

# Role of orthopedic Surgery

- # Psoriatic Arthritis
- # Systemic Lupus Erythematosus
- # Scleroderma
- # **3 uncommon Arthritis diseases**



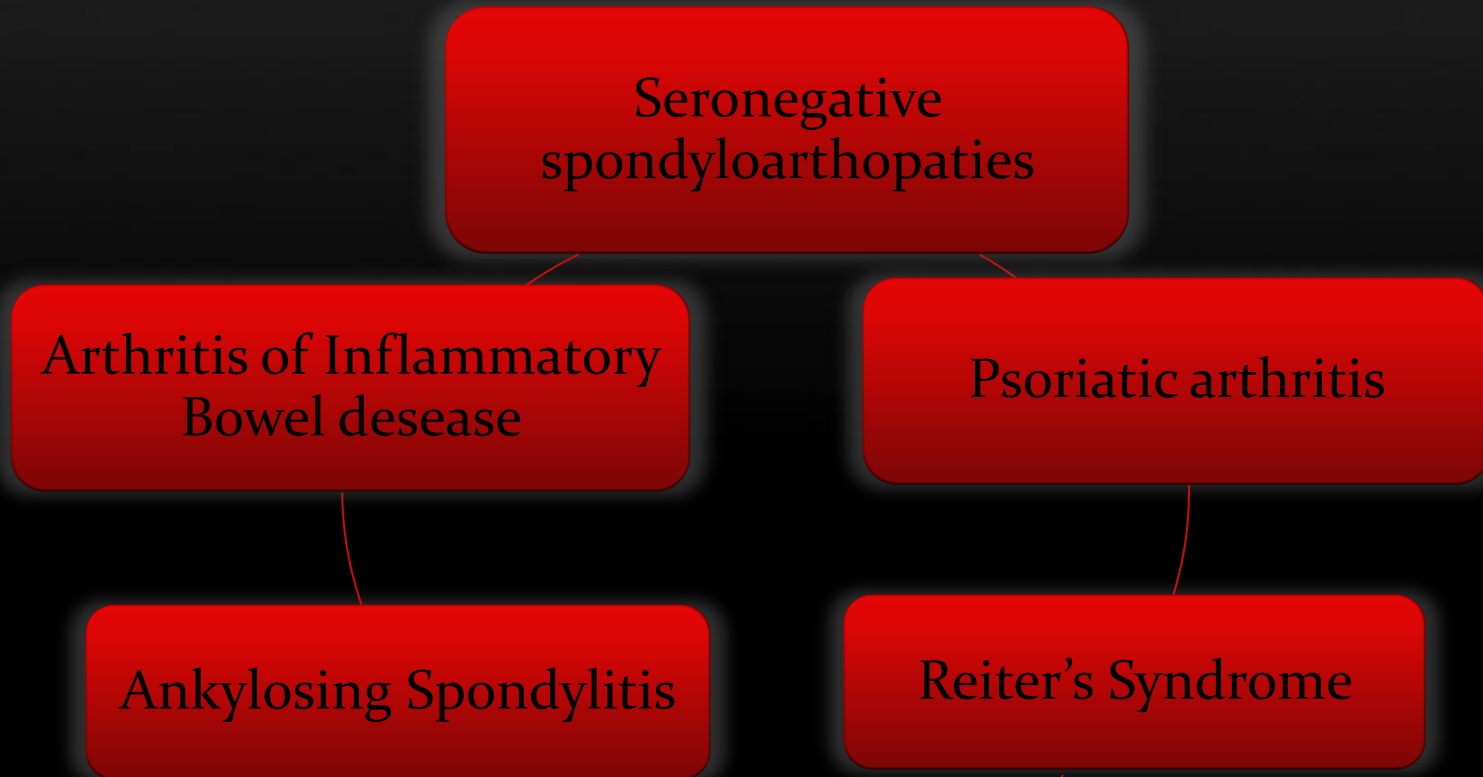
# Role of orthopedic Surgery

Superficially resemble RA but they are different

Different prognosis

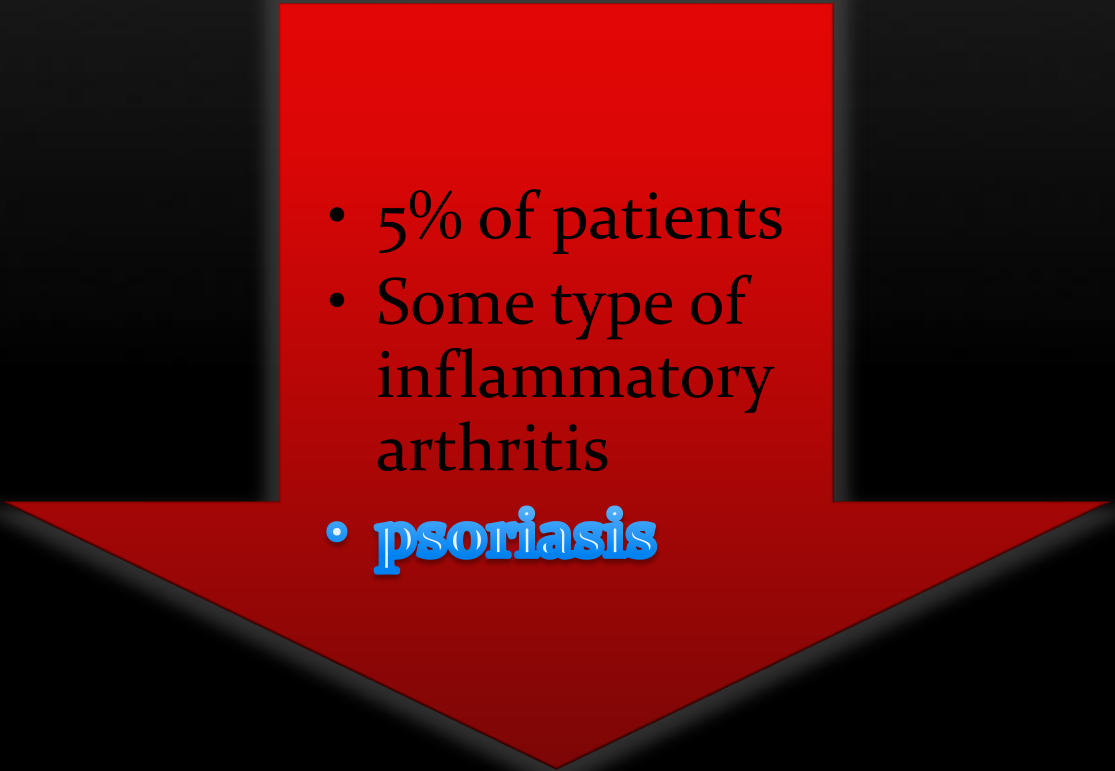
Different Surgical  
approach

# Psoriatic Arthritis Rheumatoid Variant





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- 
- 5% of patients
  - Some type of inflammatory arthritis
  - **psoriasis**

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## PSORIASIS

The skin lesions precede the arthritic changes

In 15-20% of pts the skin lesion develop after the onset of arthritis



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Psoriatic skin

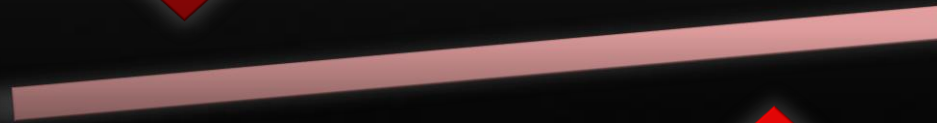


Staphylocococcus aureus

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Because skin condition often improves during the summer (ultraviolet light)



This factor should be taken in account when scheduling elective surgery on a hand with significant psoriatic rash



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## NAIL CHANGES

80% pts with psoriasis  
but 15% with arthritic changes



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**pattern of joint involvement**

**95% peripheral joint involvement**

**25% polyarthritits similar to Rh.a**

**5% classic DIP joint disease (erosion of terminal phalanx**

**DIP destruction, nail**

**pitting, onycholysis, osteolysis**

**common with destruction of bone and**

**ultimate widening of joint**

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## OSTEOLYSIS

**“Pencil in cup” deformity**



# OSTEOLYSIS

**Most commonly affects the DIP  
can involve all the finger joints  
and results in digital shortening**

# OSTEOLYSIS

## Opera glass hand

G.Bouchlis Orthopedic Surgeon



# Spontaneous Ankylosis

**Most patients with hand involvement have combinations of osteolytic and fused joint**






# Sausage swelling psoriatic dactylitis

inflammation of periosteum  
