

Images in Clinical Rheumatology

Active Tenosynovitis of the Palmar Flexor Tendon in Psoriatic Arthritis in Clinical Remission[☆]



Tenosinovitis aguda persistente del tendón flexor palmar en artropatía psoriásica en remisión

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The manifestations of psoriatic arthropathy (PsA) in joints have been extensively described.¹ The use of high-resolution ultrasound in this disease is more recent and the findings are similar to those observed in other inflammatory diseases, like rheumatoid arthritis (RA)^{2,3} and lupus.⁴ Some of these ultrasound findings in joints are suggestive of acute inflammatory activity in PsA and in psoriasis (enthesitis, dactylitis), whereas others are less common, among them, acute tenosynovitis of the flexor tendon, detected by high-resolution ultrasound in only 0.3%–7% of cases.^{1,2,5}

We report the case of a 37-year-old man with PsA that began in 2003 with skin involvement, and eventually affected his joints. He started taking methotrexate in 2014, and is currently in clinical remission. At his last check-up, his cutaneous condition had

worsened and he complained of apparently mechanical pain in the fourth finger of his right hand. Clinical examination found nothing of interest, whereas ultrasound revealed acute tenosynovitis of the flexor tendon in that finger, affecting the entire volar portion (Fig. 1). The clinical signs remitted after ultrasound-guided corticosteroid injection.

The purpose of this report is to reflect the importance of ultrasound, not only in the management of RA, but also in the monitoring and follow-up of PsA in clinical remission, and to illustrate ultrasound monitoring of these patients. We wish to point out that acute tenosynovitis of the flexor tendon of the hand often goes unnoticed, but may be more common than is reported in patients with disease of low inflammatory activity.⁶

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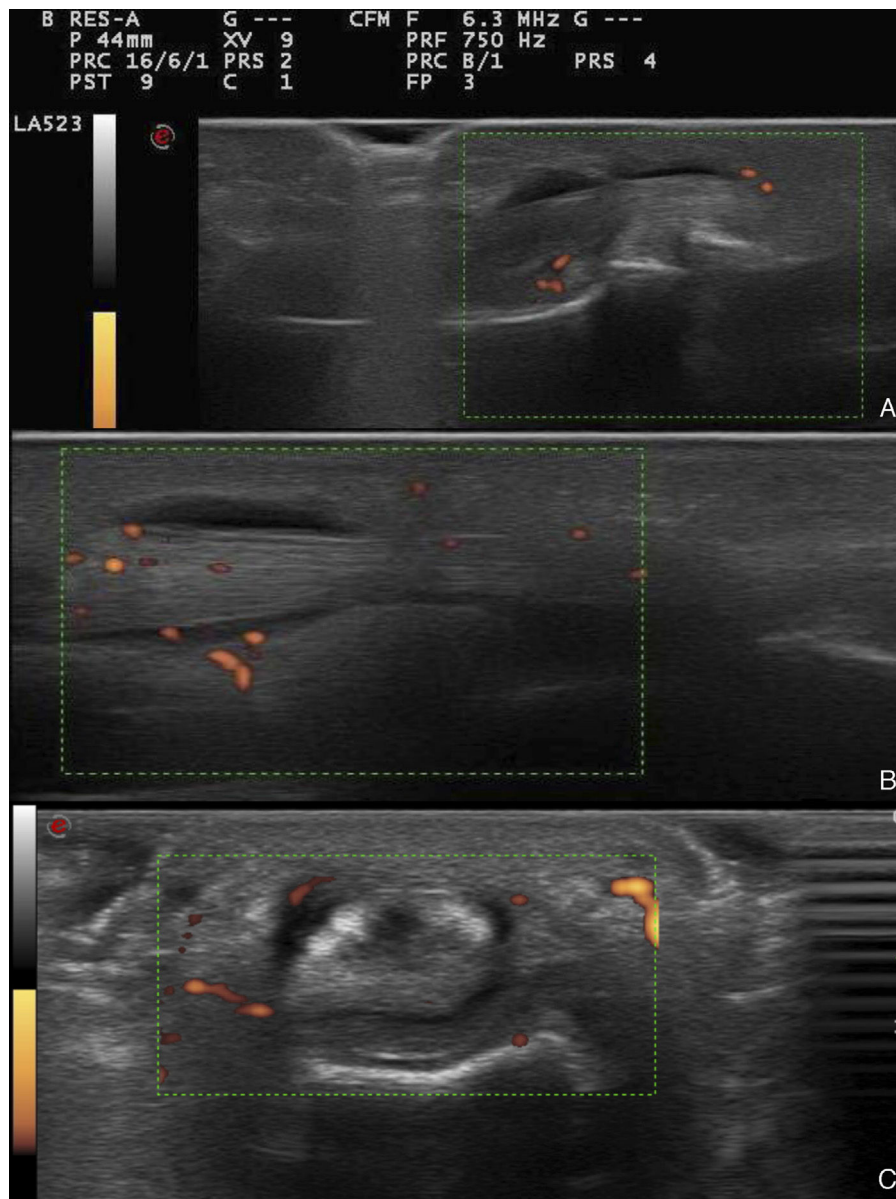


Fig. 1. Ultrasound images of the 4th finger of the patient's right hand. (A) Long-axis view of middle-distal phalanges, with grade 1 power Doppler signal. (B) Long-axis view of proximal phalanx-metacarpus, with grade 2 power Doppler signal. (C) Cross-sectional view of proximal phalanx-metacarpus, with grade 2 power Doppler signal.

Ethical Disclosures

Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

1. Wright V, Moll JM. Psoriatic arthritis. *Bull Rheum Dis.* 1971;21:627–32.
2. Wiell C, Szkudlarek M, Hasselquist M, Møller JM, Vestergaard A, Nørregaard J, et al. Ultrasonography, magnetic resonance imaging, radiography, and clinical assessment of inflammatory and destructive changes in fingers and toes of patients with psoriatic arthritis. *Arthritis Res Ther.* 2007;9:R119.
3. Marzo-Ortega H, Tanner SF, Rhodes LA, Tan AL, Conaghan PG, Hensor EM, et al. Magnetic resonance imaging in the assessment of metacarpophalangeal

- joint disease in early psoriatic and rheumatoid arthritis. *Scand J Rheumatol.* 2009;38:79–83.
4. Torrente-Segarra V, Lisbona MP, Rotés-Sala D, Muñoz-Ortego J, Padró-Blanch I, Maymó-Guarch J, et al. Hand and wrist arthralgia in systemic lupus erythematosus is associated to ultrasonographic abnormalities. *Jt Bone Spine.* 2013;80:402–6.
 5. Naredo E, Möller I, de Miguel E, Batlle-Gualda E, Acebes C, Brito E, et al. High prevalence of ultrasonographic synovitis and enthesopathy in patients with psoriasis without psoriatic arthritis: a prospective case–control study. *Rheumatology (Oxford).* 2011;50:1838–48.
 6. Gutiérrez M, Filippucci E, de Angelis R, Filosa G, Kane D, Grassi W. A sonographic spectrum of psoriatic arthritis: the five targets. *Clin Rheumatol.* 2010;29:133–42.