

A Case of Undifferentiated Spondyloarthropathy- HLA B 27 Positive

Dr. Mohanakrishnan^{1*}; Dr. Leonard Stanley Jawahar²; Dr. K.S .Sindhya³

*Postgraduate MD General Medicine Shri Sathya Sai Medical College and Research Institute

¹Professor MD general medicine Shri Sathya Sai Medical College And Research Institute

²Assistant professor MD general medicine Shri Sathya Sai Medical College And Research Institute

Abstract:- Undifferentiated arthritis / Undifferentiated spondyloarthropathy are terms used to describe inflammatory arthritis which has not differentiated into a specific rheumatic disease . UA can either describe a patient of early onset rheumatic disease who might progress to specific rheumatic disorder or describe patients who fail to differentiate into another rheumatic disease , despite prolonged follow up .

There are no clinical , laboratory or radiographic features that are consistently found in all patients with undifferentiated arthritis.

I. INTRODUCTION

➤ Case Representation :

Patient is a 65 year old male who presented to our outpatient department with history of joint pain involving right middle finger and left ankle joint for the past 3 months which was insidious in onset and progressive in nature. Patient denies migratory joint involvement or morning stiffness or back pain. Patient denies any fever/ infective symptoms preceding the symptoms . Patient denies any systemic complaints . Patient has been recently diagnosed with hypertensive nephropathy and is on medical management for the same. No significant family history . Patient denies being sexually active.

➤ Examination :

- Mild pallor , no clubbing /facial puffiness / pedal edema
- Blood pressure 140/90 mm hg
- Pulse rate 80/min, Spo2 – 100% room air
- Respiratory rate – 18/min
- Examination of cardiovascular, respiratory ,gastrointestinal, nervous system within normal limits.

➤ Joint Examination :

- **Right middle finger** – PIP swollen , tender –
- no warmth , range of movements -painful
- MCP , DIP – normal
- **Left Ankle joint** : No warmth, tenderness +, swelling + , ROM – painful

➤ No Other Peripheral/ Axial Joint Involvement.

• Evaluation and Management:

The patient was evaluated considering the asymmetric joint involvement. Evaluation for crystal arthropathies was negative. Seromarkers - RA factor, ACPA, ANA, ESR was negative. CRP was positive (16.8mg/dl). Serum uric acid-normal. Xray of affected joints – no significant findings.

No evidence of sacroilitis/ spinal involvement. However undifferentiated peripheral spondyloarthropathy was suspected and upon evaluation HLA B 27 was POSITIVE . The diagnosis was confirmed and patient was started on Tablet Sulfasalazine 500mg twice a day and was followed up . The patient is currently pain free and CRP was negative on follow up.

(ACPA – anticitrullinated peptide antibody, ANA – antinuclear antibodies)



Fig 1 Evaluation and Management

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Fig 2 Evaluation and Management

II. DISCUSSION

- Undifferentiated spondyloarthropathies is a diagnosis of exclusion . This patient had been diagnosed with undifferentiated oligoarticular peripheral spondyloarthropathy (UPSA)
- The exact pathogenic role of HLA B 27 in spondyloarthropathies is unknown , but is positive in > 50% patients and has prognostic implications .
- UPSA has age of onset similar to axial spondyloarthropathy - < 45 years with a slight male preponderance with asymmetric large joint involvement with predominantly lower extremity involvement +/- enthesitis / dactylitis.
- Reactive arthritis would be the closest differential diagnosis in this patient , as ReA can present without any evidence of infection also.
- The management of these patients are similar to any other case of spondyloarthropathies- initial treatment with NSAIDs / glucocorticoids, followed by Disease Modifying Anti Rheumatic Drugs

In patients with severe disease unresponsive to above treatment – biologics like TNF inhibitors/ JAK inhibitors / Anti IL17 A can be used.

The uniqueness of this case lies in the unusual age of presentation – age greater than 45 years.