HOSPITAL UNIVERSITÁRIO
PEDRO ERNESTO

Case Report:

Juvenile Psoriatic Arthritis

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Case Report

ID: APA, female, caucasian, 13y 6m, born and living in Rio de Janeiro.

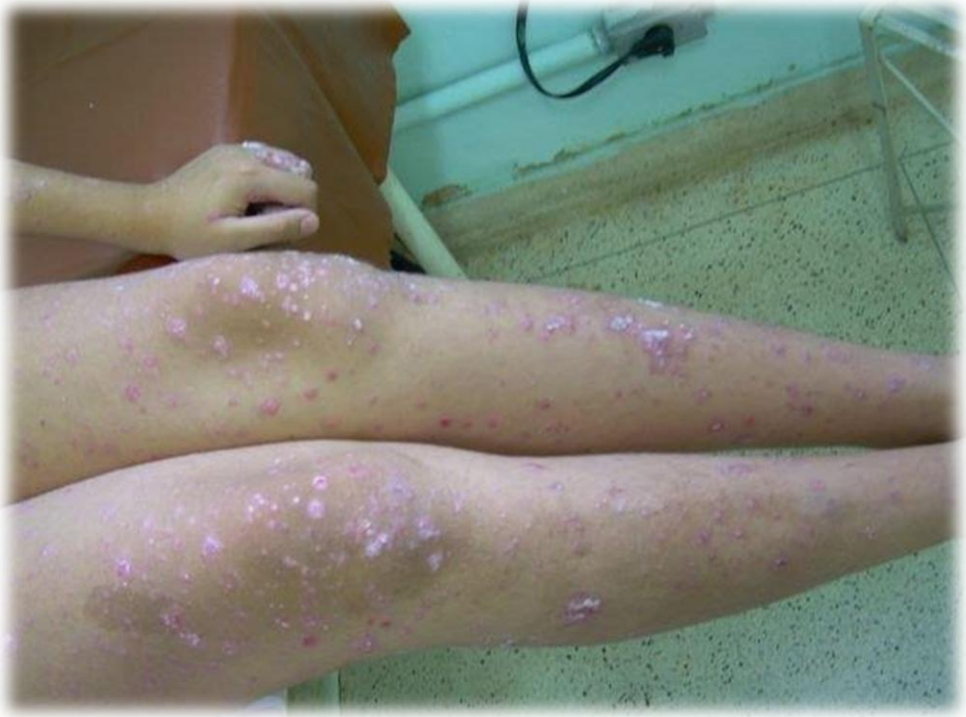
MC: cutaneous lesions and pain in the hands.

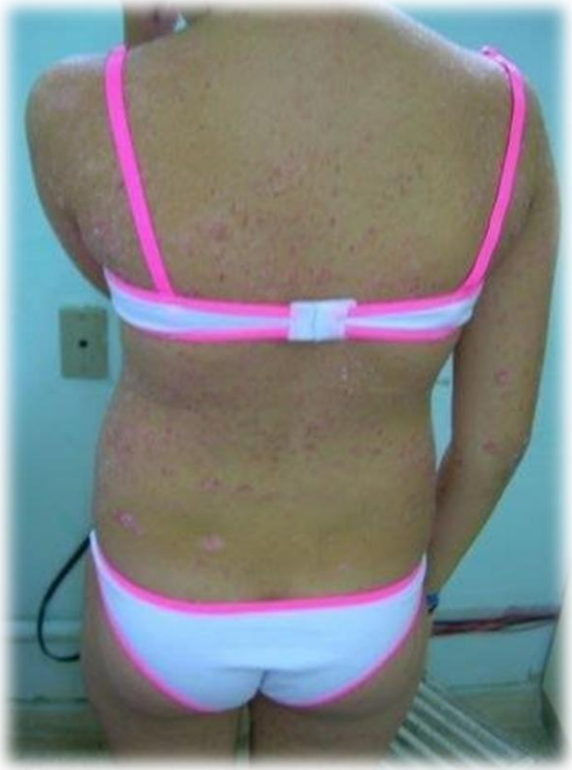
Patient has been followed by the Dermatology division with a diagnosis of psoriasis. One year before, disseminated descamative lesions appeared accompanied by ungueal lesions. After four months, she developed morning stiffness in hands with swelling and pain in some MCPs and DIPs joints. She was using Ibuprofen with partial response.

