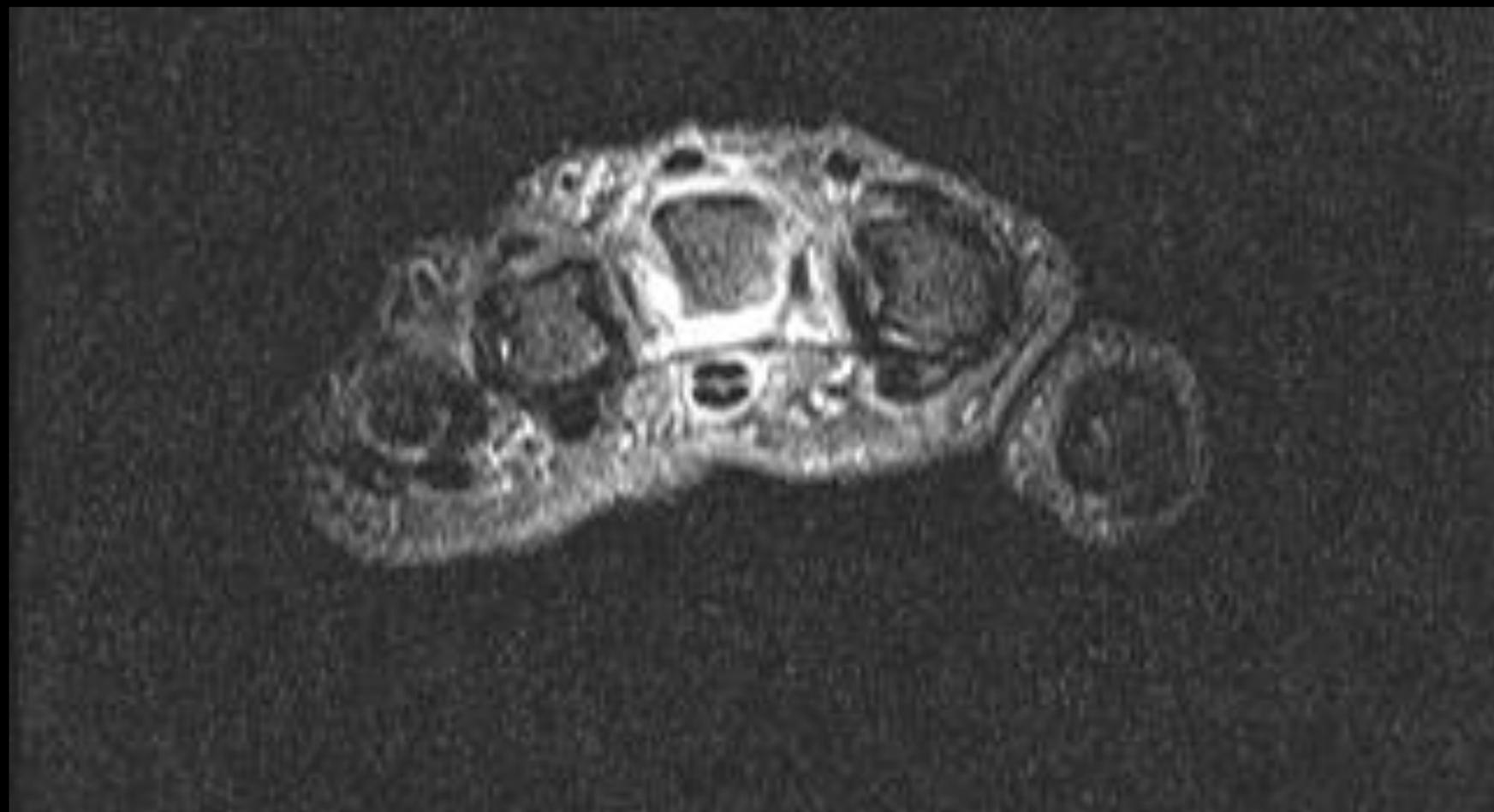
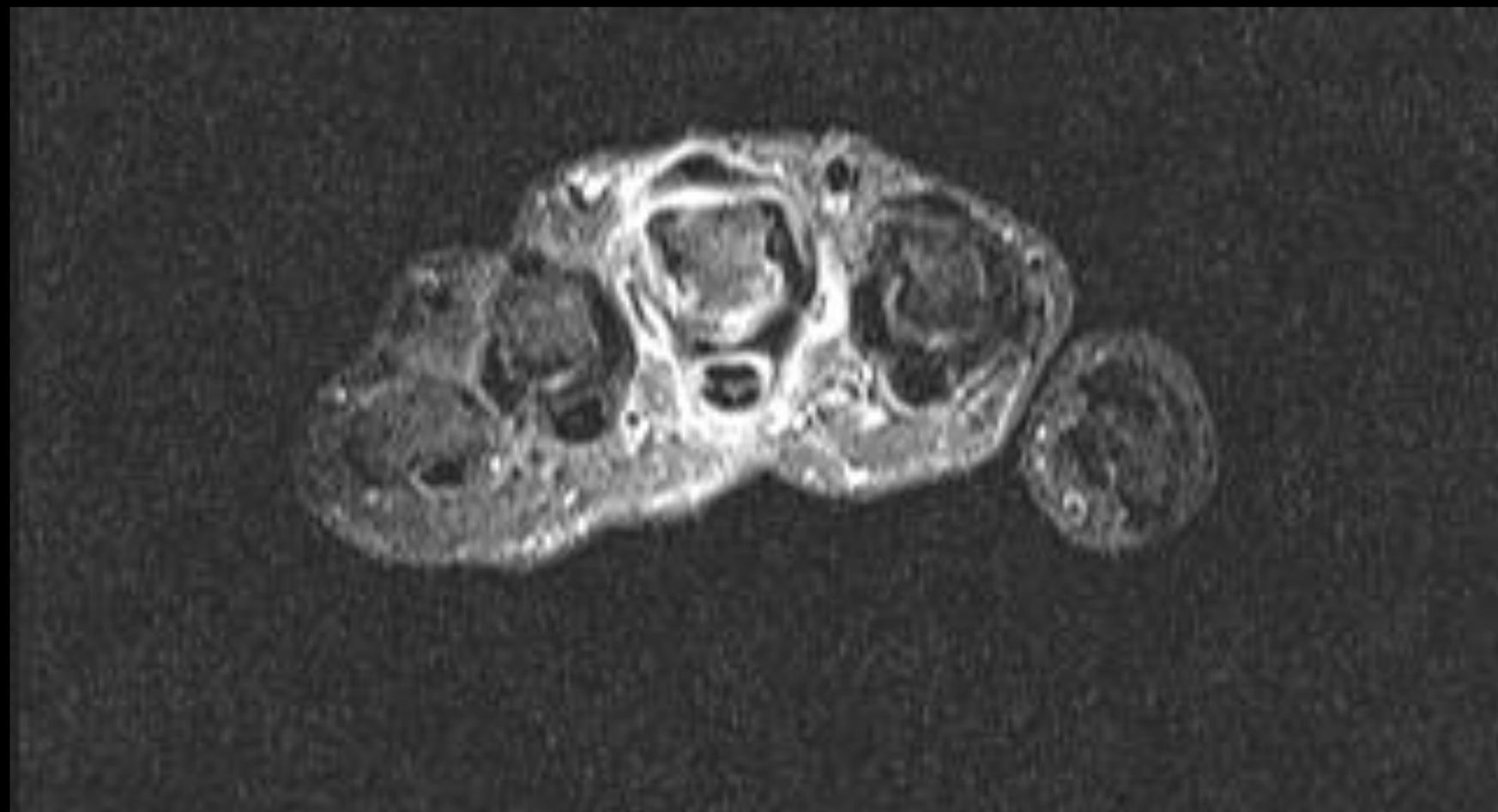
