

A MODERN VIEW OF THE PROBLEM OF REACTIVE ARTHRITIS IN ADULTS

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<https://doi.org/10.5281/zenodo.14058762>

Annotation. Reactive arthritis (RA) is an inflammatory joint disease that develops as a response to an infection in the body, and the infection itself may not directly affect the joints. Reactive arthritis often occurs a few weeks after a urogenital or intestinal infection. In recent years, the incidence of sexually transmitted diseases (STDs) has been quite high. According to WHO estimates, 330 million new cases of STDs are registered annually in the world, among which there is a rapid increase in the number of diseases caused by trichomonas, chlamydia, ureaplasmas, mycoplasmas, as well as herpes, human papillomavirus and others.

Keywords. Reactive arthritis, prevalence, diagnosis, treatment.

СОВРЕМЕННЫЙ ВЗГЛЯД НА ПРОБЛЕМУ РЕАКТИВНОГО АРТРИТА У ВЗРОСЛЫХ

Аннотация. Реактивный артрит (РА) — это воспалительное заболевание суставов, которое развивается как ответ на инфекцию в организме, при этом сама инфекция может не затрагивать суставы напрямую. Реактивный артрит часто возникает через несколько недель после перенесенной урогенитальной или кишечной инфекции. В последние годы пораженность населения заболеваниями, передающимися половым путем (ЗППП), достаточно высока. По оценке ВОЗ, ежегодно в мире регистрируется 330 млн новых случаев ЗППП, среди которых наблюдается быстрый рост числа заболеваний, вызванных трихомонадами, хламидиями, уреоплазмами, микоплазмами, а также герпесом, вирусом папилломы человека и другие.

Ключевые слова. Реактивный артрит, распространенность, диагностика, лечение.

Relevance. Reactive arthritis is a fairly rare disease. Its prevalence varies by region, but in general, the incidence ranges from 1 to 10 cases per 100,000 people per year. Men, especially those between the ages of 20 and 40, suffer from reactive arthritis more often than women. However, in women, the disease can proceed with more pronounced symptoms. Reactive arthritis is an autoimmune disease that is based on an impaired immune response to infection. The most common infectious agent that triggers the development of RA are bacteria of the genus Chlamydia, Salmonella, Shigella, Campylobacter, and Yersinia.

The immune response initiated by these pathogens can lead to inflammation in joint tissues. It is important to note that joints are not directly infected by germs; Inflammation occurs due to the activation of the immune system and the formation of autoimmune antibodies. Patients with reactive arthritis are often found to have HLA-B27 antigens, indicating a genetic predisposition to the disease.

The main clinical manifestations of reactive arthritis are:

Arthritis: the large joints (knees, ankles, hips) are most often affected, and less often the small joints of the arms and legs. Inflammation, as a rule, is symmetrical, but can also be unilateral. Urethritis: Inflammation of the urinary tract, including painful urination and discharge from the urethra. Conjunctivitis: inflammation of the mucous membrane of the eyes, which can be manifested by redness and discharge. Skin manifestations: skin changes such as psoriasis-like rashes, erosions on the soles and palms (keratoderma) or ulcers may be observed.

Systemic symptoms: fever, fatigue, weight loss, myalgias.

Often the disease begins acutely, a few weeks or months after the infectious process. However, in some patients, it can develop gradually and have a chronic course.

The most important feature of ReA is seronegativity for immunological markers of RA and SLE (see above), which are never detected in ReA. If RA markers appear in the blood of a patient with suspected ReA, this is the onset of RA, if SLE markers appear, this is the onset of SLE.

A patient with ReA should be referred for examination to an otolaryngologist, dentist, urologist or gynecologist to detect the source of infection that caused ReA.

Diagnostics of latent urogenital infections is very important, for which not only smears but also scrapings from the mucous membranes of the urethra or cervical canal must be taken, in which chlamydia, mycoplasma, ureaplasma can be detected. Electron microscopy is much more informative than light microscopy of smears and scrapings. Molecular biological reactions are often used - PCR and RIF. The "gold standard" for diagnosing chlamydial infection is the culture method (rarely used due to its complexity and high cost).

In acute or subacute ReA lasting up to 6 months, there are no radiographic changes in the affected joints. In protracted ReA (more than 6 months), periarticular epiphyseal osteoporosis is detected. In chronic ReA, rheumatoid-like erosions (usures) form on the articular surfaces. Destructive changes and ankylosis are not characteristic of ReA.

Diagnosis of reactive arthritis is based on clinical signs, medical history, and laboratory tests. Important diagnostic criteria are:

History of infection: Recent episode of urogenital or intestinal infection.

X-ray changes: in the early stages of the disease, changes may be minimal, but with progression, signs of asymmetric arthritis, osteoporosis, and erosions may appear.

Laboratory tests: no specific markers of infection in the joint fluid, however, the level of inflammatory markers may be increased. Detection of HLA-B27 antigens in 70-80% of patients with RA is an important diagnostic sign.

Infectious markers: detection of antibodies to microorganisms such as Chlamydia trachomatis, Yersinia enterocolitica, Salmonella and others.

The basic principle of treating reactive arthritis is to eliminate inflammation and control symptoms. Treatment can be divided into several areas:

Nonsteroidal anti-inflammatory drugs (NSAIDs): used to reduce inflammation and reduce pain.

Antibiotics: If an infection is detected that may have triggered the disease, antibiotic therapy is given (e.g., in Chlamydia trachomatis).

Glucocorticoids: in case of severe disease or if NSAIDs are ineffective, glucocorticoids can be used both locally (intra-articular) and systemically.

Biologics: In severe, chronic disease where conventional treatments are ineffective, tumor necrosis factor (TNF) inhibitors, such as adalimumab or etanercept, may be used.

Physiotherapy: methods aimed at restoring mobility and reducing joint pain, including exercise therapy, ultrasound, laser therapy.

Surgical treatment: In extremely rare cases, in the absence of response to treatment, surgery may be required to repair damaged joints.

The prognosis for most patients with reactive arthritis is generally favorable, especially with timely treatment. However, in a small proportion of patients, the disease can become chronic, with long-term relapses and the development of irreversible changes in the joints. Patients with the identified HLA-B27 antigen are more likely to have a chronic course of the disease.

Conclusion. Reactive arthritis in adults is an autoimmune inflammatory disease that occurs as a response to infection. It is important to diagnose the disease in the early stages and start treatment to prevent the development of the chronic form with possible complications. Modern methods of diagnosis and treatment allow you to effectively control symptoms and improve the quality of life of patients.

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