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RS3PE SYNDROME: REPORT OF THREE CASES IN REFERRED HOSPITAL IN SAO PAULO.

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BACKGROUND

RS3PE syndrome is a rare rheumatologic disorder characterized by symmetric tenosynovitis of the upper and lower limbs, especially in wrists and metacarpophalangeal, associated with subcutaneous edema of the hand dorsum.

The diagnostic criteria are bilateral hand edema, sudden onset of polyarthritis, age more than 50 years, and negative rheumatoid factor. The pathophysiology is still uncertain but responds very well to low doses of corticosteroids with long-term remission, except when it is associated with paraneoplastic syndrome.

The objective of this study is to report three cases of idiopathic RS3PE syndrome in patients attending the rheumatology service in a referenced hospital in São Paulo.

CASE REPORT

Case 1:

Man, 69 years old, with bilateral hand edema for 5 months, severe pain and weight loss of 9kg. Local heat in wrists with blockade of movement and morning stiffens for more than 30 minutes. Rheumatoid factor, hepatitis, and HIV: negative. Prescribed naproxen 1000 mg plus prednisone 7.5 mg twice daily, with partial improvement after 1 month. A diagnosis of RS3PE was made and introduced gabapentin 300mg and colchicine 1mg. After 15 days returns with total remission of symptoms as we can see in Fig 1-2.

Case 2

A 54-year-old female patient presented polyarthritis, diffuse edema on hands, painful wrists and knees for 4 months associated with morning stiffness of approximately 15 minutes. Anti-CCP and Rheumatoid factor Negative. The diagnosis of RS3PE was made and started course with prednisone 20mg, colchicine 1mg, hydroxychloroquine 400mg per day and methotrexate 7.5mg per week. Patient returns after 1 month with significant improvement of the pain and edema as observed in Fig 3-4.

Case 3

A 78-year-old male patient started bilateral edema of the hands and wrists and morning stiffness of 30 minutes. Negative rheumatoid factor and negative viral serologies. Initiated prednisone 10 mg and gabapentin 300 mg. The diagnosis of RS3PE was made, returning 15 days later with total clinical improvement. Fig5-6

CONCLUSION

RS3PE syndrome is a rare syndrome easily confused with rheumatoid arthritis. As it responds well to low doses of corticosteroids and presents sustained remission for a long period, it must be diagnosed early and properly treated. It is important to always perform screening for neoplasia because it may be a

paraneoplastic manifestation. The 3 presented patients had negative screening for neoplasia and total remission of symptoms