

Psoriatic arthritis with atypical manifestations

Ivna Tomaš¹, Branimir Šušak¹, Patrik Torbarina¹, Velimir Šušak, MD²

1 School of Medicine, University of Zagreb, Zagreb, Croatia

2 Department of Rheumatology, Physical Medicine and Rehabilitation, Sestre Milosrdnice University Hospital Center, Zagreb, Croatia

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Background:

Psoriatic arthritis, a seronegative spondyloarthritis commonly associated with psoriasis, presents a diagnostic challenge, with approximately 15% of cases occurring independently of psoriatic manifestations. The diagnostic process involves consideration of various factors, including a positive family history, specific HLA types, and adherence to the CASPAR Criteria.

Case presentation:

A 55-year-old female was admitted to the hospital for a comprehensive evaluation (09/2020) due to a twenty-year history of symptoms, managed symptomatically with NSAIDs. She was diagnosed with cervical and lumbosacral syndromes in 2018, following cervical and lumbar pain. Over a decade, she endured stiffness and swelling in both knees (initially right-sided) and hip pain for the last five years. Notably, nocturnal joint pain significantly disrupted sleep. The patient's paternal family history included migrating polyarthritis. No evidence of manual joint pathology or extra-articular pathologies (including skin, eye, nail, or enteral involvement) was observed. Radiographic assessment identified bilateral sacroiliitis; MRI revealed protrusions of discs (C2C3, C4C5, C5C6, L5S1); and shoulder imaging indicated calcified tendinitis and enthesopathy of the supraspinatus tendon. Rheumatoid factor testing returned negative results. Despite the absence of HLA-B27, HLA typing prompted a suspected PsA diagnosis. Inducing apremilast, a PDE4 inhibitor, aided clinical regression of knee and hip pain. The patient underwent radiofrequency thermocoagulation to alleviate lumbosacral pain in 2021. In the current examination and treatment regimen (11/2023), the patient reports cervical and right arm pain and is scheduled to undergo epidural infiltration to address evolving symptoms. Concurrently, shoulder pain and bilateral dactylitis-like difficulties warrant further assessment.

Conclusion:

PsA poses a diagnostic conundrum, particularly in cases with an atypical clinical presentation, and is often a diagnosis of exclusion. A personalized clinical approach is crucial for effective management. This case underscores the importance of considering PsA even in the absence of concurrent psoriasis and highlights the need for continuous vigilant surveillance.