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Research Article

EXTRA-ARTICULAR FEATURES IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Abstract:

Objective: To explore the extra-articular features in patients with rheumatoid arthritis.

Patients and Methods: A total of fifty patients known case of rheumatoid arthritis for ≥ 1 year duration and newly diagnosed cases as per American College of Rheumatism were included in the study. The criterion for the selection of the patients for the study was those patients diagnosed case of rheumatoid arthritis. The exclusive criteria were known patients of osteoarthritis, gout, osteomalacia, rickets, Paget's disease, Ankylosing spondylitis, Psoriatic arthritis, Reiter's syndrome, Systemic lupus erythematosus (SLE) and patients with other connective tissue disorders. After having selected cases for the study, careful history & physical examination was carried out in each patient in particular relation to locomotor system whereas the frequency / percentages (%) and means \pm SD compute d for study variables.

Results: During two year study period total fifty patients had Rheumatoid arthritis for ≥ 1 year duration were explored and study. The mean \pm SD for age (yrs) of population was 56.87 ± 6.94 . Regarding GENDER distribution male 15 (30%) and female 35 (70%) while as far extra-articular manifestations is concerned pulmonary involvement 20 (40%), vasculitis 07 (14%), skin involvement 05 (10%), ocular manifestations 10 (20%), oral manifestations 12 (24%), gastrointestinal involvement 06 (12%), cardiac involvement 15 (30%), renal involvement 18 (36%), neurological involvement 05 (10%), haematological manifestations 10 (20%) and lymphadenopathy 02 (4.0%) respectively.

Conclusion: Extra-articular signs in RA were observed in a considerable extent of patients, which lead to a more terrible result.

KeyWords: rheumatoid arthritis and extraarticular features.

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INTRODUCTION:

Rheumatoid joint inflammation is a foundational incendiary sickness that can include different tissues and organs just as synovial joints. Rheumatoid joint pain is an aggravation of synovial tissue with symmetric inclusion of fringe joints, hand, feet, and wrists being most normally influenced [1]. Rheumatoid arthritis can likewise influence non-articular solid structures, for example, ligaments, tendons, and belt [2]. Extra-articular appearances are every one of the conditions and indications which are not legitimately identified with the locomotor framework. Extra-articular signs of RA happen in about 40% of patients, either to start with or over the span of their sickness [3]. There is no concurred characterization for these signs and, on the grounds that criteria and definitions differ so much, this paper incorporates the great extra-articular highlights, yet additionally the non-articular complexities of RA [4]. Patients with RA, who have high titers of rheumatoid factor (ie, autoantibodies to the Fc segment of immunoglobulin G are well on the way to have extra-articular appearances of their ailment, including rheumatoid nodules, rheumatoid vasculitis, and pleuropulmonary, neurologic, stomach related, cardiovascular, cutaneous, hematologic, and visual inconveniences [5].

PATIENT AND METHODS:

A total of fifty patients known case of rheumatoid arthritis for ≥ 1 year duration and newly diagnosed cases as per American College of Rheumatism were included in the study. The criterion for the selection of the patients for the study was those patients diagnosed case of rheumatoid arthritis. The exclusive criteria were known patients of osteoarthritis, gout, osteomalacia, rickets, Paget's disease, Ankylosing spondylitis, Psoriatic arthritis, Reiter's syndrome, Systemic lupus erythematosus (SLE) and patients with other connective tissue disorders. After having selected cases for the study, careful history & physical examination was carried out in each patient in particular relation to locomotor system. The demographical and clinical profile of subjects was also noted. The co-morbidities were also explored while the extraarticular manifestations were explored through clinical history, physical examination and specific investigations whereas the data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During two year study period total fifty patients had rheumatoid arthritis for ≥ 1 year duration were explored and study. The mean \pm SD for age (yrs) of population was 56.87 ± 6.94 . The demographical and clinical profile of study population is presented in Table 1.

Table 1: The Demographical And Clinical Profile Of Study Population

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
40-49	05	10
50-59	20	40
60-69	15	30
70+	10	20
GENDER		
Male	15	30
Female	35	70
RESIDENCE		
Urban	18	36
Rural	32	64
Co-morbidities		
Obesity	27	54
Hypertension	22	44
Hyperlipidemia	15	30
Diabetes mellitus	10	20
Diabetes mellitus	05	10
Extra-articular manifestations		
Pulmonary involvement	20	40
Vasculitis	07	14
Skin involvement	05	10
Ocular manifestations	10	20
Oral manifestations	12	24
Gastrointestinal involvement	06	12
Cardiac involvement	15	30
Renal involvement	18	36
Neurological involvement	05	10
Haematological manifestations	10	20
Lymphadenopathy	02	4.0

DISCUSSION:

Rheumatoid joint inflammation patients are additionally progressively inclined to heart conditions like the thickening of the corridor dividers (atherosclerosis) and intense MI [6]. Pericarditis is the most widely recognized heart indication in RA [7]. Endocarditis with development of rheumatoid nodule in the aortic or mitral valves can prompt valvular lesion. Blood vessel solidness is a significant factor in cardiovascular comorbidity in patients with RA. Pneumonic association in RA is visit in spite of the fact that not in every case clinically perceived. Pleural effusions are generally exudates with blended cell tallies and high protein focus. Interstitial lung disorder is related with RA; in any case, the commonness and normal history are vague. Oral dryness and salivary organ swelling can likewise be found in patients with RA as related with secondary Sjögren's disorder [8]. Rheumatoid nodule are the most continuous skin appearances (10%) in RA. It is accepted to happen because of little vessel vasculitis. Different indications of rheumatoid little vessel vasculitis influencing the skin are fragment

hemorrhages, periungual infarcts, leg ulcers, computerized gangrene and forcefully separated agonizing ulcerations [9, 10].

The most incessant eye sign is keratoconjunctivitis sicca, which additionally influences the patients having RA. Essential inclusion of the gastrointestinal tract, brought about by mesenteric vasculitis prompting intestinal localized necrosis.

Renal association in RA is uncommon; mesangial glomerulonephritis was the most normally observed others are amyloidosis, glomerulonephritis and interstitial kidney infection. Peripheral neuropathy, exhibiting as diffuse sensorimotor neuropathy or mononeuritis multiplex, happens in a little subset of patients with RA. Hematological signs in RA can be extensively sorted into zones of paleness, neutropenia, thrombocytopenia, thrombocytosis, eosinophilia, and hematological malignancies.

CONCLUSION:

Extra-articular signs in RA were observed in a considerable extent of patients, which lead to a more terrible result. They should be perceived early and oversaw quickly on priority basis.

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