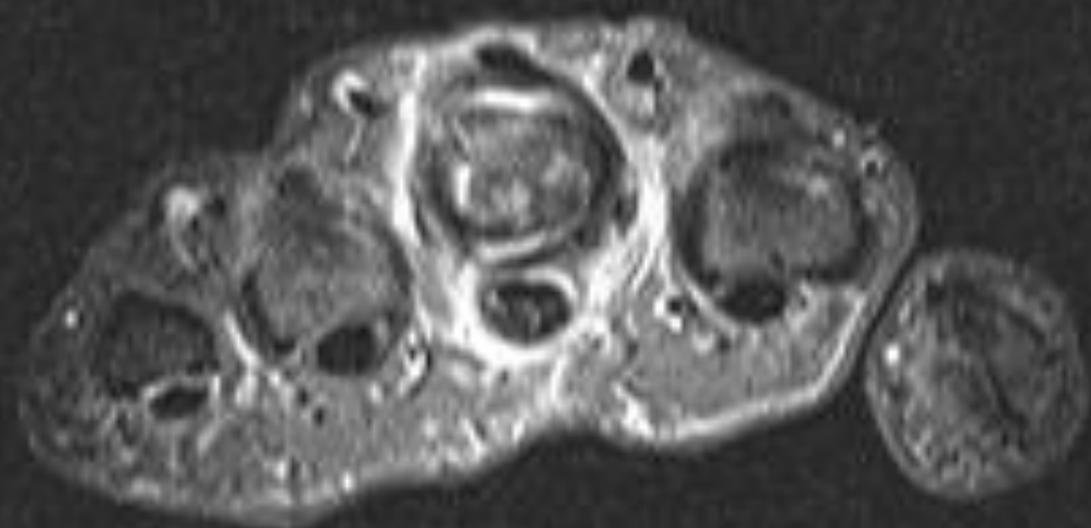
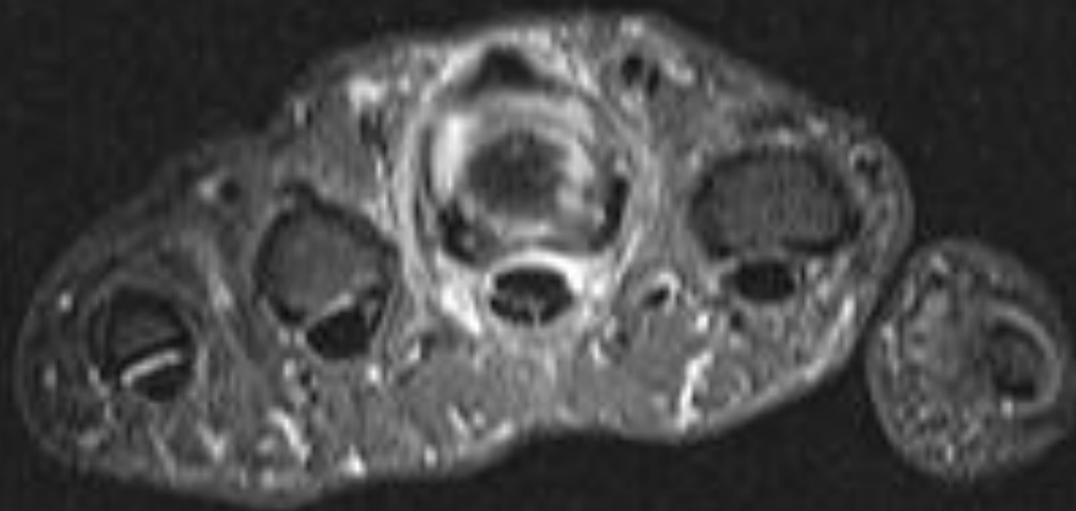


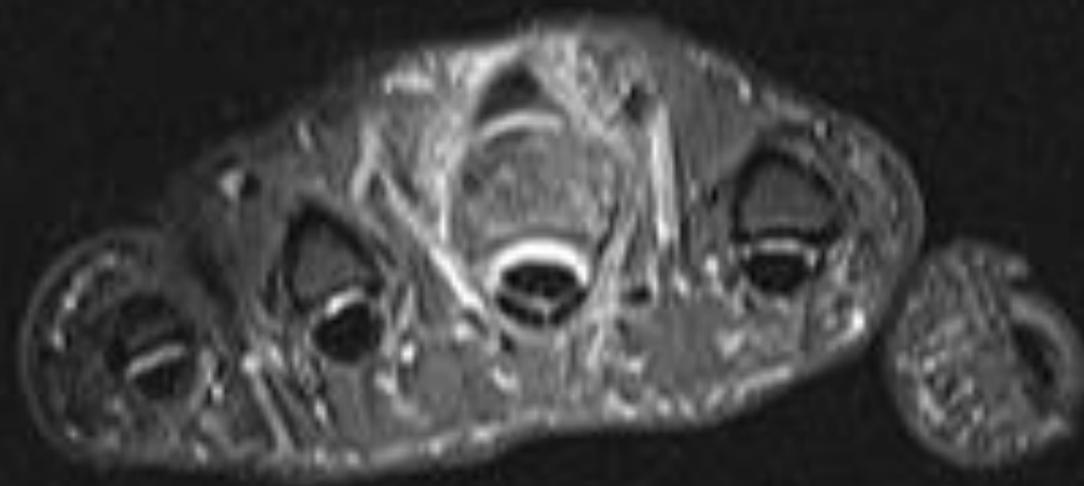
