

Normal joint



Normal articular cortex

Joint disease

- 1-degenerative disease (osteoartheritis)
- 2- inflammatry disease (still disease ,RA)
- 3-infective disease (septic artheritis ,TB artheritis)
- 4-malignant disease (synovioma)
- 5-traumatic disease
- 6-congenital disease (displacement hip)
- 7-abnormal trabecular patteran (behejet disease)

Classification

Hypertrophic

Hallmarks

Bone production

Sclerosis

Infectious

Hallmark

Destruction of articular cortex

Erosive

Hallmark

Erosions

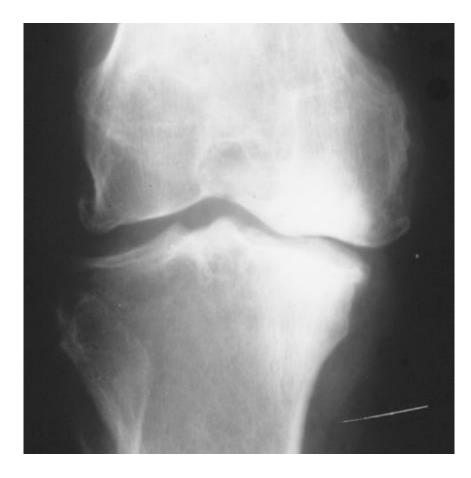
Hypertrophic Arthritis

Degenerative arthritis(osteoartheritis)

- Primary
- Secondary
- **Charcot arthropathy**

1º Degenerative Arthritis

Intrinsic degeneration of articular cartilage Excessive wear and tear Most commonly hips and knees Less commonly shoulders and elbows



1° DJD of knees affects medial, weight-bearing surface



1° DJD of hips affects superior, weight-bearing surface

2º Degenerative Arthritis

Another process destroys articular cartilage **Degenerative changes supervene** How to recognize **Atypical locations (knee) Atypical appearance (Marked DJD of 1 hip)** Atypical age (DJD in 20 year-old)

2° Degenerative Arthritis Causes

Trauma Infection Avascular necrosis CPPD RA Hemophilia

Osteoartheritis (degenerative joint disease):

- RADIOLOGICAL SIGN :
- 1-normal bone density(no osteoporosis)
- 2-narrowing of the joint space maximal at weight bearing site
- 3- subchondral sclerosis and cyst may be seen
 - 4-osteolytic lesion
- 5-sclerosis of the bone is a prominent feature
- 6-osteophyte formation
- 7-loose bodies

osteoarthritis

- 1-bone appearing closer to each other ,the joint space narrow
- 2-cysts:as the body responds to cartilage destruction and attempts to stabilize the joint , cyst or fluid filled cavities can form in the bone
- 3-uneven joints
- 4- bony spurs



2° DJD of right ankle following fracture

Charcot's Arthropathy

- Neuroarthropathy
- Cuases:
- 1-DM
- 2-Syphilis
- 3-alcoholism
- 4-renal dialysis
- 5-spinal cord injury

Charcot's Arthropathy General

Disturbance in sensation leads to multiple microfractures

Pain sensation intact from muscles and soft tissue

Causes

Shoulders – syrinx, spinal tumor

Hips – tertiary syphilis, diabetes

Feet – diabetes

Charcot's Arthropathy Findings

X-ray findings Fragmentation Soft tissue swelling Destruction of joint Sclerosis Osteophytosis



Charcot's Knees-Diabetes

Infectious Arthritis

More common in adults

- Usually from local trauma-surgery or accident
- Children get osteomyelitis
- **Destruction of articular cartilage & cortex**
- Tends to affect one joint (DDx from gout)
 - Fingers from human bites
 - Feet from diabetes

Infectious Arthritis Causes

Usually staph - "early" destruction of articular cortex

Rapid course (unlike most arthritides)

TB spreads via bloodstream from lung

More protracted course

In children, spine most common; in adults, knee

Severe osteoporosis

Healing with ankylosis common in both



Acetabular white line



Septic arthritis of hip with pathologic fracture

Normal hip

Erosive Arthritis Types

- Rheumatoid arthritis
- Gout
- Hemophilia
- Erosive osteoarthritis
- Rheumatoid variants
 - Psoriatic arthritis
 - Reiter's
 - Ankylosing spondylitis
 - Inflammatory bowel disease

