



# Reactive Arthritis

Presented by :

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# Introduction

- Defined as – arthritis associated with infection
- Suppurative arthritis
- Infection is outside the joint  
( often in GIT or GUT )

# Etiology

- Enteric Infection with :
  - salmonella
  - shigella
  - Yersinia enterocolitica
  - Campylobacter jejuni
  - Cryptosporidium parvum
  - Giardia intestinalis

- GUT infection with :
  - Chlamydia trachomatis
  - Ureaplasma
  
- Acute Rheumatic Fever due to :  
Group A Streptococcus
  
- Tenosynovitis due to :  
Neisseria gonorrhoea

# Pathogenesis

## □ Mechanism 1 :

- Autoimmune response involving T lymphocytes that cross-react with antigens in the joints
- T cells promote inflammation via cytotoxic mechanisms ( rather than eliminating bacteria )



□ Mechanism 2 :

- Lymphocytic reactivity to bacterial DNA resident in the synovium
- HLA-B27 positive individuals have been shown to predispose to reactive arthritis

# Clinical Manifestations

## □ General :

- History of less apparent illness 1-2 months back like : URTI , enteritis , urethritis
- O/E : pain or joint swelling is usually transient i.e < 06 wks



□ Specific :

- Small joints involvement : in rubella  
& Hep B
- Large joints involvement especially knees :  
In mumps & varicella





□ Rubella – associated arthropathy :

- Follows natural rubella infection  
( within 07 days of onset of rash )  
& infrequently rubella immunization  
( 10-28 days after immunization )
- Occurs in young women
- Frequency increases with age
- Uncommon in preadolescent children & males



□ Parvovirus B 19 :

- Causes erythema infectiosum ( fifth disease ) , symmetric joint swelling & morning stiffness in adults particularly women & less frequently in children.

## □ Transient synovitis ( toxic synovitis )

- Typically affects the hip often after an URTI
- Commonly affects boys ( 3-10 yrs of age )
- Severe pain in the hip with referred pain to the thigh or knee
- The course is of = 01 wk

# Diagnosis

## □ History :

- h/o GIT or GUT infection
- Acute arthritis
- Single joint involvement



□ Investigations :

- CBC
- ESR ( maybe elevated )
- USG of joint ( shows widening of joint space )



# Treatment

- No specific treatment
- Management of pain ( with NSAID )
- Functional limitation



# Complications

- Chronic arthritis
- Spondyloarthropathy
- Inflammatory Bowel Disease  
( months to yrs after onset )
- Uveitis
- Carditis



# Prognosis

- Course is variable





**THANK YOU**