tendons  
tendons insertions  
(fusiform swelling)

## MEDICAL TREATMENT

# TYPICAL DIFFERENCES between Rh.A-Ps.Arthritis

Skin Lesions   
Tenosynovitis  
Tendon Rupture   
Asymmetric involvement 

**TENOSYNOVECTOMY**  
**(uncommon)**

**Usually one of the two  
characteristic is prominent  
(OSTEOLYSIS or ANKYLOSIS)**



# Types of Ps.Arthritis (Molland\_-Wright modification)

- 1.Spontaneous fusion(maintain digitl length)
- 2 .Osteolysis with bone loss
- 3 Joint Stiffness with Rh.A- like deformities

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## DIGITAL DEFORMITY

1) Flexion deformities  
(most common PIP)

consequently-----MP

hyperextension and stiffness

## FUSION vs ARTHROPLASTY

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## DIGITAL DEFORMITY

2) Swan neck deformity  
(less common than Rh.A)

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## DEFORMITY

**Ps.A tend to have MP extension contractures rather than flexion contractures in contrast to Rh.A**

# **Role of Orthopedic Surgery**

**DIP involved frequently but rarely need treatment because they tend to fuse spontaneously**

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## ARTHRITIS MUTILANS

severe loss of bone stock with  
collapse and shortening of the  
digit NOT UNCOMMON

TREAT early and aggressively by  
joint fusions and bone grafting to  
restore digit length

**THUMB DEFORMITY**  
each of the 3 joints can be  
involved in Ps.A

**MP ioint flexion**  
**IP jt hyperextension**  
**stiffness in CMC**

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**Fusion of one or both  
MP or/and IP**

**Be careful of thumb pronation to  
improve Thumb-Index pinch**

**CMC**

**Resection arthroplasty with  
ligament suspension**



# ROLE of ORTHOPEDIC SURGERY

**Wrist involvement  
common**

**Fusion –excision of distal ulna  
Spontaneous intercarpal fusion  
can alleviate the need for  
additional wrist surgery  
if the alignment is good and  
motion is not painfull**

# ROLE of ORTHOPEDIC SURGERY

## NO WRIST ARTHROPLASTY

