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## Pencil in cup deformity radiology

Psoriatic arthritis The main point is almost always accompanied by skin diseases, especially nail changes Mainly related to the DIP joint of the hands &gt; feet Classic deformity of the cup and pencil Erosion of one end of the bone with the expansion of the adjacent metacarpal psoriatic arthritis base. X-rays of both hands showed cup and pencil deformity of both thumbs and DIP joint erosion of the left middle finger Often resystulate late-stage phalanges Usually no osteoporosis Mostly HLA-B27 positive, Out negative factors Characteristic detection Tends to involve smaller joints of the hands and feet more than joints greater than the involvement of asymmetrical joints Affecting both juxta-joint margins and joints of seronegative joints Spondyloarthropathies Ankylosing an , bone growth is a major feature. Manifest itself with: Periosteal bone excrescences new bone formation (common) The entire phalanx can become concealed in new bones Ivory phalanx Most often in terminal phalanges of the toes, Especially the first Ankylosis is common Especially in PIP and DIP joints of hands and feet Common features to seronegative spondyloarthropathies Whiskering at sites of tendency to insert constantly (enthesopathy) occurs Soft tissue swelling of the entire digit (sausage digits) ) Destruction of ip joints of large toes with callous exuberant formation is characteristic Resorption of tufts of terminal phalanges is characteristic Asymmetrical spine paravertebral ossification Often thicker and larger syndesmophytes of analestetic sposititis or inflammatory bowel disease Sometimes , there are inadequate marginal syndesmophytes similar to AS Bilateral sacroiliitis inflammation is most commonly able to produce erosion and sclerosis May produce enlarged joints SI Si joints involved occur in about 10-25% of patients with medium to severe psoriasis Patterns of Psoriatic arthritis changes associated with multiple joints with dip joint involvement Arthritis-like rheumatoid arthritis Sacroiliitis and articular systitis Mutilans Resnick, pencil deformity in the 4th edition cup is the description given for one of the classic simple X-ray appearances associated with psoriatic arthritis. X-ray feature The appearance results from periaricular erosion and bone resugeneration for the appearance of a pencil in a cup. Differential diagnosis Although classically described with psoriatic arthritis, this appearance can also be seen in systematic sclerosis, rheumatoid arthritis or reflex arthritis.1. Siannis F, Farewell VT, Cook RJ, et al. Clinical and X-ray lesions in psoriatic arthritis. Chronicles of rheumatism. 65 (4): 478-81. doi:10.1136/ard.2005.039826 - Pubmed 2. S. S. K. Das, K. Mishra; System with pencil deformity in cups, Rheumatism, Episode 40, No. 5, May 1, 2001, Pages 594–595, doi.org/10.1093/rheumatology/40.5.594 Age: 75 Years Sex: Female Loading Images... Symmetrical polyarthritis involves both carpus and fingers. Marginal erosion is most obvious in carpus. On the right projection, there is a pencil deformation in the cup of the fifth finger. Do not calcified soft tissue. This patient has a long history of rheumatoid arthritis. Pencil deformity in the cup is classically associated with psoriatic arthritis but may also be associated with rheumatoid arthritis as well as full-body sclerosis (sclerotic sclerosis) and reflex arthritis. Pencil deformity in the cup is a rare bone disorder primarily associated with a severe form of psoriatic arthritis (PsA) called mutilans arthritis. It can also occur with rheumatoid arthritis (RA) and sclerotic sclerosis. Pencil-in-cup describes what the affected bone looks like in an X-ray. The end of the bone has eroded into a sharpened pencil shape. This pencil has worn the surface of an adjacent bone into a cup shape. Pencil deformation in cups is rare. Arthritis mutilans affect only about 5 percent of people with PsA and 4.4 percent of those with rheumatoid arthritis. We will mainly look at the pencil in the deformed cup with PsA.If your X-ray or scan shows any signs of pencil degeneration in the cup, it is important to start treatment as soon as possible to slow down or prevent further degeneration. If left without treatment, joint destruction can proceed quickly. The first joints affected are usually the second and third finger joints (distant interphalangeal joints). This condition can also affect your leg joints. Although pencil deformity in cups is most commonly seen in PsA, other forms of arthritis affecting your spine and limbs (spondyloarthropathies) can also cause this disorder of the fingers and toes. At the same time, it occurs rarely in.Arthritis mutilans and its characteristic pencil in the deformed cup is the most severe form of psA.The cause of PsA is not fully understood. It is considered a complex interaction of genetics, immune system dysfunction, and environmental factors. About 30 percent of people with psoriasis develop PsA.Having a family history of psoriasis increases the risk of psoriasis and PsA. But there are genetic differences between psoriasis and PsA. You are 3-5 times more likely to inherit PsA than you are to inherit psoriasis. Genetic research has found that people with PsA who have two specific genes (HLA-B27 or DQB1\*02) have an increased risk of developing arthritis mutilans. Environmental factors thought to contribute to PsA include: stress infections (such as HIV infection or syptococcal infections)joint injuries (especially with children)Shared on the pencil form in Pinterest's cup is a rare bone disorder. X-rays This deformity shows the affected bone with the end of the bone eroded into a sharpened pencil