No family history of psoriasis, spondyloarthritis, inflammatory bowel disease or any rheumatic conditon.

Case Report

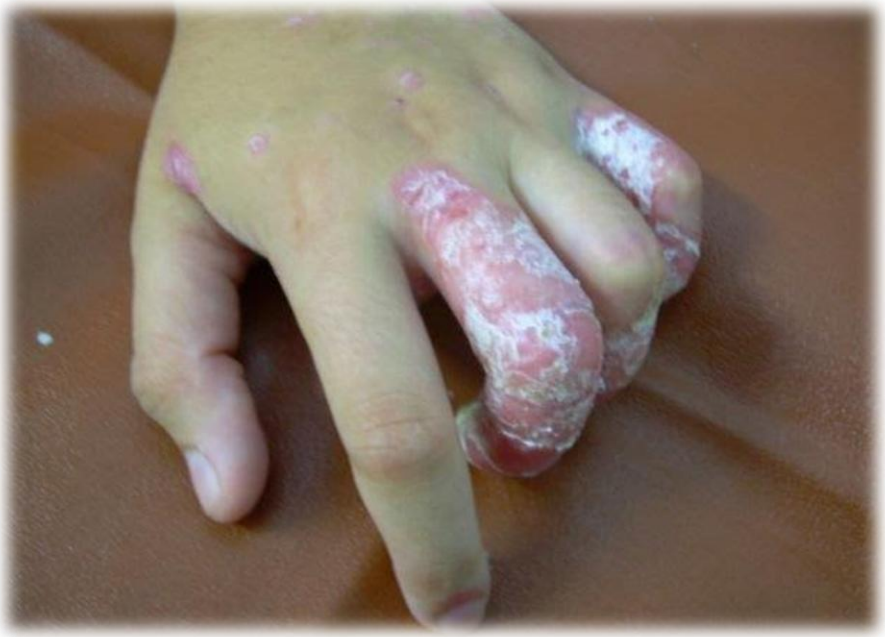
Disseminated erythematous descamative lesions

