ABORDAREA PACIENTULUI CU SUFERINTA REUMATOLOGICA

C Baicus
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- 33% din populatie este afectata de o suferinta reumatologica - 20% dintre ei vin la medic
- majoritatea nu necesita metode diagnostice sau tratamente deosebite
- afectare importanta - dg≠
- diagnostic urgent (artrita septica, artrita acuta cu microcristale, fractura) - debut acut, monoarticular

Evaluarea pacientilor cu afectiuni reumatologice

Scopuri:

- diagnostic exact
- tratament precoce
- evitarea investigatiilor superflue

Abordarea:

- localizare anatomica (articulara/nearticulara)
- natura procesului patologic (inflamator/neinflamator)
- extinderea afectarii (mono/poliarticular/focal/generalizat)
- cronologie (acut/cronic)
- dg≠

- Ex. clinic (anamneza) este cel mai important pentru diagnostic !
- Nu cereti un test de laborator inainte de a sti bine de ce il cereti si ce veti face daca iese anormal.
- Nu toti pacientii pozitivi pentru FR sau ANA au AR sau LES.

- Varsta:
  - copii: artrita juvenila

    3ani-adolescenta: RAA

    < 40 ani: LES, spondilita

    > 40 ani: artroza

    > 55 ani: ACG, polimialgia reumatica
- Sexul:
  - femei: boli autoimune, osteoporoza
  - femei inainte de menopauza: niciodata guta

articulara/nearticulara

- originea anatomica a suferintei
- articulara: durere profunda, accentuata de miscarile active si pasive; tumefactie (proliferare sinoviala, lichid articular); durere pe linia articulara;
- nearticulara: durere la miscari active (nu pasive), durere punctuala la nivelul insertiilor capsulare, ligamentare, tendinoase

inflamatorie/neinflamatorie

- Inflamatorie:
  - septica (infectie)
  - cu microcristale
  - mecanism imun (AR, LES, reactiva)
  - idiopatica

inflamatorie/neinflamatorie

- Inflamatie
  - semne locale
  - semne & simptome generale

    (febra, scadere ponderala, astenie, redoare matinala prelungita)
  - sdr. inflamator

    (VSH, CRP, FG, trombocitoza, anemie normocroma)

inflamatorie/neinflamatorie

Criteriul	Inflamator	Neinflamator
Redoare matinala	> 1h	< 1h
Oboseala	intensa	minima
Activitate fiz.	amelioreaza	agraveaza
Repaus	agraveaza	amelioreaza
Afect. sistemica	DA	NU
Rasp. CS	DA	NU

acuta/cronica, mono-/poliarticulara

acuta, monoarticulara

- Inflamatie:
  - **septica** (Staph aur, gonococ, endocardita, parvovirus B19)
  - **cu microcristale** (guta, pseudoguta)
  - reactiva (sdr. Reiter)
  - mai rar: alte spondilartropatii sero-, colagenoze
- neinflamatorii:
  - traumatice
  - coagulopatie (sangerare netraumatica)
  - lumbago

acuta, poliarticulara

- reactiva (Reiter)
- microcristale
- septica (gonococ, endocardita, hep.B, parvovirus B19, rubeola, post vacc. rubeola)
- colagenoza (AR, LES, sclerodermie, b. Still a adultului)

cronica, poliarticulara

- Inflamatorie
  - **colagenoze (AR**, LES, scleodermie, b. Still a adultului, Sjogren)
  - spondilartrite seronegative (reactive, psoriatica, ankilozanta, colopatii inflamatorii)
  - artroza “incalzita”
  - b. Lyme
  - sdr. paraneoplazic (osteoartropatie hipertr. pulm)
  - sarcoidoza
- Neinflamatorii
  - **artroza**

cronica, monoarticulara

- Neinflamatorie
  - **artroza**
  - hemartroza
  - sicklemie
  - traumatism repetat
  - tumora
- Inflamatorie
  - **infectie oportunista (TBC, fungi)**

