



# 4th International Conference on Clinical and Medical Case Reports April 17-19, 2017 Dubai, UAE

Dr Adla Bakri Hassan

MD, MPhil, PhD, PGDip

Assistant Professor, Arabian Gulf University (AGU)

Consultant Rheumatologist, King Abdulla Medical City

**Organ-specific rheumatoid  
arthritis: is it a separate disease  
entity?**

# Statement of the Problem

- Rheumatoid arthritis is a systemic autoimmune disease.
- It is not uncommon to see a rheumatoid arthritis patient, who presents with only single joint involvement (monoarthritis).
- Organ-specific rheumatoid arthritis (monoarthritis) has received very little attention, hence there are no specific guidelines on management.

# Objectives

- The purpose of this study is to describe the experience of encountering a rheumatoid arthritis patient with monoarthritis.
- To create awareness among the practitioners about the atypical clinical presentation of rheumatoid arthritis presenting as monoarthritis.



# Methodology & Theoretical Orientation

- A 34-year-old Bahraini female referred to my clinic on 2nd September 2014 from an orthopedic clinic, complaining of pain and swelling of her right knee,
- Her symptoms started 6 months previously with only pain in her right knee, and overtime she developed swelling.
- No history of trauma, rest of history is insignificant except for easy fatigue and myalgia.

# Physical examination

- General examination NAD
- Systemic examination did not reveal any abnormalities.
- Musculoskeletal system:
  - Look: The right knee was swollen on the medial aspect, there was no redness, deformity, muscle wasting , skin rashes, nodules or tophi
  - Feel: Medial aspect of the right knee was swollen, mildly tender, but not hot, quite the opposite; it was colder than the left knee.
  - Move: Pain during both passive and active movement.
  - exam of the rest of the joints were all normal

# Investigations requested

- CBC
- ESR
- CRP
- LFTs
- RFTs
- Urine analysis
- Vitamin D & Calcium
- Radiographs (MRI Right knee and hands) & CXR
- Immunological tests
  - ANA
  - ENAs + ds-DNA
  - RF
  - Anti-CCP



# Results of laboratory

- Rheumatoid factor (No value) positive
- Anti-CCP (763.6 U/ml), high
- ESR (30), high
- CRP (17), high
- ANA (1:320), high
- ENAs negative
- Plain X-ray Right knee normal
- CBC, LFTs, RFTs, urinalysis Normal
- Vitamin D (45) Low
- Calcium normal
- Patient refused to undergo MRI for the right knee or hands.

# Diagnosis

- Based on clinical presentation, and laboratory findings (ANA, Anti-CCP, RF, ESR & CRP) the patient was diagnosed as:

Sero-positive rheumatoid arthritis  
(? Organ-specific)

# 2010 ACR/EULAR Classification Criteria for RA

## Definitions

### JOINT DISTRIBUTION (0-5)

1 large joint	0
2-10 large joints	1
1-3 small joints (large joints not counted)	2
4-10 small joints (large joints not counted)	3
>10 joints (at least one small joint)	5

### SEROLOGY (0-3)

Negative RF <u>AND</u> negative ACPA	0
Low positive RF <u>OR</u> low positive ACPA	2
High positive RF <u>OR</u> high positive ACPA	3

### SYMPTOM DURATION (0-1)

<6 weeks	0
≥6 weeks	1

### ACUTE PHASE REACTANTS (0-1)

Normal CRP <u>AND</u> normal ESR	0
Abnormal CRP <u>OR</u> abnormal ESR	1

### Definition of "LARGE JOINT"

*Shoulder, elbow, hip, knee, ankles*

**≥6 = definite RA**

# Management

- Methotrexate Tab 7.5 mg / week (up to 17.5mg).
- Folic acid Tab 5mg once/week.
- Hydroxychloroquine Tab 400mg OD.
- Vitamin D3 Tab 50.000 IU Once/week / 3 months, then 1000 IU OD
- Caltrate Tab 600 mg OD

# Routine Follow Up

- After eight weeks the patient improved
- After 9 months on therapy and till date the patient has improved in all clinical aspects.
- She became completely asymptomatic and all laboratory parameters declined, but still not normal.
- During the follow-up period, a three monthly CBC and LFTs were done routinely.
- Annually the following tests are recommended.
  - ANA
  - ENAs
  - Anti-ds-DNA



**Final Report: 05-08-2016 07:56 pm, received from RISaddReport**

Patient Last name [REDACTED]

Patient First name: [REDACTED]

HIS Patient ID: [REDACTED]

Date of Birth: 1406/1980

Report Dictated By:

University Medical Center - Bahrain

Dr.Sulaiman Al-Habib Medical Group

Procedure: 03037031, **MRI KNEE RIGHT**

TECHNIQUE: Multiplanar, multisequential imaging of the right knee as per the routine protocol.

COMPARISON: None.

FINDINGS:

There is a questionable area of edema within the periphery of the medial meniscus at the meniscocapsular junction. No convincing evidence of a tear and no evidence of meniscocapsular separation.

The lateral meniscus, cruciate and collateral ligaments and extensor mechanism are unremarkable.

**No joint effusion, synovitis, chondral or osteochondral abnormalities. No focal lesions.**

**IMPRESSION:**

Focal signal abnormality within the posterior horn of the medial meniscus which is not convincing for a tear and may represent meniscal contusion. Is there any history of trauma?

**No other abnormalities. |**

Managed by:

د.سليمان الحبيب  
DR SULAIMAN AL HABIB  
MEDICAL GROUP QATAR LEGAL



2016



**Final Report: 12-06-2016 06:44 pm,**

Patient Last name [REDACTED]

Patient First name: [REDACTED]

HIS Patient ID: [REDACTED]

Date of Birth: **1406/1980**

Procedure: 03037049, **MRI HAND LEFT**

Indication: Sero-positive rheumatoid arthritis for follow-up. To rule-out erosions.

Technique: Multiplanar, multi sequential imaging of the left hand as per the inflammatory protocol.

Comparison: Plain radiography of the left hand performed on the same day.

Findings:

There is a **tiny focus appreciated** along the radial aspect of the third metacarpal head which **may represent a sub-cortical cyst**. Otherwise we **could not appreciate any marrow edema, erosions, deformities or abnormalities** within the flexor or extensor tendons. No soft tissue abnormalities.

**Impression:**

**No convincing evidence of active inflammatory disease.**

Dictating Dr:

|

Approving Dr: Mai Mattar

Report Dictated By:

University Medical Center - Bahrain

Dr. Sulaiman Al-Habib Medical Group

2016

Managed by:

د. سليمان الحبيب  
DR SULAIMAN AL HABIB  
MEDICAL GROUP QATAR Q.C.C. Q.C.C.



# Conclusion & Significance

Early detection and treatment of the rheumatoid arthritis patient presenting with monoarthritis could promise early remission



*Thank you*  
*Questions & answers*