
↓
Cartilage Erosion

Antibodies.

i) Rheumatoid Factor
RF (Ig M)
ii) Antibody to Cyclic
Citruinated Peptides
(Anti-CCPs)
↓
React with Citruinated
protein
↓
Forms Immune
Complexes.
↓
Activates
Complement
System (a small
protein ~
Enzyme).

Inflammatory Cytokines → T cells → RANK & RANKL combination → Osteoclasts

↓
Travel to multiple
Joints & Both sides
cause inflammation.

↓
Breakdown
Bone.

↓
Also travel to extra
articular places and affect skin, muscle, brain, lung,
liver, blood vessels.

Clinical features:

Onset - Insidious, Location - Polyarthritides, 5 more.
Symmetrical.

Common Joints → Small Joints (Metacarpophalangeal Joint (MCP)
Proximal interphalangeal joint (PIP), Distal Interphalangeal Joint (DIP)

As Disease worsens (Large Joints) → Shoulder Joint, Elbow
Joint, Knee Joint, Ankle Joint.

Sensation → Morning stiffness, after resting

Acute Flares → Redness, Swelling, Warm, Painful

Special Deformities Hand

- ① Swan Neck Deformity: Hyperextension of PIP and flexion of Distal IP. Impair Hand grip.
- ② Boutonniere or Button Hole Deformity: Extensor tendon on the back of PIP breaks so the head of proximal phalanx poke through causing flexion of PIP & Hyperextension of DIP.
- ③ Z shaped thumb (Hitchhiker's thumb) - Thumb becomes Z shaped.
- ④ Ulnar deviation of hands.
- ⑤ Dropped fingers → Due to attrition of Extensor tendon

Legs

- 1) Baker's on Popliteal Cyst: - Synovial fluid bulges out posteriorly and causes swelling in popliteal fossa which may break and cause painful swelling in calf.
- 2) Hammer toe: Flexion of PIP and Hyperextension of Metatarsal phalangeal joint.
- 3) Hallux valgus: lateral deviation of big toe.
- 4) Arch of Foot is lost
- 5) Calluses develop on bony points.

Vertebra:

- 1) Antlatoaxial subluxation due to p. weakening of transverse ligament. (Clucking sound of neck in flexion)
- 2) Temporomandibular arthritis causing pain during mastication.

Extra articular

- ① Skin $\rightarrow$ Rheumatoid nodules, painless, non tender nodules from few mm to cm in the extensor aspects of the elbow.
- ② Muscle $\rightarrow$ Break down of proteins.
- ③ Blood vessels $\rightarrow$ Atherosclerosis.
- ④ Brain $\rightarrow$ Pyrexia
- ⑤ Eyes $\rightarrow$ Scleromalacia perforans, Scleritis.
- ⑥ Lungs $\rightarrow$ Interstitial $\rightarrow$ Fibroblast $\rightarrow$ Scar tissue $\rightarrow$ $\downarrow$ Gas exchange
Pleura $\rightarrow$ Pleural effusion: [Caplan's Syndrome]
- ⑦ Liver $\rightarrow$ $\uparrow$ Hepcidin $\rightarrow$ Causes $\downarrow$ Iron by inhibition absorption & trapping by macrophage / liver cells.
- ⑧ Neurology $\rightarrow$ Entrapment neuropathy, Cervical cord compression, Carpal Tunnel syndrome

Caplan's Syndrome:

- Also called as Rheumatoid Pneumoconiosis.
- Rheumatoid arthritis + Pneumoconiosis.
- Who have inhaled dust like coal, metals, minerals.
- It manifests as intrapulmonary nodules that appear well defined on chest x-ray.
- Rales which do not disappear on coughing or taking deep breath & symptoms of RA.

Felty's Syndrome:

- S - Splenomegaly
- A - Anemia
- N - Neutropenia
- T - Thrombocytopenia
- A - Arthritis (Rheumatoid)

Sjogren's Syndrome

- Chronic autoimmune disease characterized by mixed cellular infiltration of the exocrine glands.
- Usually associated with Rheumatoid arthritis.
- They are predisposed to MALT lymphoma.
- Dry mouth (xerostomia), Dry eyes (xerophthalmia). Arthritis. Parotid enlargement.
- Raynaud's Phenomenon.
- Schirmer's test positive? Filter paper in eyes & positive if wetting ^{less} more than 5mm in 5 minutes.

Laboratory Diagnosis:

Serology:

- i) Rheumatoid Factor (IgM Antibodies) - 70-80%.
Appear 2-3 months after onset.
- ii) Anti-Cyclic Citrullination peptide (Anti-CCP) Antibody.
- New early diagnosis. even before arthralgia.
- Specific to RA - 95% cases.

iii) Antinuclear Antibody

- Usually non-specific, 30% cases

↑ ESR, ↑ C Reactive protein - Normochromic Normocytic Anemia, Iron Deficiency anemia.

Radiology:

Grade I → Soft tissue swelling (Synovitis)

Grade II → Narrowing of Joint space (Cartilage destruction)

Grade III → Erosion of Bone

Grade IV → Irregularity of articular surface, subluxation.

Synovial Fluid Aspiration:

→ ↑ WBC, ↑ Neutrophils, Complement low, ↑ Protein.

Differential diagnosis

1. Psoriatic arthritis 2. Gout 3. Osteoarthritis, 4. Septic arthritis,
5. Gonorrheal 6. Reactive 7. Ankylosing spondylitis.

Treatment & Management:

- Avoid fish, peas, carrot, sea salt, mineral water, wheat -
- Suppress Inflammation, Cytokines, NSAIDs, Glucocorticosteroids