Rheumatology

Joint pain



Chief Complain: Joint pain

Questions

Indications

Site

Where is the pain exactly?

- Mono-artharitis (One joint)
- Infection: TB, Brucella
- Osteoartharitis
- Chronic malignancy
- Oligo-artharitis Equal or less than 4 (4,3,2)
- Axial involvement is common
- Predominant involvement of lower limb joints
- Cutanous manifestation: psoriatic rash, keratoderma blenorrhagic, onycholysis (elevation of the nails and hyperkeratosis), erythema nodosum, eye (conjunctivitis, uveitis)
- e.g: ankylosing spondylitis, reactive artharitis
- o Poly-artharitis (More than 4)
- affect both upper and lower Skin rash: malar rash, discoid rash, Heliotrope rash
- associated with macular and popular lesions (vasculitis)
- Some feature of vasculitis: splinter hemorrhage, gangrene, oral ulcerationn e.g: Romatoid artharitis, SLE

Onset and Duration When did you first notice that? Was it suddenly or gradually? Is it a continuous problem or it comes as separated attacks? O Additive: affects one joint then affects another one in addition to the formal one. O Intermittent (palindromic): affects the same joint, but comes and goes. O Migratory: affects one joint, and then leaves it to another one

Character			
What is the pain like? Stiffness?	Check the pattern		
Radiation			
Does the pain radiate anywhere?	Pain in the knee or lower thigh maybe referred from the hip		
Associations			
Any other signs or symptoms associated with the pain?	 Swelling in the joint and redness (arthritis) No swallow and redness only pain (arthralgia) instability: This is described by the patient as giving way or coming out. It may be due to Joint dislocation or muscle weakness. Dry eyes and mouth: Characteristic of Sjogren 's Syndrome 		
Time course			
Does the pain follow any pattern?	 Morning stiffness classically accurse in rheumatoid arthritis and other inflammatory arthropathies Stiffness after inactivity such as sitting is characteristic of osteoarthritis of the hip or the knee Less than 30 minutes in osteoarthritis (OA) More than 1 hour in rheumatoid arthritis (RA). 		
Exacerbating/Relieving factors			
Does the problem get better or worse by certain things? Severity			
How bad is the pain?	the duration of stiffness is guided to the severity		
Neurological deficit			
Paraesthesia? It could be ischaemia	Diabetic cheirosrthritis pain and restriction of movement especially extension of the fingers and thickening of skin and tightness.		

Medication History		Family History
0	NSAID, gold, methotrexate (MTX), penicillamine, chloroquine, steroids.	 Hemochromatosis: can result in arthritis due to calcium pyrophosphate deposition. Seronegative spondyloarthropathies (e,g: Ankylosing Spondylitis, Reiter's Syndrome, Psoriatic Arthritis, Arthritis of Inflammatory Bowel Disease) IBD: Ankylosing spondylitis Bleeding disorders e.g. hemophilia may lead to swollen tender joints.
Past	Medical	Past surgical/ past interventional
0	Childhood arthritis.	○ History of joint trauma or
0	RA, SLE, scleroderma,	surgery.
0 0	vasculitis. Recent infection (may be relevant to the onset of arthralgia or arthritis). Sexually transmitted disease. Nonspecific urethritis and	 Arthroscopy (examination of a joint with an arthroscope which is an endoscope that is inserted through an incision near a joint). §
0	gonorrhea. Tick bite.	 Any history of physiotherapy or
0	IBD (can result in arthritis).	rehabilitation.
0	Psoriasis (psoriatic arthropathy).	

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