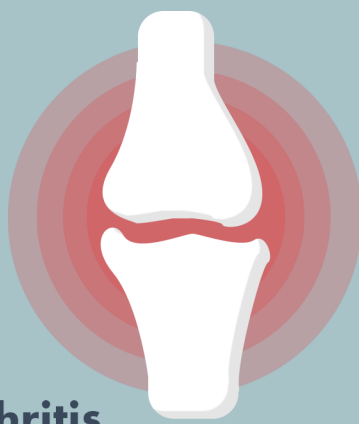


JOINT PAIN



Arthralgias

- Just joint pain
- No objective findings needed
- +/- Inflammation



Arthritis

- Pain + exam or imaging findings
- Swelling
- Osteoarthritis seen on X-Ray



Synovitis

- Inflammation of the synovium
- "Boggy" texture
- Tenosynovitis = Tendon inflamed
- Enthesitis = Tendon insertion inflamed

Mechanical

- e.g.: OA, Tendonitis, Bursitis
- Chronic wear: Osteoarthritis
- Acute Injury: 1 joint affected

Infectious

- Septic arthritis
- 1 Joint, Acute onset
- Rarely chronic or polyarticular

Inflammatory

- Stiffness and Pain in the morning
- >30 minutes before it wears off
- Improves with use
- Time of onset = Multiple joints at once

Examples include :

Rheumatoid Spondyloarthropathy Polymyalgia Crystal Arthropathy

Time Course



Number of Joints



Pain Syndrome

- Fibromyalgia: Diffuse pain + Chronic
- Neuropathic Joint Pain

Diagnosis

Labs

- RA: only seropositive arthritis
- RF + Anti-CCP
- ESR + CRP
- CBC + BMP

Arthrocentesis

- When arthrocentesis is indicated:
- If you are not sure if it is inflammatory
- Crystalline diagnosis
- Septic = have to do an arthrocentesis

Arthrocentesis Labs

Cell Count + Crystals + Cultures

Imaging: X-ray or MRI



Treatment

- Treat the underlying cause!
- Inflammatory Treatments:
 - NSAIDs: Standing + High dose
 - DMARDs: Methotrexate (MTX) for RA
 - Biologics: TNF Inhibitor (Infliximab/Remicade)
 - Patients with chronic inflammatory arthropathies need referral to rheumatology!
 - Steroids + Steroid Injections

Clinical Pearl: Most patients with psoriatic arthritis have psoriasis at the time of diagnosis.