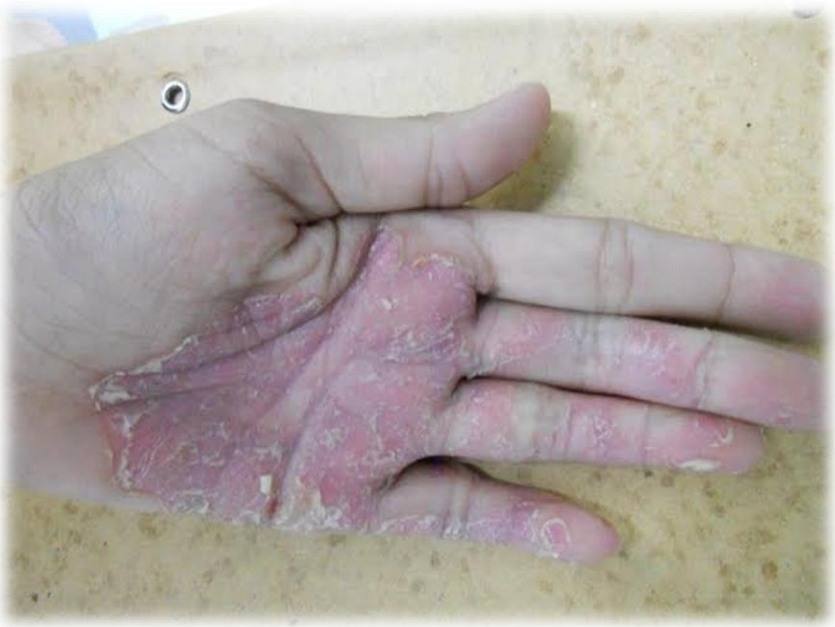




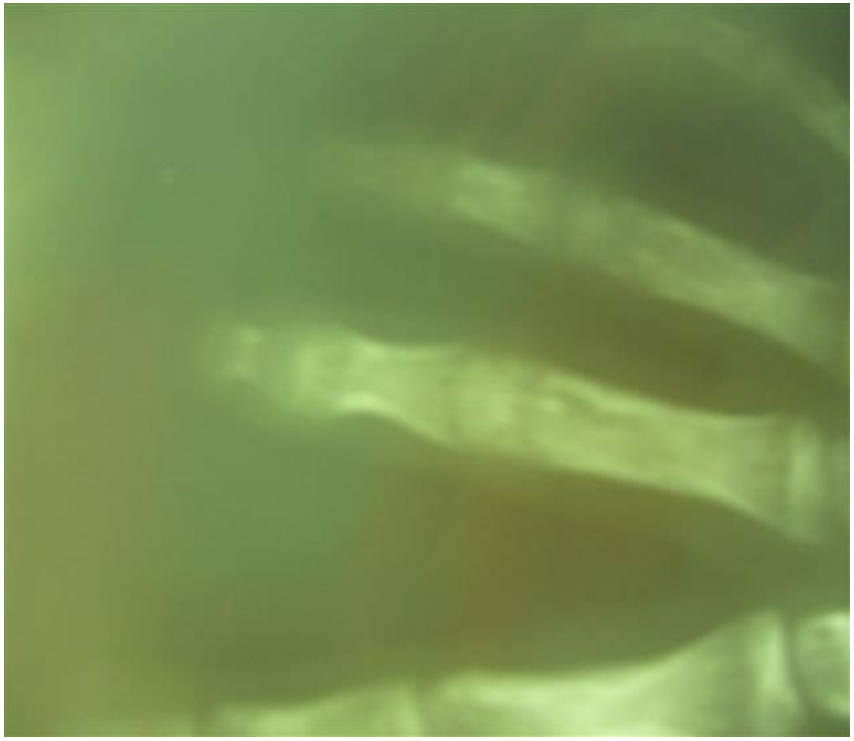
Case Report

Swollen and painful left hand PIPs (3,4,5) and DIP (4), with LOM and morning stiffness.





Case Report



INICIAL LABORATORY EXAMS

- Skin biopsy c/c Psoriasis
- WBC 6,200 (0/3/61/31/5) Hb 12,3 Ht 38%
- TST: negative Chest X- ray normal
- HLA B27: negative
- HIV 1/2 and HTLV: negative
- hepatitis B pannel: positivity of anti-HbS

Case Report

Juvenile Psoriatic Arthritis with disabling hand involvement, even with previous use of NSAID.

Methotrexate started.