Evolutia manifestarilor

- remisiva
  - artrite virale
- intermitenta
  - perioade libere intre exacerbari: guta, hidrartroza
  - fenomene reziduale intre acutizari: reumatismele inflamatorii cronice
- migratoare
  - artrite reactive, RAA
- progresiva
  - lent: AR, artrozele
  - rapid: psoriazica “mutilanta”

Leziuni cutanate

Psoriazis	Artrita psoriazica
Exantem	Boala Still
Papule Gottron	DMZ
Rash fotosensibil	LES
Alopecie	LES
Purpura palpabila	Vasculite (HS, crio)
Telangiectazii	Sclerodermie
Ulceratii mucoase	Reiter, LES, Behçet
Cicatrici pulpa degete	Raynaud
Hemor. unghiale “aschie”	Vasculite

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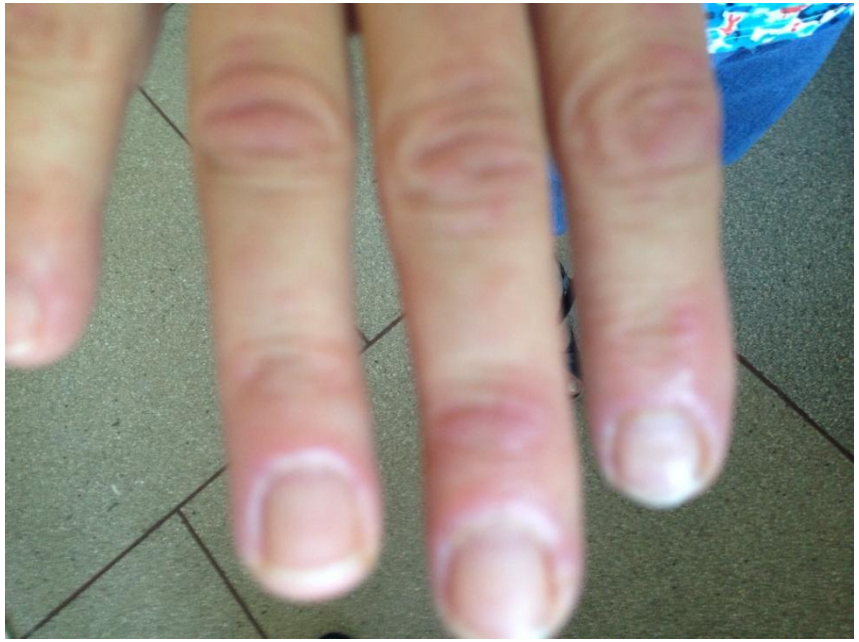
http://dermla.net

http://dermis.net

dermatomyositis with gottron sign



http://dermis.net

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Before
After

http://dermis.net

Acute gout with erythema involves of the
great toe joint.

Afectari de organ: rinichi

- **LES**: glomerulara, tubulo-interstitiala
- **Vasculite ANCA+**: glomerulara (rapid progresiva), tubulo-interstitiala
- **PAN**: microanevrisme, sediment normal
- **Sclerodermie**: criza renala
- **Sjogren**: tubulo-interstitiala (acidoza tubulara distala)
- **SAFL:** microtromboze

Afectari de organ: plaman

- **Pleurezie**: LES, PR
- **Hemoragie intraalveolara**: vasculite, LES
- **Noduli**: Wegener (poliangeita cu granulomatoza)
- **Astm**: Churg-Strauss (vasculita granulomatoasa eozinofilica)
- **Interstitiala**: scleroza sistemica, PMZ, BMTC
  - rar LES, Wegener, Spondilita ankilozanta, Sjogren
- **HTP**: scleroza sistemica, BMTC, rar LES

Afectari de organ: sinusuri

- **Wegener (poliangeita cu granulomatoza)**

  distrugeri osoase

- **Churg-Strauss (vasculita granulomatoasa eozinofilica)**

Afectari de organ: cord

- **Pericardita: LES, scleroza sistemica**
- **Miocardita: LES, vasculite, PMZ, scleroza sistemica** (cmp restrictiva)
- **Endocardita** (Liebman-Sachs): SAFL (LES)

