



Psoriatic Arthritis of Hand Joints

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X-ray hands (AP view) showing asymmetric arthritis involving metacarpophalangeal (MCP) joints on the left side with loss of joint space at the wrist joints bilaterally (decreased joint space at radio-carpal, intercarpal and carpo-metacarpal joints), ankylosis at the left 2-5th distal inter phalangeal (DIP) and 5th proximal inter phalangeal (PIP) and right 2nd, 4th and 5th DIP and 4-5th PIP joints and pencil-in-cup appearance at the left interphalangeal joint of the thumb. There is mild juxta articular osteopenia at MCP. Ray pattern of involvement is seen in the left 2-5th digits

Psoriatic arthropathy (PsA) most commonly involves small joints of the hands followed by small joints of feet, sacroiliac and spine in decreasing order of frequency. Large joints like shoulder, hip and knee are occasionally involved. The characteristic feature of PsA is asymmetrical distribution of arthritis. Arthritis commonly presents as soft tissue swelling, normal bone mineralization, marginal erosions, fluffy periostitis and decreased or increased joint space. Complete bony ankylosis is frequent sequelae especially at interphalangeal joints of hands and feet. Deformities like 'pencil-in-cup', opera-hand and arthritis mutilans are characteristic. Other deformities like ulnar or fibular deviation of digits, boutonniere and swan neck deformity are less common than rheumatoid arthritis. Occasionally, all three joints of a single digit (MCP, PIP, DIP) will be involved ('ray pattern'). This pattern of involvement is diagnostic of PsA. Acro-osteolysis is infrequent.

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