Reactive arthritis

Reactive arthritis is non-infectious inflammation of the joints that develops in response to an infectious disease located outside the joint within a few days/weeks. We classify it among the group of spondyloarthritis, therefore also reactive arthritis has common manifestations, which are typical for this group of diseases:

- binding to positivity HLA-B27
- more frequent eye damage (uveitis, conjunctivitis)
- more frequent enthesitis
- skin and mucous membrane damage (aphthae, erythema nodosum,...)
- changes in the axial skeleton are only a late consequence
- increased sedimentation and CRP

Etiology and Pathogenesis

Genetic factors play a role (96 % pac. HLA-B27 pozitivních) + infections of the gastrointestinal tract: (salmonella, shigella, yersinie, *Campylobacter jejuni*), urogenital infection: (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Ureaplasma urealyticum*) and infections of the respiratory system[1]. Sometimes without a previous detectable infection.

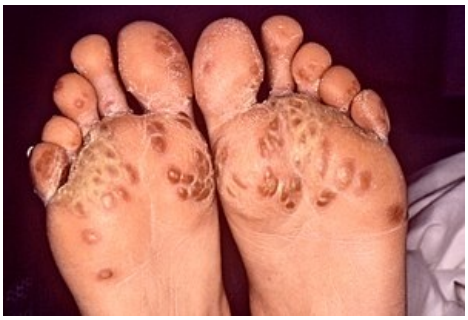
The clinical picture

General manifestations

Twitching, fatigue, temperature.

Musculoskeletal manifestations

- Asymmetric mono-/oligoartritis (max. 4 joints) with predilection localization of the supporting joints; affected joints reddish + warmer;
- enthesopathy, which can lead to movement provision interfusion of the tendon insertion on a bone (Achilles tendon, plantar fasciitis)



Keratoderma blenorrhagicum

Cutaneous manifestations

Keratoderma blenorrhagicum (peeling skin of the palms or soles similar to psoriasis like patches) and balanitis.

UGT symptoms

Sterile urethritis - **Reiter's syndrome** - (arthritis , urethritis , conjunctivitis, etc.); ocular findings may progress to episcleritis, corneal ulcers and hl. anterior uveitis .

Diagnosis

- Oligoarthritis of the supporting joints affecting younger individuals following an infection in UGT / GIT
- lab. higher: unspecified markers of inflammation in the acute phase high (FW, CRP, mucoproteins, ELFO proteins), serology (detection of antibodies against microorganisms), higher. effusion (different from septic arthritis);
- X-ray: mostly negative, sometimes in the chronic phase of the disease sacroiliitis;
- complete Reiter's syndrome: arthritis + urethritis + conjunctivitis (complete triad is rather rare);
- incomplete Reiter's syndrome: arthritis + 1 more symptom; there may also be enthesitis, skin and mucosal ulceration, periostitis .

Differential diagnosis

- Arthritis uratica;
- Rheumatoid arthritis;
- Infectious purulent arthritis.

Therapy

Individual, based on NSA, for heavier forms glucocorticoids (initial dose 30–50 mg with a gradual decrease; for recurrent joint effusions intra articularly); ATB (for isolating infectious agents / sometimes also with positive serology); basal medicamentations (in chronic course with higher activity; sulfasalazinTemplate:HVLP 2–3 g, MTXTemplate:HVLP 10–20 mg/week).

Prognosis

Mostly good, but in a some patients the transition leads to chronicity. (imminent m. Bechtěrev).

Links

Related articles

- Chlamydial infections of the genitals
- Psoriatic arthritis
- Ankylosing spondylarthritis

References

- VOKURKA, Martina – HUGO, Jan. *Velký lékařský slovník.* 6. edition. 2006. 0 pp. ISBN 80-7345-105-0.

1. **Cite error: Invalid <ref> tag; no text was provided for refs named `infekce`**