Afectari de organ: sistem nervos

- **Polineuropatie: LES, vasculita (mononeuritis multiplex), BMTC, Sjogren, SAFL**
- **SNC: LES, vasculite**
- **Maduva spinarii: LES, SAFL**
- **Meningita aseptica: LES, Behçet**

Investigatii de laborator

- hemoleucograma
- teste de inflamatie
- FR, ANA, C, ANCA, ASLO, ac. antiBorrelia - VPP scazuta
- NU screening (baterie de teste)
- lichid sinovial (monoartrite, infect., guta)

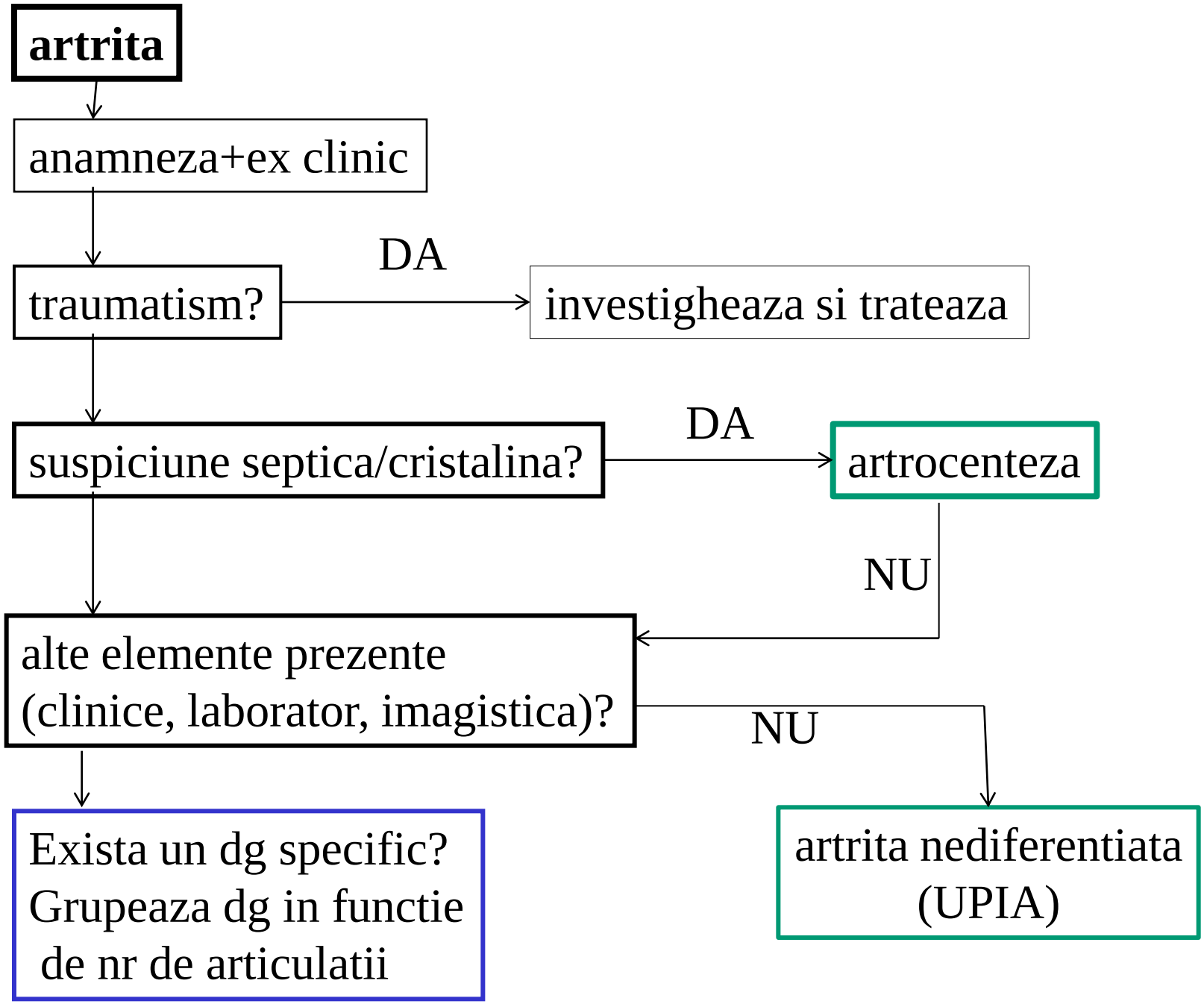
Imagistica

- Rx
- CT
- RMN (Sn+, Sp-)
- echo
- scinti

Imagistica

- eco
- scinti
- CT
- RMN

- Chist sinovial, ruptura tendon, lichid sinovial, sinovita, eroziuni
- metastaze, b.Paget, infectie acuta, osteomielita
- hernie disc, sacroileita, stenoza canal vertebral, tumori, traumatisme
- necroza aseptica, osteomielita, hernie disc, modificari vertebrale, articulare si de tesuturi moi, eroziuni


artrita
anamneza+ex clinic
traumatism?
DA
investigheaza si trateaza
suspiciune septica/cristalina?
DA
artrocenteza
NU
alte elemente prezente
(clinice, laborator, imagistica)?
