Correlation between clinical findings and ultrasound in evaluating painful rheumatoid shoulder

M. Abdel Zaher 1, S. Tharwat 1, A. Abdel khalek 2, A. Abdel salam 1. 1Internal Medicine (Rheumatology, Immunology unit); 2Radiodiagnosis department, Mansoura University Hospital, Mansoura, Egypt

Background: Shoulder pain is one of the most common complaints encountered in patients with rheumatoid arthritis (RA) 1 . In recent years ultrasoundography (US) became an essential tool in diagnosing rheumatic diseases 2 . As clinical examination often does not allow an exact diagnosis, the agreement between both methods needs to be discussed to know how much the US add benefits to clinical examination.

Objectives: To determine the agreement between clinical examination and ultrasound in evaluating shoulder pain in rheumatoid.

Methods: A cross-sectional study including thirty RA patients, meeting the ACR/EULAR classification criteria for RA complaining of shoulder pain. They were recruited from rheumatology outpatient clinic in Mansoura University Hospitals. The sixty shoulders of the thirty patients were examined clinically by inspection, palpation and special tests, then fully examined by ultrasound including biceps tendon, subacromial bursa, rotator cuff tendons and acromioclavicular joint.

Results: Agreement among clinical examination and US was examined using Cohen’s kappa. There was slight agreement between clinical examination and US regarding biceps tenosynovitis with k=0.206, fair agreement regarding acromioclavicular osteoarthritis with k=0.392 and SASD bursitis with k=0.233. There was moderate agreement regarding US regarding biceps tenosynovitis with k=0.206, fair agreement regarding acromioclavicular osteoarthritis with k=0.392 and SASD bursitis with k=0.233. There was also moderate agreement between clinical examination and US examination of the shoulder in case of supraspinatus tendinopathy with k=0.464. Data were statistically significant (p<0.001). The overall agreement between clinical examination and ultrasound was poor.

Conclusions: Clinical examination of shoulder pain in rheumatoid arthritis is not accurate, insufficient. It should be confirmed with US examination during the initial evaluation of the shoulder to give reliable data and differentiate between different pathologies.

REFERENCES:

Usefulness of imagoenology to differential diagnosis in patients with presumed seronegative rheumatoid arthritis and other arthropathies

P. Santos-Moreno 1, O. Valenca 2, E. Castillo 3, S. Faretta 1, L. Villareal 1, M. Cabrera 1, L. Villareal 1, M. Cabrera 1. 1Bioban Center of Rheumatoid Arthritis; 2Universidad de los Andes, Bogotá, Colombia

Background: It is difficult to make a differential diagnosis between seronegative RA and other inflammatory arthropathies. Many patients could be wrong diagnosed followed of expensive treatments.

Objectives: To assess the usefulness of X-rays of hands and feet (X-rays), Ultrasound (US) and Magnetic Resonance Imaging (MRI) to discard false positive diagnosis of seronegative RA from real-world evidence.

Methods: An analysis from medical records of patients with preseronegative RA diagnosis reportedly seronegative for both rheumatoid factor and anti-cyclic citrullinated peptide antibodies and clinical criteria of RA, in the period between July 2016 and June of 2017 who were assessed by imagoenology (X-rays, US or MRI) in a centre of rheumatoid arthritis to confirm diagnosis or discard. The Laboratory, and imagoenology data was retrospectively analysed and multidisciplinary analysis was performed to determine the usefulness of imagoenology.

Results: 360 patients were received in the centre with presumptive diagnosis of RA in the period, mean of age was 58 years, 80,9% females and 19,1% males. X-