Reiter's syndrome: long-term follow-up data

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There is no big difference between our data in a long-term follow-up of 155 patients with Reiter's syndrome (RS) seen at the rheumatic disease unit of the Hôpital Cochin in Paris and those of Dr Csonka. For each patient articular and extra-articular manifestations of RS are entered on a synoptic view as they appear throughout the years (Fig. 1). In the next set of figures each curve represents the fluctuations in incidence of a single sign or symptom in terms of per cent positives throughout the years. As was to be expected, the incidence of urethritis (Fig. 2) is high at the onset of the disease.

Uveitis is not a common feature in the first years of RS. It occurs, in our experience, after five to ten years, while urethritis can be part of very late relapses also. Concerning mucocutaneous symptoms (Fig. 3), skin manifestations become more frequent later in the disease, and some patients will develop real psoriasis after 10 years. Fig. 4 depicts the joint manifestations throughout the years. There is a good period for RS after the first attack. During the first four years a number of patients go into complete remission. After four years, however, the number of attacks increases with reappearance of all

kinds of signs and symptoms, in particular peripheral arthritis, low back pain, and talagia.

The radiological manifestations (Fig. 5) include sacroiliac involvement at the very onset of the disease in a small proportion of patients. One even gets the

Fig. 2 Fifteen-year follow-up of 155 patients with RS. Fluctuations in incidence of urethritis and uveitis at yearly examination.

Fig. 1 Synoptic recording of disease pattern throughout 16 years of follow-up in typical patient with RS.

feeling that sacroiliitis might precede the classical signs of RS. But we have not found syndesmophytes at the beginning of the disease. These seem to appear at least three years after the beginning and amounted

Fig. 3 Mucocutaneous lesions; incidence throughout 15 years.

Fig. 4 Osteoarticular manifestations: incidence throughout 15 years.

Fig. 5 Pelvispondylitic involvement; incidence throughout 15 years.

Fig. 6 Reiter's syndrome; synoptic view of remissions and relapses (arthritis and urethritis) in 30 patients followed up for 12 to 25 years.

to 10% of the present series at the end of the observation. By that time sacroiliac lesions were present in 36% of the patients followed up for 15 years.

General discussion

PROF. E. S. PERKINS: I was very interested in Dr. Amor's diagram showing that the initiating period occurs three, five, or even 10 years before the uveitis. This explains why in many of the cases that we have seen presenting with uveitis we can rarely get a history of any previous urogenital disease.