NU
Exista un dg specific?
Grupeaza dg in functie
de nr de articulatii
artrita nediferentiata
(UPIA)

Exista un dg specific?
Grupeaza dg in functie de nr de articulatii

NU → artrita nediferentiata (UPIA) → Reevaluare dg:
- periodic
- apar elemente noi
- agravare

MONOARTRITA
- **SpA axiala/periferica**
- **Artroza**
- **Artrita cristalina**
- **Artrita septica**
- **Artrita reumatoida**
- Necroza avasculara
- BTC
- Sarcoidoza
- Neoplazie
- Virala
- Lyme
- Endocrinologica
- PMR
- Still adult
- Vasculita

POLIARTRITA
- **Artrita reumatoida**
- **BTC**
- **SpA axiala/periferica**
- **Artrita cristalina**
- **Artroza**
- Necroza avasculara
- Sarcoidoza
- Neoplazie
- Artrita septica
- Virala
- Lyme
- PMR
- Still adult
- Vasculita

artrita

<6 sapt (acuta)

Traumatism
Osteonecroza
Rreactiva
Cristalina
Hemartroza
Early cronica
Septica

>6 sapt (cronica)

Inflamatia +

mono / pauci (2-5)

Infectie indolenta, TBC
***Early* poli**
Spodilartropatie
(psoriasis,
spondilita,
boala inflamatorie
intestinala,
reactiva

