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Unusual and memorable

Series editor: Gary D Wright

A 36 year old woman developed seropositive nodular erosive rheumatoid arthritis at the age of 18. There was no evidence of psoriasis nor was there any family history of psoriasis or psoriatic arthropathy. Despite therapeutic attempts with non-steroidal anti-inflammatory drugs, D-penicillamine, azathioprine, corticosteroids, and methotrexate, she developed over the years the rare type (5%) of resorptive arthropathy of rheumatoid arthritis,¹ simulating typical changes of psoriatic arthritis. Radiographs of the hands showed resorption of the ulnar styloid, carpal collapse and pencil in cup deformities of the MCP joints, with severe resorptive changes in the PIP joints (fig 1).

Multiple surgical procedures, including synovectomies, total hip and knee replacements had to be performed over the years.

Other differential diagnosis of arthritis mutilans include neuropathic arthropathies such as syringomyelia and leprosy, and chronic infections of the soft tissue. Multicentric reticulohistiocytosis may also lead to resorptive arthropathy, and occasionally extensive arthritis mutilans may be seen in juvenile rheumatoid arthritis, scleroderma or gout.

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