A PATIENT WITH LONGSTANDING RHEUMATOID ARTHRITIS
BRIEF HISTORY

- 60 year old lady with seropositive RA for 30+ years, presenting to rheumatology office for follow-up
- Wheelchair bound due to knee contractures
- History of severe erosive deformity of the hands – unable to make a full fist
- Currently maintained on methotrexate weekly
RADIOLOGIC FINDINGS
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EROSIVE RHEUMATOID ARTHRITIS:

CLINICAL PEARLS

- Risk is reduced with DMARD therapy, but not eliminated
- Typically requires years to present, and is not reversible; joint replacement may be of use in select cases
- Foot involvement is common (at least 1/3 of patients) and may precede hand involvement
- Ddx of erosive joint involvement
  - RA/JIA
  - Seronegative spondyloarthropathies (usually asymmetric)
  - Erosive OA
EROSIVE RHEUMATOID ARTHRITIS:

RADIOLOGIC PEARLS

Radiographic features:

- ABCDES

Inflammatory vs non-inflammatory joint arthritis:

- Inflammatory = uniform cartilage loss, erosions, peri-articular osteoporosis, ankylosis
- Non-inflammatory = non-uniform cartilage loss, sclerosis/osteophytes, cysts
- Gout-like = late cartilage involvement, no osteoporosis, and erosion/cysts

Progression:

- Joint space narrowing, juxta-articular osteopenia
- Marginal erosions
  - “Bare area”
- Destruction of joints, subluxation
- Superimposed degenerative changes in longstanding cases
- Ankylosis of small joints and of talonavicular has been reported with frequencies varying from 0.8-10%


Resnick, *Diagnosis of Bone and Joint Disorders* 4th ed.