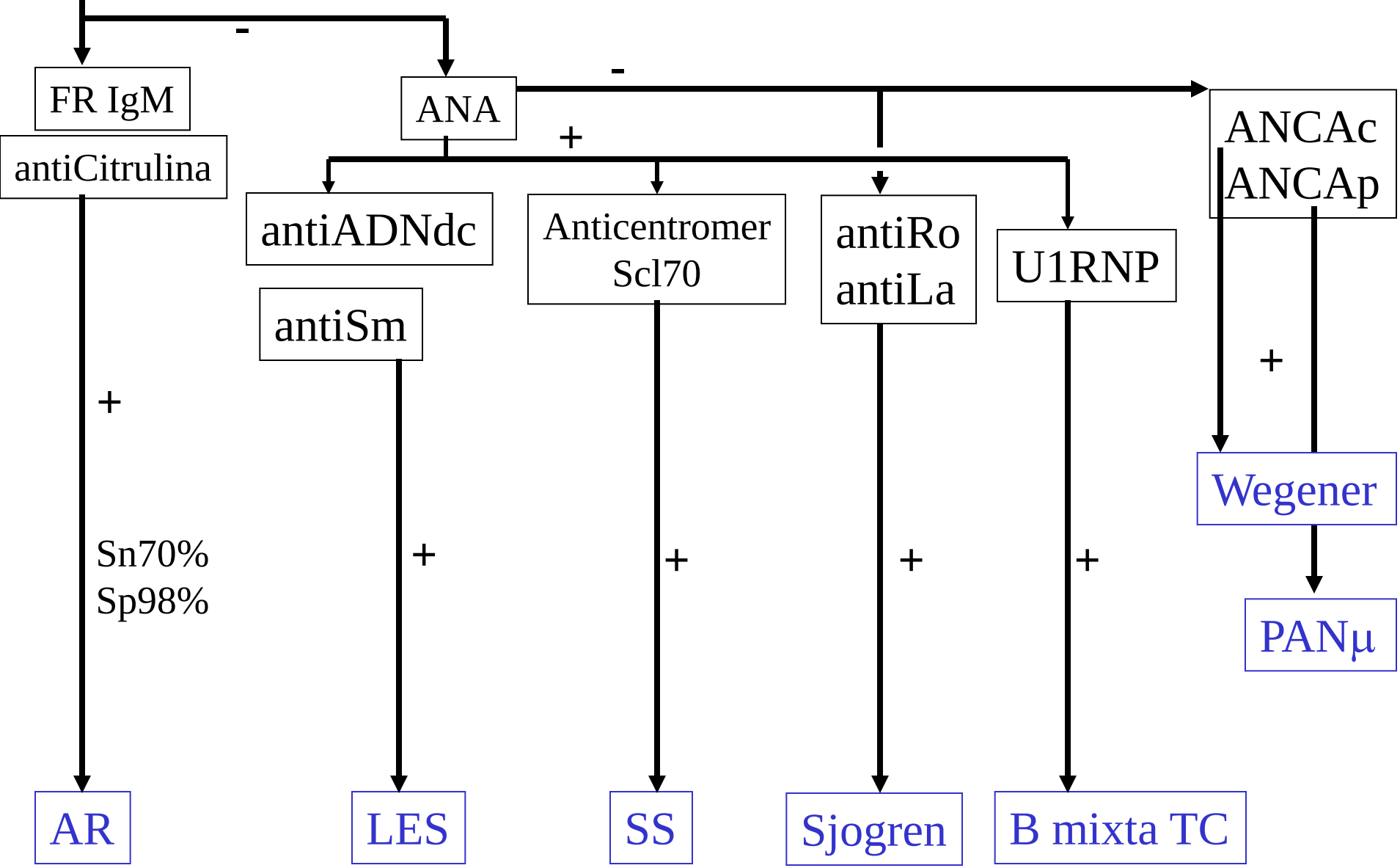
poli (<6)

Autoimuna
AR, LES, sclerodermie,
BMTC, Sjogren, PMZ/DMZ
Spodilartropatie
(psoriasis,
spondilita,
boala inflamatorie intestinala,
reactiva)

Inflamatia -

artroza

artrita inflamatorie



ANA

BOALA	ANA cu SnNout	ANA SpPin
LES	ANA	Anti ADNdc Anti Sm
LES medicamentos	ANA Anti-histone	-
BMTC	ANA Anti RNP	-
S Sjogren	-	Anti Ro/SSA Anti La/SSB
Sclerodermie (limitata)	ANA	Anti centromer
Sclerodermie (difuza)	ANA	Anti Scl70

