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### Differential diagnosis of articular syndrome in psoriasis

**Abstract:** Articular syndrome in psoriasis is an urgent problem to date. By the way, not always articular syndrome in psoriasis is a manifestation of the disease. And so, below is a case osteochondropathy patient with psoriasis.

**Keywords:** psoriasis, psoriatic arthritis, osteochondropathy.

In recent years, significantly increased the number of severe forms of psoriasis, one of which is psoriatic arthritis (PA). The development of the PA can be rapid or slowly progressive, but always accompanied by a decrease of quality of life and disability [1; 3].

The diagnosis of PA is not a problem when there are skin rashes. Difficulties in the diagnosis of PA arise in cases where the primary and joint damage there for some time without cutaneous manifestations of psoriasis [4; 6; 11]. PA occurs at an average of 5% –8% in patients with psoriasis, aged 30–50 years [4; 5; 6; 12]. In children, the PA is very rare.

The clinical picture of PA is represented by redness, swelling and tenderness over the affected joints, limited mobility of their stiffness. The process often asymmetrical. Mainly affects the distal interphalangeal joints of the hands and feet.

When X-ray PA reveal narrowing of the joint space, the edge patterns, focal destruction, osteoporosis, ankyloses of small joints. In the blood — ESR acceleration, sometimes leukocytosis, increase in gamma globulins, fibrinogen level, asialic acids, seromucoid, the appearance of C-reactive protein, rheum sample usually negative [5; 7].

The differential diagnosis of articular syndrome in psoriasis is usually carried out with rheumatism, rheumatoid arthritis, ankylosing spondylitis, infectious arthritis. However, there are rare arthritis.

Here are his own observation:

Patient A. dealt with complaints: on the skin rashes and pain in his left knee.

From history: psoriasis suffering for 10 years. Heredity is burdened brother mother suffers from psoriasis. Engaged in sports school football.

Status locales: Skin is a chronic inflammatory process in nature. Localized symmetrically on the scalp, on the extensor surfaces of the upper and lower extremities, on the lumbar region. Elements lesions are papules, plaques, with smooth sharp edges and flushing rim at the periphery, but on the surface elements are silver — white scales. Triad of Auspitts determined.

Left knee drowsy, contours are smoothed tibial tuberosity. On palpation tibial tuberosity determined by pain and swelling. Extension movements of the knee causes pain.

Preliminary diagnosis: Psoriasis, progressive stage, winter type. PA.

Of laboratory data: KLA — 6% eosinophilia, blood chemistry revealed no pathology, P — factor is negative, the PSA is normal, OAM — without pathology, scatology — without pathology.

On radiographs of the left knee joint in 2 projections marked ossification nucleus, tibial tuberosity fragmented and consists of several small plots resemble jagged edges and separated light intervals.

Diagnosis: Osgood-Schlatter.

Consulted pediatric orthopedics — trauma. The diagnosis: Osgood-Schlatter.

The patient exhibited a final diagnosis:

The main: Psoriasis, progressive stage, the mixed type.
Related: Osgood-Schlatter.

Osgood-Schlatter disease is one of the most common forms of osteochondropathy, and a dystrophic lesion tibial tuberosity during the end of the growth of the skeletal system [9].

Risk factors for the disease Osgood-Schlatter are high load game — basketball, hockey, football, etc. The predominant age of Osgood-Schlatter from ten to fifteen or eighteen years of age, that is, during the ossification of the tibialapophysis. After the age of 18, when there is a merger with the whole array of the tibia, Osgood-Schlatter disease is not found. Among patients with predominantly dominated by strong men involved in sports. Therefore, the cause of the disease is considered an overload tibial tuberosity at elevated features 4 head thigh muscles. Pathological process usually unilateral, but bilateral involvement occurs.

After a definitive diagnosis, patients underwent standard treatment of psoriasis and recommended limitation of physical activity for the period of illness excluded sports.

Treatment for Osgood-Schlatter disease is conservative and appointment procedures or thermal phonoelectrophoresis with a solution of procaine, drugs that improve the microcirculation (pentoxifylline), vitamins (group B), calcium and phosphorus, tight bandaging of joint, NSAIDs. Disease duration 1–1.5 years. Favorable prognosis [8; 9; 10].

The patient was discharged with clinical improvement of psoriasis.

Recommended: Seeing a dermatologist (psoriasis) and Pediatric Orthopedics — Traumatology (Osgood-Schlatter).

<table>
<thead>
<tr>
<th>Symptoms of the disease</th>
<th>Osgood-Schlatter</th>
<th>Psoriatic Arthritis</th>
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<tbody>
<tr>
<td>Age</td>
<td>age from 9 to 14–18 years</td>
<td>age from 20 to 50 years, with a sharp young age progression</td>
</tr>
<tr>
<td>Gender</td>
<td>Boys</td>
<td>Men and women with equal frequency</td>
</tr>
<tr>
<td>Complaints</td>
<td>Pain in the Knee</td>
<td>Joint Pain</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Unilateral</td>
<td>UnilateralSymmetrical</td>
</tr>
<tr>
<td>Clinic</td>
<td>Local pain in the lower part of the knee. Knee pain while walking, pressing or squatting. Swelling of the knee, smoothing the contours of the tibial tubercle, defiguration. Palpation of the tuberosity — local pain and swelling. Active movements of the knee causes pain of varying intensity.</td>
<td>The presence of psoriasis skin characteristic localization. Pain in the affected joints Stiffness in the joints Joints hot to the touch Swollen joints, and the skin over them takes purple-bluish or bluish color On examination, the joints are marked with their swelling, defiguration, when making active movements tenderness, local temperature rise over the joints, onychodystrophy.</td>
</tr>
<tr>
<td>X-ray</td>
<td>Fragmentation tibial tuberosity; indistinct outline fragments, some of them are displaced upward and forward.</td>
<td>Joint space narrowing, edge patterns, focal destruction, osteoporosis, ankyloses of small joints.</td>
</tr>
</tbody>
</table>

Conclusion: Patients with articular syndrome need a thorough examination. When the diagnosis of adolescents need to eliminate all disease is accompanied by articular syndrome: — rheumatoid arthritis, psoriatic arthritis, infectious arthritis, and Osgood-Schlatter.

References: