

Rheumatological Examination

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General Examination

Pulse

Rapid because of Anemia, fever

Tachycardia out of proportion of fever($1^{\circ}\text{C}=10 \text{ b/m}$)= myocarditis

Bradycardia (HB), arrhythmia= SSc

Blood pressure

HPT = SLE, Vasculitis, SSc, RA + renal, CVS---drugs?

Hypo. = HF, dehydration, bleeding!

Pallor

Activity of CTD & Anemia

Cyanosis

IPF=SSc, RA (bronchiolitis, fibrosing alveolitis, Caplan's lung),

Bilateral or ex. pleural effusion= SLE

Pericardial eff.=SLE

Ht. failure

Jaundice

Hemolytic = SLE

Drugs

Viral hepatitis in immunocompromized pt.

Cryoglobulinemic arthritis in hepatitis pt.

Face Butter fly rash sparing the NL fold=SLE

Heliotrope rash (purple-erythematous discoloration of upper eye Cushingoid=
steroid.

Eye Dry (xerophthalmia)=SS, Cataract: Steroid, maculopathy: chloroquine.

Puffiness: L. nephritis, Nephrotic S, Amyloid, Drugs

Mouth

Dry (xerostomia) = SS, Fish mouth :SS

Ulcers (Behcet S, Reiter's, SLE).

Neck:

Thyroid swelling – autoimmune + SLE, Neck veins: CHF,

LN: RA, Felty, SLE.

Hand

Clubbing: Fibrosing alveolitis in RA, SSc, IBD,

Nail pitting, loss of luster, Onycholysis :PA.

Splinter hemorrhage, tender Osler nodes : RF+ SBE

Sclerodactyly: smooth, shiny, tapered fingers with tightness .

Muscle wasting:carpal t. S (thenar). Nodules: RA, ARF.

Tophi: GOUT

Heberden & Bouchard nopedes: OA ,Gottron's papules : DM

Digital ulcers & gangrene: RA, SLE, Vasculitis, SSc

Nail bed infarcts= SLE-Vasculitis, RA, DM, SSc

Telangectasia of nail fold: DM, SLE. RP: SSc, MCTD.

Mechanics hand= DM

Skin:

Characteristic rash: Butterfly malar, discoid, photosensitive=SLE
, Psoriatic lesions =PA. Purpuric eruptions, Raised =Vasculitis
, Flat=thrombocytopenic purpura= SLE, Felty, drugs (gold, D-penicillamine)
V-sign, Shawl-sign rash=DM ,Erythema marginatum =ARF
Erythema nodosum :Behcet,, Sarcoidosis,
SC. Nodules: ARF , RA

Livedo reticularis: Vasculitis, SLE

**Telangiectasis: dilated venules, capillaries & arterioles, matte-
oval or polygonal macules 2-7mm on hands, face, lips, oral
GI mucosa- may bleed--anemia.**

Thickening of the skin=SSc

Calcinosis: cutaneous deposits of calcium,

Tophi=Gout.

LL:

Oedema= NS, LN, amyloidosis (RA=Drugs), DVT (SLE, APS),

Ulcers: Vasculitis + Still's, RA, SLE. Or hemolytic anemia.

Ischemia: Vasculitis.

Keratoderma blennorrhagicum +, vesicles, pustules, on palms & soles with thick hyperkeratotic plaques =Reiter

Genitalia:

G & Oral Ulcers = Behcet (on scrotum or labia, may penis or vagina), Reiter (with circinate balanitis= confluent eroded red papules on corona & glands penis)

Heart: Carry Coomb's murmur ARF

SLE----Libman-Sacks endocarditis=verrucous---post. Leaflet MV

Pericarditis, myocarditis, , pulmonary HPT=ssc

Chest:

Pleurisy, effusion=SLE, RA VAS.,ILD:ssc,Pneumonitis ,Alveolitis

Caplan's lung = RA

Pulm. Embolism , inf= APS

Abdomen:

Splenomegaly = Felty, JRA

HSM= SLE, RA

CNS:

PN, Lateralization, muscle weakness = Vas, SLE,

Entrapment neuropathy = RA



Malaria rash of SLE



Scleroderma (tightness of skin atrophic ulcers on knuckles)



Lividoreticularis



Ulcers (systemic sclerosis or Vasculitis)



Behcet oral ulcers

Rheumatoid nodules



Dermatomyositis (gottron papule, heliotropic rash)

Gottrone's papules

Involves the dorsal surface of MCP and IP joints



SKIN RASH OF DERMATOMYOSITIS



Source: IMACS