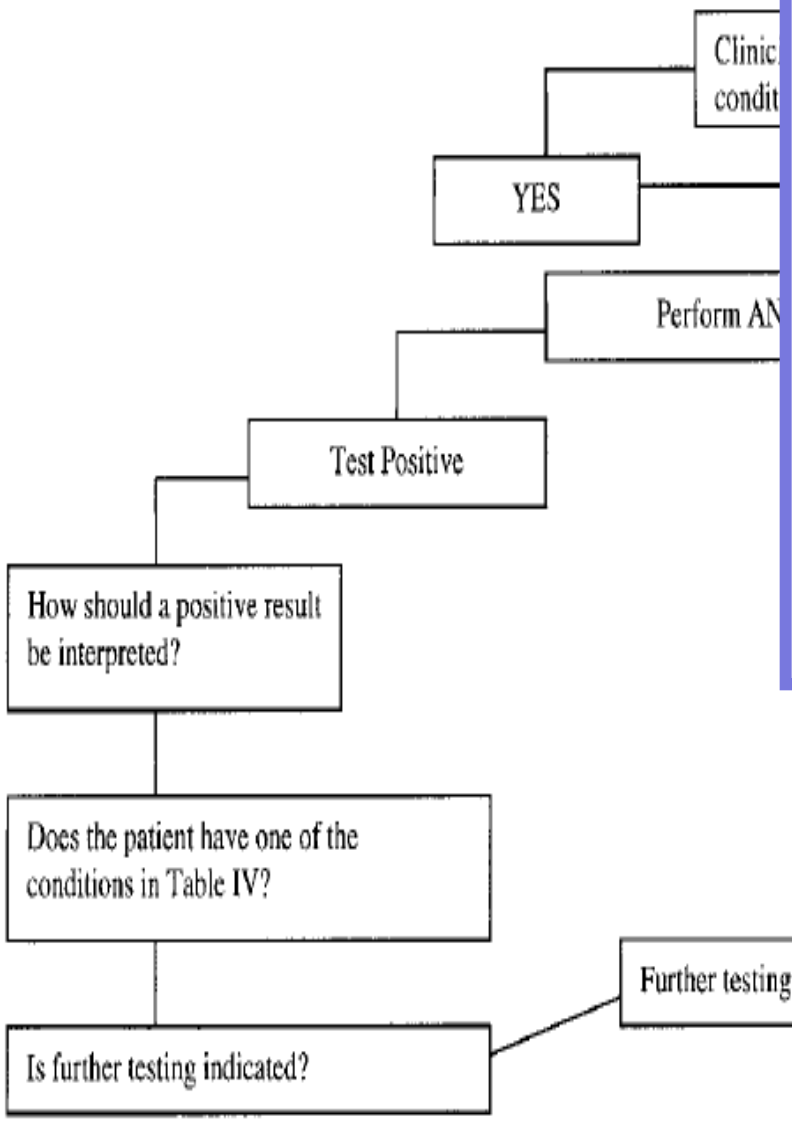
ANA si afectarea de organ

- **Anti ADNdc**: nefrita lupica
- **Anti Scl70**: afectare cutanata difuza, boala interstitiala pulmonara