shape. This pencil has worn the surface of an adjacent bone into a cup shape. People with pencil deformity in cups derived from PsA may experience symptoms of this form of arthritis. Symptoms of PsA are diverse and can resemble other diseases: swollen fingers or toes (sneritis); studies show that synonymytic silitis is present in 32 to 48 percent of people with PsAjoint arthritis, inflammation and pain, usually in four or fewer joints and asymmetrical (not the same joint on both sides of the body) nail changes, including pitting and separating nails from nails arthritis of the spine and large joints (spinal inflammation) two sacroiliac joints (sacroiliac) a study shows that 78 percent of people with PsA suffer from sacroiliitisinflammation of entheses, places where tendons or ligaments enter your bones (enthesitis)inflammation of the middle layer of the eye, causing redness and blurred vision (uveitis)If you have pencils in the deformed cup, you may also have these symptoms : increased mobility of tissues located excessively destroying osteolysis (osteolysis)opera glass or finger telescopes, in which bone tissue collapses, leaving only skinPsA often undiagnosed, because of its various symptoms and lack of consent on the criteria. To help standardize the diagnosis, an international team of rheumatic physicians developed criteria for PsA called CASPAR, the criteria for classifying psoriatic arthritis. One of the difficulties is that arthritis occurs before skin psoriasis symptoms in 6 to 18 percent of people with PsA. Therefore, skin symptoms may not provide a clue. In addition, the symptoms of psoriasis and PsA are not constant - they can flare up and subside. Your doctor will have a medical history, including your family's medical history. They will ask you about your symptoms: How serious are they? How long have you had them? Did they come and go? They will also conduct a thorough physical examination. To confirm the diagnosis of mutilans arthritis and pencil deformity in the cup, your doctor will use more than one type of imaging test, including: Your doctor will look for the severity of bone destruction. Sonography and MRI images can provide a better picture of what is happening. Sonography, for example, can detect inflammation that as yet asymptomatic. MRI can give a more detailed picture of small changes in your bone structure and surrounding tissues. There are very few diseases that can be associated with pencil deformity in the cup. If you do not have skin symptoms of psoriasis, your doctor will be able to check for blood signs of rheumatoid arthritis and other diseases that can cause this disorder. PsA is often misdiagnosed. But a misdiagnosed of variables pencils in the cup are not possible, because separate X-ray images. Your other symptoms will guide your doctor in achieving a diagnosis of the underlying disease. The purpose of the treatment of pencil malformations in the cup is: prevent any further bone deterioration that provides physical and occupational analgesic therapy to maintain the activity of your hands and feetThe specific treatment will depend on the severity of your deformity and the basic cause. For pencil deformity in psA-related cups, your doctor may prescribe non-steroidal anti-inflammatory drugs (NSAIDs) to relieve symptoms. But these drugs will not prevent the destruction of bones. To slow down or stop bone loss, your doctor may prescribe disease-changing antipyrotics (DMARDs) or small oral molecules (OSMs) such as methotrexatetofacitinb (Xeljanz)apremilast (Otezla)A group of drugs called biologically inhibited tumor necrosis factor (TNF-alpha), which plays a role in PsA. Examples include:Biologically blocking interleukin 17 (IL-17), promoting inflammation, including:secukinumab (Cosentyx)ixekizumab (Taltz)brodalumab (Siliq)Other biology that the doctor may prescribe include:ustekinumab (Stelara), blocking inflammatory molecules IL-23 and IL-12abatcept (CTLA4-Ig), blocking the activation of T cells, an important cell type for immune system responseSo combination therapy may be necessary in the most severe cases. Even many drugs being developed or in clinical trials targeting specific cells or their products are believed to cause inflammation and bone destruction. Physiotherapy and occupation can be useful for reducing symptoms, maintaining flexibility, reducing stress on hands and feet, and protecting joints from injury. Discuss with your doctor what combination of treatments may be best for you. Also ask whether a clinical trial can be an option. Be sure to discuss the side effects of DMARDs, oral small molecules (OSMs), and biology. Also consider the cost, because some newer drugs are very expensive. In some cases, regeneration surgery or joint replacement may be an option. Surgery for PsA is not uncommon: One study found that only 7 percent of people with PsA had orthopedic surgery. A 2008 review of PsA and Surgery noted that surgery in some cases successfully reduces pain and improves physical function. Pencil deformation in the cup can not be cured. But many available drug treatments can slow down or prevent further bone deterioration. And even more promising new drugs are being developed. Physiotherapy can help strengthen muscles and keep your joints, hands and feet flexible and functional. An occupational therapist can help with devices to assist in moving and implementing daily work. Eating a healthy anti-inflammatory diet and getting regular exercise can help your overall health. Start counseling or join a support group that can help you cope with stress and disability. Arthritis Foundation and and Psoriasis Foundation both offer free help. Help.

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