Rapid reports

Yersinia pseudotuberculosis and arthritis

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SUMMARY In 1986 and 1987 nine patients with a raised antibody titre to Yersinia pseudotuberculosis were found. Two of these results were almost certainly due to the cross reactivity between some Y pseudotuberculosis serogroups and some salmonella serotypes. Of the other seven patients with otherwise unexplained Y pseudotuberculosis serology, three suffered from severe arthritis and two had symptoms suggestive of sacroiliitis. Our data and published reports suggest that reactive arthritis might follow both Y enterocolitica and Y pseudotuberculosis infections.

In Great Britain reactive arthritis is considered to be a possible complication of Yersinia enterocolitica infection but a very uncommon complication of Yersinia pseudotuberculosis infection.1 While reviewing the records of all patients with a positive yersinia serology encountered in Oxford in 1986 and 1987 we realised that this belief conflicted with our experience.

Case review

In 1986 and 1987 we sent serum samples from 111 patients to the Leicester PHLS reference laboratory, 91 of which were tested for antibodies to both Y enterocolitica and Y pseudotuberculosis. Among these 91 serum samples, one was found with antibodies to Y enterocolitica and nine to Y pseudotuberculosis. In two of these nine cases the serology result could be otherwise explained: one girl suffered from Salmonella typhimurium infection proved by culture (group B salmonellas are antigenically related to Y pseudotuberculosis serogroup II), and one man had received typhoid vaccine (group D salmonellas are antigenically related to Y pseudotuberculosis serogroup IV).

Of the seven patients with otherwise unexplained positive Y pseudotuberculosis serology, three were admitted to hospital because of a severe arthritis which affected knees and ankles, whereas the other two, though not described in the request form for serology as having arthritis, had symptoms suggestive of sacroiliitis. Table 1 presents the serological and clinical features. The clinical management of our patients was unaffected by the positive yersinia serology results because these results were available only two to six weeks later and also because the clinical implications of positive results are uncertain.

Table 1 Sex, age, serogroup, titre, clinical features of seven patients with positive Yersinia pseudotuberculosis serology

<table>
<thead>
<tr>
<th>Patient No</th>
<th>Sex</th>
<th>Age (years)</th>
<th>Serogroup</th>
<th>Titre</th>
<th>Clinical features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>31</td>
<td>I</td>
<td>2560</td>
<td>Abdominal pain → crythema nodosum. ? sacroiliitis</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>20</td>
<td>III</td>
<td>160</td>
<td>Fever. ? ileitis</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>42</td>
<td>II</td>
<td>320</td>
<td>Arthritis</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>25</td>
<td>III</td>
<td>2560</td>
<td>Pseudoappendicular syndrome. ? sacroiliitis</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>40</td>
<td>II</td>
<td>640</td>
<td>Arthritis</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>54</td>
<td>III</td>
<td>160</td>
<td>Pseudoappendicular syndrome. campylobacter in stools</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>45</td>
<td>IV</td>
<td>2560</td>
<td>Diarrhoea → arthritis</td>
</tr>
</tbody>
</table>
Discussion

There are other reported cases of positive Y pseudotuberculosis serology associated with arthritis.2-6 Tertti et al described 17 patients with positive Y pseudotuberculosis serology (10 also had positive stool cultures) who experienced the whole range of clinical patterns: some presented with the pseudoappendicular syndrome and 10 others came to medical attention because of arthritis, which was severe in four.7 In Finland the prevalence of arthritic complications is the same after either Y enterocolitica or Y pseudotuberculosis infections.8

Stool culture for Y pseudotuberculosis has been considered unrewarding,1 but in Finland attempts to culture were successful in 10 of 17 symptomatic patients with positive serology.7 If cultures are attempted the cefsulodin-triclosan (Irgasan) novobiocin agar commonly used for Y enterocolitica isolation should not be used in this case as it is unsuitable for Y pseudotuberculosis isolation.9

Because cross antigenicity between unrelated Enterobacteriaceae is not uncommon, serology alone cannot be regarded as conclusive. Serum samples containing antibodies to Y pseudotuberculosis serogroups II and IV could be retested after absorption with the cross reacting Salmonella spp, but there is a lack of published data to substantiate this practice. Stool cultures might provide confirmatory evidence whenever a definitive diagnosis is required, and a history of typhoid vaccination should be excluded. The presence of arthritis is not a valid indication to test serum samples for Y enterocolitica antibodies only.

References
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doi: 10.1136/ard.48.6.518

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