

Early Detection of Spondyloarthropathy in psoriatic patients

Thesis submitted by

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Objective: To assess the ability of ultrasonography and MRI to detect arthritis, enthesitis, and spondylitis in patients with psoriasis and to cmpare those with clinical examination and conventional radiography.

Methods: Fifty patients with psoriasis were examined by means of US, MRI, xray, and clinical assessment. Each joint of the 2nd–5th finger (metacarpophalangeal joints, proximal interphalangeal [PIP] joints, and distal interphalangeal [DIP] joints) and 1st–5th metatarsophalangeal joints of both hands and feet were assessed with US for the presence of synovitis, bone erosions, bone proliferations, and power Doppler signals, as well as five entheseal sites in both lower limbs. Forty nine patients underwent STIR MRI of lumbosacral spine and sacroiliac joints.

Results: Abnormal US findings were seen in 9/50 patients, while only 3 patients had X-ray abnormalities. Thirty seven patients (74%) had GUESS \geq 1 at a higher percentage than tenderness revealed by clinical examination (46%). Fourteen patients had inflammatory back pain (28%), Magnetic resonance imaging demonstrated evidence of inflammation in the spine in 21 (42%) patients and sacroiliitis in 2 (4%) patients.

Conclusions: Musculoskeletal US proved valuable as simple, non invasive tool in detecting synovium abnormalities in the fingers and toes of patients with suspected PsA than X-ray.There is high incidence of subclinical enthesopathy documented by ultrasonography in patients with psoriasis and PsA. The application of MRI to the spine or sacroiliac joints in psoriatic arthritis is especially helpful since MRI identifies lesions in the sacroiliac joints and the spine much earlier than can be detected on radiographs.