Role of orthopedic Surgery

- Psoriatic Arthritis
- Systemic Lupus Erythematosus
- Scleroderma

- 3 uncommon Arthritis diseases

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Superficially resemble RA but they are different.
Psoriatic Arthritis
Rheumatoid Variant

Seronegative spondyloarthropaties

Arthritis of Inflammatory Bowel disease

Psoriatic arthritis

Ankylosing Spondylitis

Reiter’s Syndrome

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• 5% of patients
• Some type of inflammatory arthritis
  • psoriasis
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PSORIASIS
The skin lesions precede the arthritic changes
In 15-20% of pts the skin lesion develop after the onset of arthritis

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Psoriasisc skin

Staphylococcous aureus
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Because skin condition often improves during the summer (ultraviolet light)

This factor should be taken in account when scheduling elective surgery on a hand with significant psoriatic rash

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NAIL CHANGES

80% pts with psoriasis
but 15% with arthritic changes

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pattern of joint involvement
95% peripheral joint involvement
25% polyarthritis similar to Rh.a
5% classic DIP joint disease (erosion of terminal phalanx)
DIP destruction, nail pitting, onycholysis, osteolysis
common with destruction of bone and ultimate widening of joint

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OSTEOLYSIS

“Pencil in cup” deformity
OSTEOLYSIS

Most commonly affects the DIP can involve all the finger joints and results in digital shortening
OSTEOLYSIS

Opera glass hand

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Spontaneous Ankylosis

Most patients with hand involvement have combinations of osteolytic and fused joint
Sausage swelling
psoriatic dactylitis

inflammation of periosteum
tendons
tendons insertions
(fusiform swelling)

MEDICAL TREATMENT

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TYPICAL DIFFERENCES between Rh.A-Ps.Arthritis

Skin Lesions
Tenosynovitis
Tendon Rupture
Asymmetric involvement

TENOSYNOVECTOMY (uncommon)

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Usually one of the two characteristic is prominent (OSTEOLYSIS or ANKYLYOSIS)

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Types of Ps. Arthritis (Molland_-Wright modification)

1. Spontaneous fusion (maintain digitl length)
2. Osteolysis with bone loss
3. Joint Stiffness with Rh.A- like deformities
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DIGITAL DEFORMITY

1) Flexion deformities (most common PIP) consequently------MP hyperextension and stiffness

FUSION vs ARTHROPLASTY

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DIGITAL DEFORMITY

2) Swan neck deformity (less common than Rh.A)

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DEFORMITY

Ps.A tend to have MP extension contractures rather than flexion contractures in contrast to Rh.A
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DIP involved frequently but rarely need treatment because they tend to fuse spontaneously
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ARTHTRITIS MUTILANS
severe loss of bone stock with
collapse and shortening of the
digit NOT UNCOMMON

TREAT early and aggressively by
joint fusions and bone grafting to
restore digit length
THUMB DEFORMITY
each of the 3 joints can be involved in Ps.A

MP joint flexion
IP jt hyperextension
stiffness in CMC
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Fusion of one or both MP or/and IP

Be careful of thumb pronation to improve Thumb-Index pinch

CMC

Resection arthroplasty with ligament suspension
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Wrist involvement common
Fusion – excision of distal ulna
Spontaneous intercarpal fusion can alleviate the need for additional wrist surgery if the alignment is good and motion is not painfull.

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NO WRIST ARTHROPLASTY

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