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Rheumatology

- Osteoarthritis
  - Commonest joint condition, more common in women
  - Slow progression, may plateau over time
  - Localised disease
    - Usually knee or hip
    - Pain / crepitus on movement
    - Worse at night
  - Generalised disease
    - Heberden's nodes
    - Commonly affect DIP, thumb carpo-metacarpal joints and the knee
  - Classic X-ray features
    - Loss of joint space
    - Subchondral sclerosis and cysts
    - Marginal osteophytes
  - Management
    - Pain relief
    - Quadriceps exercise
    - Reduce weight
    - Intra-articular steroid injections
    - Joint replacement
- Crystal Arthropathies
  - Gout
    - Severe joint pain, redness and swelling
    - Typically monoarthritis, often the big toe
    - Deposition of urate crystals
      - Associated with trauma, surgery, starvation, infection, diuretics and alcoholism
    - Treatment
      - Acute: NSAIDs and colchicine
      - Chronic prevention: allopurinol
    - A number of acute episodes affecting one joint
  - Pseudo Gout
    - Similar presentation to gout
    - Typically monoarthritis
- Inflammatory
  - Rheumatoid Arthritis
    - Chronic systemic inflammatory disease
    - Symmetrical, deforming peripheral polyarthritis
    - Higher prevalance in females; typically from 30s
    - Does not affect DIP joints
    - Acute flares superimposed over moderate progression
    - Extra articular signs
      - Nodules on elbows
    - Worse in the morning
  - Spondyloarthritides / Seronegative
    - Ankylosing Spondylitis
      - Chronic inflammation of spine and sacroiliac joints
      - Presentation: <30 years old, gradual onset low back pain, worse at night, spinal morning stiffness relieved by exercise
      - Progressive loss of spinal movement
    - Enteropathic
      - Associated with Crohn's / UC
      - Also assoicated with coeliac
    - Psoriatic Arthritis
      - Occurs with psoriasis, although can present before skin changes
      - Can present as oligoarthritis (<5 joints) or polyarthritis (>5 joints)
    - Reactive Arthritis
      - Sterile arthritis typically affecting lower limb
      - Often follows urethritis and can present with systemic features
  - Autoimmune
    - Systemic Lupus Erythematosus
      - Systemic condition where autoantibodies are produced against a variety of autoantigens
      - Typically women of child bearing age
      - Relasping and remitting
      - Polyarthritis
  - Septic Arthritis
    - Typically monoarthritis
    - Analgesia, blood cultures, synovial fluid, empirical antibiotics until sensitivities known
    - Need to treat ASAP or risk of permanent joint damage or septicaemia
    - One or two joints, single acute episode