Gout General

- Long latent period between onset of symptoms and bone changes
- Asymmetric and monoarticular
- More common in males
- Most common at 1st MT-P joint
- Tophi rarely calcify
- Olecranon bursitis is common

Gout Findings

Juxta-articular erosions

- Sharply marginated with sclerotic rims
- Overhanging edges (rat-bites)
- No joint space narrowing until later
- Little or no osteoporosis
- Soft tissue swelling
- Tophi not calcified



Gout

Rheumatoid artheritis

- RADIOLOGICAL SIGN :
- 1-generalzed osteopenia
- 2-swelling of the soft tissue around
- **3-articular erosion**
- 4- sometime the joint ligment may undergo softening or complete cut

Rheumatoid Arthritis General

Bilaterally symmetrical Earliest change: MCP, PIP, ulnar styloid Radiocarpal jt most commonly narrowed Periarticular demineralization Begins MCP jts of 1st and 2nd fingers Large joints usually no erosions

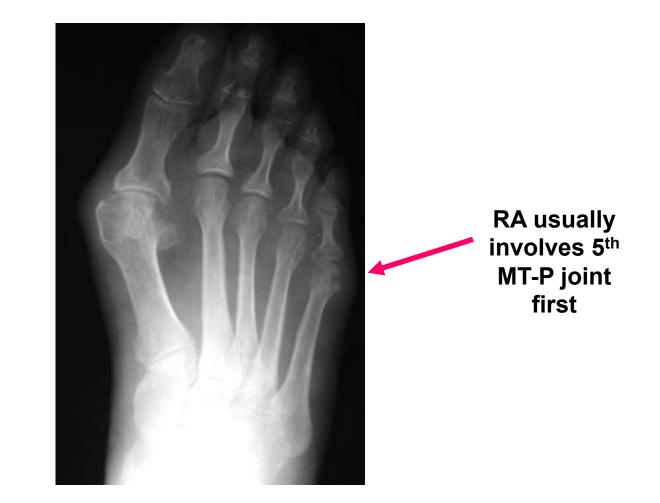
Rheumatoid Arthritis General

Can lead to 2° DJD Marked narrowing of joint space with intact articular cortex, think of RA Little or no sclerosis

Especially, hips and knees



RA of Hips – Marked narrowing, little sclerosis



RA of Foot

Psoriatic Arthritis

Almost always accompanies skin disease, especially nail changes Involves DIP joints of hands > feet **Cup-in-pencil deformity Resorption of terminal phalanges** No osteoporosis



Psoriasis of hands

Reiter's Syndrome

- Urethritis, arthritis (50%) & conjunctivitis
- Periostitis at sites of tendinous insertion
 - Whiskering
 - Like DISH, ankylosing spondylitis
- Affects feet more than hands.
- Resembles RA
 - Reiter's also has osteoporosis



Reiter's Syndrome

Ankylosing Spondylitis

HLA-B27 positive

B/L SI arthritis

Squaring of vertebral bodies

Bamboo-spine from continuous syndesmophytes

Peripheral large joint erosive arthritis



Ankylosing Spondylitis

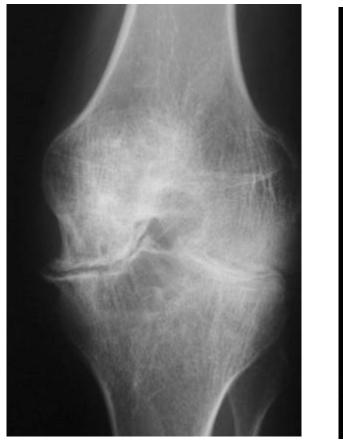
Inflammatory Bowel Disease

Can occur with either Crohn's or UC More common with UC Looks like AS in spine **Asymmetric sacroiliitis** Like psoriasis, TB Peripheral joint STS without erosions Hemophilia General

Usually seen in large joints Hemorrhage produces synovitis which leads to pannus Incites hyperemic response Bone resorption and remodeling **Especially in open epiphyses** DDx: JRA

Hemophilia Findings

Overgrowth of epiphyses Resorption of secondary trabeculae Longitudinal striations Widening of interconylar notch of knee Joint effusion Hemosiderin deposit around joint





Hemophiliac Arthropathy

Arthritis or Not





DJD



hyperparathyrodium

- Generalzed decrease in bone density
- Subperiosteal bone resorption
- Soft tissue calcification
- Brown tumours



THANK YOU