

#MADEEASY



REACTIVE
ARTHRITIS





REACTIVE ARTHRITIS

- Reactive arthritis is an autoimmune, seronegative spondyloarthropathy that develops after an infection.
- It most commonly involves the gastrointestinal or genitourinary tract.
- It is characterised by a triad of arthritis, urethritis and conjunctivitis (Reiter's Syndrome).

Real-Life Example

- Think of the immune system as a security team responding to a break-in (infection).
- However, after neutralising the intruder, the team starts mistakenly targeting parts of the house (joints, eyes, and urinary tract), causing collateral damage.
- Mnemonic: "Can't See, Can't Pee, Can't Bend the Knee"

Epidemiology

- Commonly affects young adults aged 20-40 years
- Male-to-female ratio is 3:1
- Associated with [HLA-B27](#)

Etiology

- Triggered by bacterial infections, including:
Gastrointestinal pathogens: *Salmonella*, *Shigella*, *Campylobacter*, *Yersinia*
Urogenital pathogens: *Chlamydia trachomatis*
- Usually occurs 1-4 weeks after infection

Clinical Features

- Can't see (Ocular Symptoms):
Conjunctivitis (common)
Uveitis (less frequent but more severe)
- Can't pee (Genitourinary Symptoms):
Urethritis: Painful urination, discharge, and pelvic discomfort
Cervicitis/Prostatitis: Localized pelvic pain in women and men, respectively
- Can't bend the knee (Musculoskeletal Symptoms):
Arthritis: Sudden-onset pain, swelling, and warmth in large joints (knees, ankles)
Enthesitis: Pain and tenderness at tendon attachment points, e.g., Achilles tendon
Dactylitis: "Sausage digits" with diffuse swelling of fingers/toes
- Nail Changes:
Pitting, discoloration or dystrophic nails resembling psoriasis.
- Keratoderma Blennorrhagicum: Psoriasis-like scaly lesions on palms/soles
- Systemic Symptoms:
Low-grade fever
Fatigue and malaise
Unintentional weight loss

Diagnosis

- Clinical Diagnosis
History of infection (GI or GU) followed by arthritis
Triad: Arthritis + Urethritis + Conjunctivitis (seen in <30%)
- Laboratory Tests
Negative rheumatoid factor (seronegative)
Increased ESR and CRP
Urethral/cervical swabs for *Chlamydia*
Stool culture if diarrhea is present
- Imaging
X-ray: Arthritis, periosteal reaction





REACTIVE ARTHRITIS

Axial Spondyloarthropathies

Feature	Ankylosing Spondylitis	Psoriatic Arthritis	Reactive Arthritis
HLA-B27 Association	Strong (~90%)	Variable	Strong (~75%)
Axial Involvement	Sacroiliac joints, spine	Sometimes spine involvement	Sacroiliac joints
Extra-Articular	Uveitis, heart, lungs	Skin plaques, nail changes	Urethritis, conjunctivitis

Treatment

- **NSAIDs:** First-line for symptom relief
- **Antibiotics:** For underlying bacterial infections (e.g., doxycycline for Chlamydia)
- **Corticosteroids:** Local intra-articular injections for severe joint inflammation
- **DMARDs** (e.g., sulfasalazine, methotrexate): For chronic or refractory cases
- **Biologics** (e.g., TNF- α inhibitors): In severe, persistent disease
- **Uveitis:** Topical or systemic corticosteroids
- **Physical therapy** to maintain joint mobility and reduce stiffness