Artrocenteza

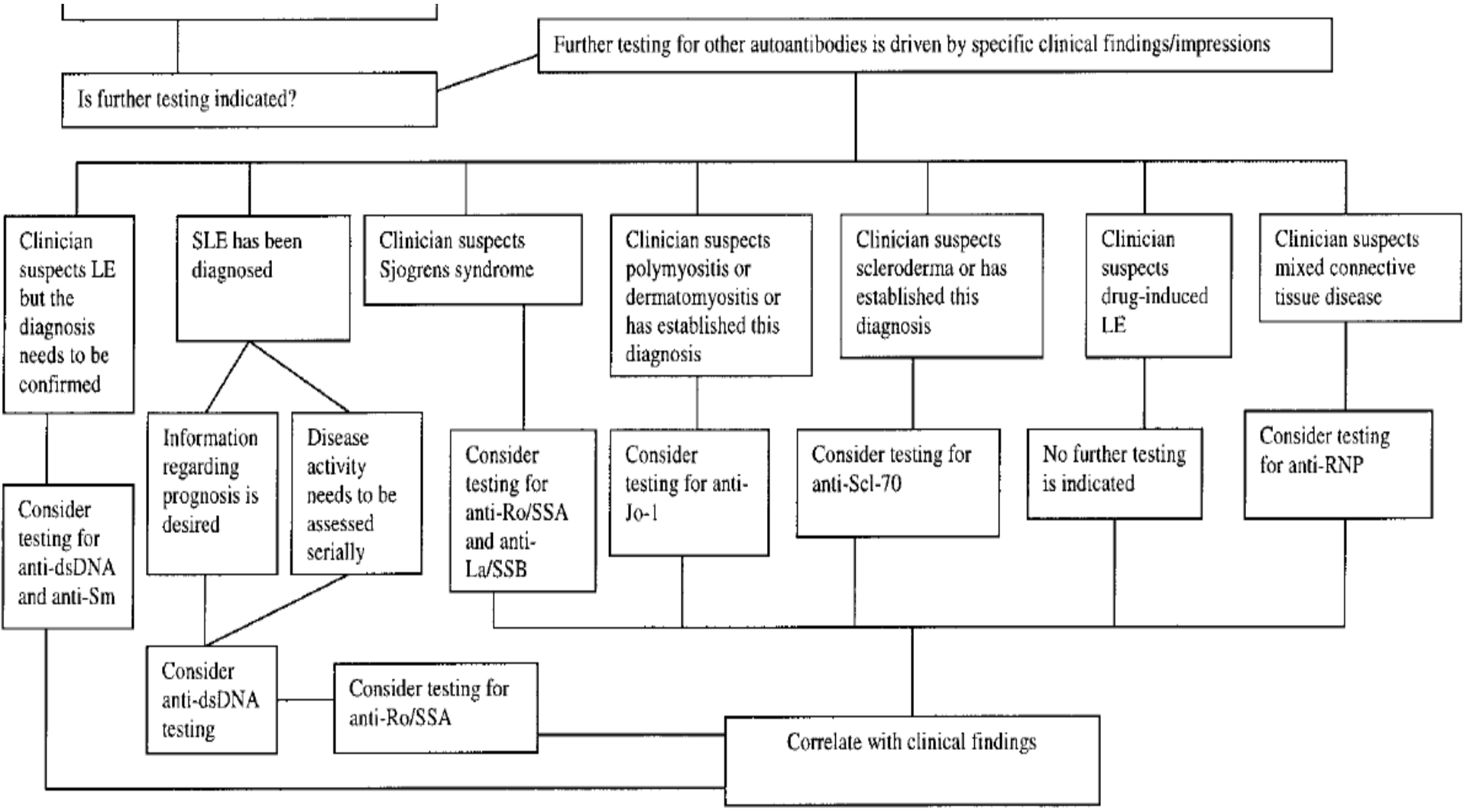
Caracteristica	Normal	OA, PR	Cristalina	Septica
Culoare si transparenta	**Galben, transparent**	**Galben, transparent**	**Galben-verzui, opac**	**Galben-verzui, opac**
NL/mm^3	**<500**	**<2000**	**2000-50000**	**>50000**
PMN%	**<25**	**<50**	**>50**	**>70 (>90)**
Frotiu Gram sau cultura	-	-	-	+ (de obicei)
Cristale	-	-	+	-

Nr leucocite > 50.000/mm^3: LR=7,7 pt artrita septica
Nr leucocite >100.000/mm^3: LR=28,0 pt artrita septica
PMN ≥ 90%: LR=3,4 pt artrita septica
PMN < 90%: LR=0,34 pt artrita septica



Disease	Frequency of Positive ANA Result, %
Diseases for which an ANA test is very useful for diagnosis	
SLE	95–100
Systemic sclerosis (scleroderma)	60–80
Diseases for which an ANA test is somewhat useful for diagnosis	
Sjögren syndrome	40–70
Idiopathic inflammatory myositis (dermatomyositis or polymyositis)	30–80
Diseases for which an ANA test is useful for monitoring or prognosis	
Juvenile chronic oligoarticular arthritis with uveitis	20–50
Raynaud phenomenon	20–60
Conditions in which a positive ANA test result is an intrinsic part of the diagnostic criteria	
Drug-induced SLE	~100
Autoimmune hepatic disease	~100
MCTD	~100

clinically.


Is further testing indicated?
Further testing for other autoantibodies is driven by specific clinical findings/impressions
Clinician suspects LE but the diagnosis needs to be confirmed
SLE has been diagnosed
Clinician suspects Sjogrens syndrome
Clinician suspects polymyositis or dermatomyositis or has established this diagnosis
Clinician suspects scleroderma or has established this diagnosis
Clinician suspects drug-induced LE
Clinician suspects mixed connective tissue disease
Information regarding prognosis is desired
Disease activity needs to be assessed serially
Consider testing for anti-dsDNA and anti-Sm
Consider testing for anti-Ro/SSA and anti-La/SSB
Consider testing for anti-Jo-1
Consider testing for anti-Scl-70
No further testing is indicated
Consider testing for anti-RNP
Consider anti-dsDNA testing
Consider testing for anti-Ro/SSA
Correlate with clinical findings