# RHEUMATOLOGIC DISEASE

- Joint pain is the primary manifestation
- Constitutional symptoms are not common

### **SPONDYLOARTHROPATHIES**

## RHEUMATOID ARTHRITIS

• Morning stiffness > 30mins

• MCP + PIP joints commonly

affected

## CRYSTAL ARTHROPATHY

- Gout Monosodium Urate
  - Needle shape
  - Negative Birefringence
- Pseudogout CPPD
  Polymorphic shape
- Postive Birefringence



- Chondrocalcinosis



HLA-B27 associated (M>F)

• ~45 years of age

LABS:

- Fusion of axial joints / spine
  - Rheumatoid Factor (RF) + Anti-CCP
- Always consider pre-test probability!
- + Antibodies but asymptomatic is common

- Rheumatoid 60% will be RF +
  - 40% will be seronegative
    - diagnosis made by H+P

## **CONNECTIVE TISSUE DISEASE**

LUPUS	SJÖRGEN'S	SCLERODERMA	MYOSITIS	CONNECTIVE TISSUE DISEASE
Anti-dsDNA Complement Anti-Smith API antibody	Anti-RO (SSA)	Anti-centromere	Anti-Jo 1	Anti-U1-RNP
	Anti-LA (SSB)	Anti-SCL-70 (topoisomerase)		*RARE*

## All connective tissue diseases are ANA +

- Sensitive for lupus, not specific
- Confirm with specific antibodies

- Starts at 1:40 (negative)
- Lowest positive 1:80
- Increases by factor of 2
- \*but consider pretest probability

## **TITER DILUTIONS**



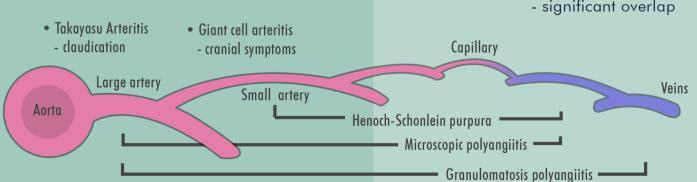
 Also monitor for organ systems that are typically asymptomatic: Kidneys + Cytopenias

# **LARGE**

## VASCULITIS

## **MEDIUM / SMALL**

- significant overlap



### LABS:

Depends on vessel size

- ANCA + Cryoglobulin
- Vasculitides do NOT usually cause cytopenias

## ESR + CRP - useful for all rheumatologic disease!

## **MANIFESTATIONS**

- Glomulonephritis
- Peripheral neuropathy
- Palpable purpura
- Diffuse alveolar hemorrhage (DAH)
- Mononeuritis multiplex wrist / foot drop