



ULTRASOUND ANALYSIS IN RHEUMATOID ARTHRITIS PATIENTS WITH LOW DISEASE ACTIVITY

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BACKGROUND

Rheumatoid arthritis (RA) is a chronic autoimmune inflammatory disease that has exacerbations, defined by clinical parameters and increase of clinical scores that guide therapeutic management. Clinical manifestations may not correspond to active joint disease, therefore it is still necessary to evaluate markers with better prediction of disease activity. The main purpose of this study is to analyze the presence of active joint disease by ultrasonographic grey scale and Power Doppler in RA patients with low disease activity (LDA) and clinical remission.

MATERIALS AND METHODS

We selected RA patients with <10 points of Clinical Disease Activity Index (CDAI), which were using conventional synthetic DMARDs, without association with biological drugs. They were submitted to grey scale and power doppler ultrasound analyses of PIPs, MCPs, wrists, knees, ankles and MTPs between May to June of 2018. We compared the data between the results of ultrasound with measurements of CDAI.

RESULTS

27 RA patients were evaluated, of which 88.4% were female, and 69% had positive rheumatoid factor. The mean disease time was 11 years. All patients were using methotrexate or leflunomide. 53.84% had LDA, and 46.15% were in remission. Those with LDA had CDAI of 5.57 with average of 1.38 on gray scale points of MCP, wrists and MTF, 0.86 points on power Doppler in the joints analyzed, and 42.1% presented relevant abnormalities on ultrasound. Regarding joint assessment, LDA group had an average of 1.64 tender and 0.64 swollen joints. Patients in remission had CDAI of 1.15, with average of 1.45 gray scale points in the same joints of the first group, 0.59 points on power Doppler, and 66.7% had relevant manifestations on ultrasound. In this group, the mean number of tender joints was 0.33 and there was no identifiable swollen joints.

CONCLUSION

A great proportion of RA patients with LDA or even in remission presented abnormalities on evaluation by ultrasound. Joint assessment by this exam may represent a more sensitive method for determining disease activity in these patients, guiding earlier interventions, and preventing joint damage.