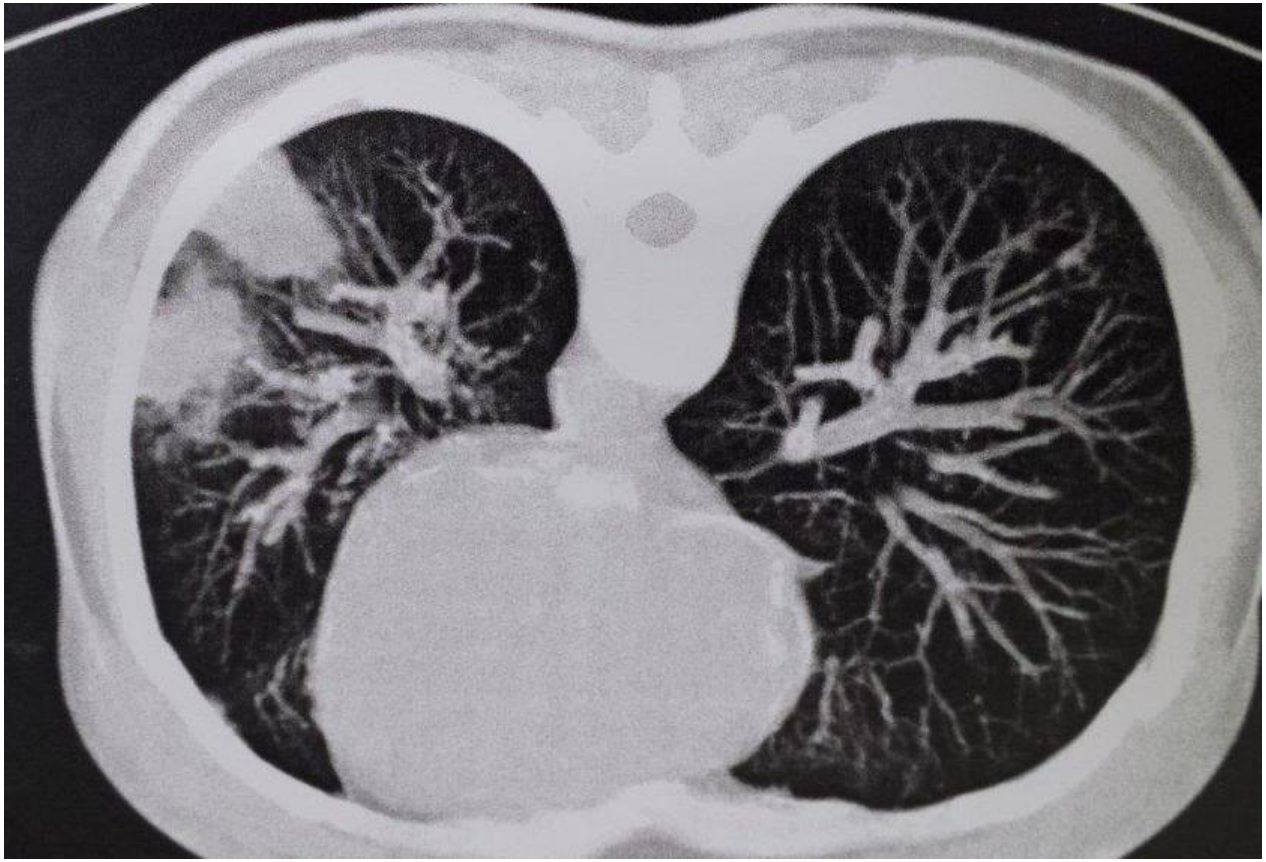
Case Report

After one-year follow-up with methotrexate (15 mg/m^2/wk), cutaneous lesions and articular involvement were still present. Etanercept was started.

At this time, patient presented a new negative TST and a normal chest x-ray. The response to treatment was satisfactory.

About 1,5 year after etanercept onset, the patient presented hematuria. The urine culture was negative for TB but the diagnosis of Pulmonary Tuberculosis was done based on a TST 15 mm associated a X-ray and chest CT with nodular opacities. Anti-TNF was stopped and RIPE for TB was started.

Case Report



Juvenile Idiopathic Arthritis

General definition of JIA: Arthritis of unknown etiology that begins before the 16th birthday and persists for at least 6 weeks.

Categories[1]:

1) Systemic Arthritis
2) Oligoarthritis
3) Polyarthritis (FR negative)
4) Polyarthritis (FR positive)
5) Psoriatic Arthritis
6) Enthesitis Related Arthritis
7) Undifferentiated Arthritis

Psoriatic Arthritis

Arthritis and psoriasis, or arthritis and at least 2 of the following:

- Dactylitis
- Nail pitting or onycholysis
- Psoriasis in a first-degree relative

1. Petty et al. J Rheumatol 2004;31:390.

Tuberculosis

- Latent Tuberculosis Infection (LTBI): a positive TST with no clinical or radiologic signs and symptoms of active TB.
- Main risk factor: epidemiology (previous exposition). In this case the Family screen for TB was negative.
- TB incidence increases in JIA patients even with MTX only(1)
- Anti-TNF increases risk of active TB, especially after 12 weeks of its onset (RR in RA 19 times compared to normal population)

1. Sztajnbok et al. Pediatr Rheumatol 2014;12:17.

Tuberculosis

- Absolute indication of TST and/or IGRA before anti-TNF onset.
- Isoniazid is indicated for all ILTB patients starting anti-TNF therapy.

At which intervals should TST/IGRA be repeated?

Should we started Anti-TNF again?

What are de althernatives?

How should be the follow-up of those patients after TB?