

Inflammatory erosive osteoarthritis of hands

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No conflict of interest.
All data are available at request

Carta de Pesquisa

Osteoarthritis (OA) is a very common degenerative rheumatic condition characterized by pain, reduction on the joint space and cartilage lesion. Its prevalence increases with aging. In some patients the osteoarthritis may be present as inflammatory and painful disorder. Herein, we present a case with an inflammatory erosive osteoarthritis of hands [1].

A 58-year-old man with a history of pain and deformities in his fingers since 2021. He came to our clinic due to worsening of his clinical picture. At physical examination, we verified erosive inflammatory hand osteoarthritis in his distal interphalangeal joints of his 2nd and 3rd left fingers, and of the 2nd right finger (Figure 1). Laboratory showed a normal erythrocyte sedimentation rate of 15 mm/1st hour (nr: <20mm/1st hour), C-reactive protein of 1.5 mg/dL (nr: < 3mg/dL), and a negative rheumatoid factor.

There is a theory that aberrant cytokine biology is crucial to the OA pathophysiology. Some morphological alterations seen in OA include: cartilage erosion and inflammation of synoviae [1]. Currently, therapy includes analgesics, intra-articular steroids, non-steroidal anti-inflammatory drugs, hydroxychloroquine, methotrexate, sulphasalazine, and physical therapy. A few studies tried to treat osteoarthritis with anti-TNF agents (e.g.: adalimumab) although the results were not impressive [2]. The surgical options for hand OA therapy are not completely effective and may result in reduction in range of motion, dexterity, and grip strength. Therefore, the limited efficacy of available treatments urges for improved and more targeted treatment strategies.

References

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