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Promjene AC zgloba u reumatoidnom artritisu

Acromioclavicular joint involvement in rheumatoid arthritis

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Introduction: In rheumatoid arthritis (RA) shoulder pain is usually caused by rotator cuff tendinopathy, not related to the inflammatory rheumatic disease. The most common shoulder inflammatory changes in RAare subacromial-subdeltoid (SA/SD) bursitis followed by shoulder arthritis, leading to secondary shoulder osteoarthritis (OA) and rotator cuff tendon damage. Arthritis of the acromioclavicular (AC) joint is rare in RAand occurs in patients with more severe disease. Astatistically significantly higher involvement of the AC joint was observed in patients with difficult-to-treat (D2T) RA.
Case report: We present a case of a 70-year-old male RApatient on biologic therapy, with a several-month history of pain in his left shoulder. On examination, there was a large painless swelling over the AC joint with slightly restricted shoulder movements. Leukocyte count and CRP were normal. Plain radiography revealed degenerative changes of the humeroscapular (HS) joint and a prominent soft tissue swelling over the AC joint. Active synovitis of the AC joint was confirmed on diagnostic ultrasound (US) with a large hypoechoic joint effusion. In addition, US examination revealed SA/SD bursitis, tenosynovitis of the biceps tendon, and effusion in the posterior HS joint recess. Aspirated synovial fluid from the AC joint was sterile. Patient was switched to a second-line biologic drug with a different mechanism of action.
Conclusion: In the differential diagnosis, septic arthritis of the AC joint should be considered, especially in immunosuppressed and diabetic patients with RA.

Ključne riječi: reumatoidni artritis, akromiolavikularni zglob, bolno rame
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