47 y/o F with 2 month history of gradually worsening swelling and pain in right third digit, denies trauma

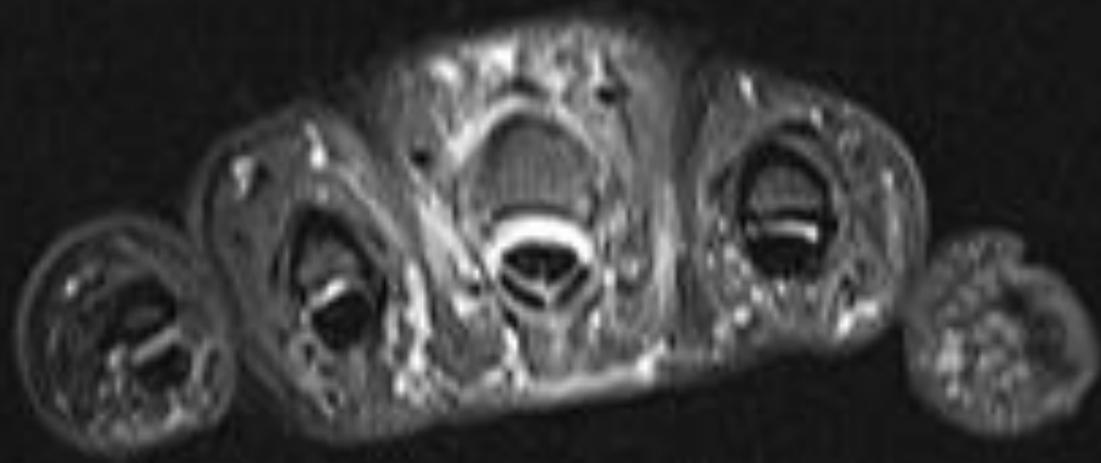


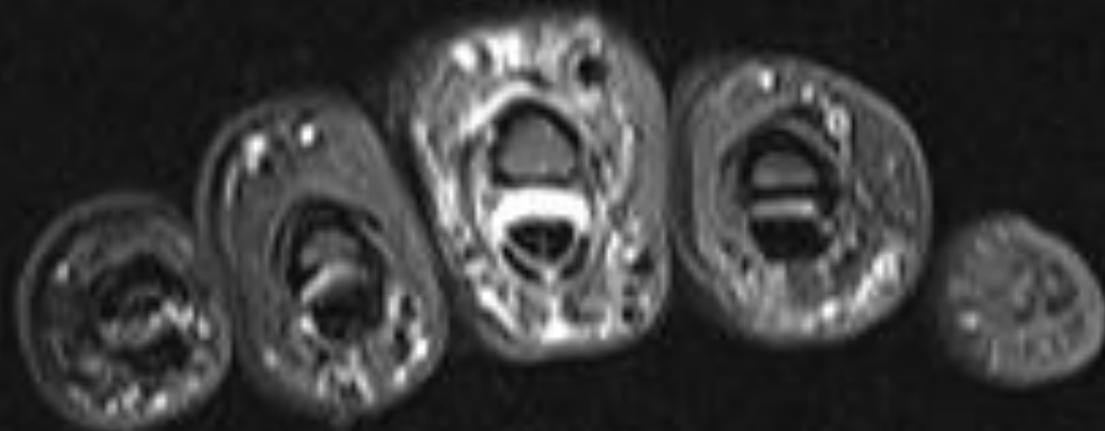






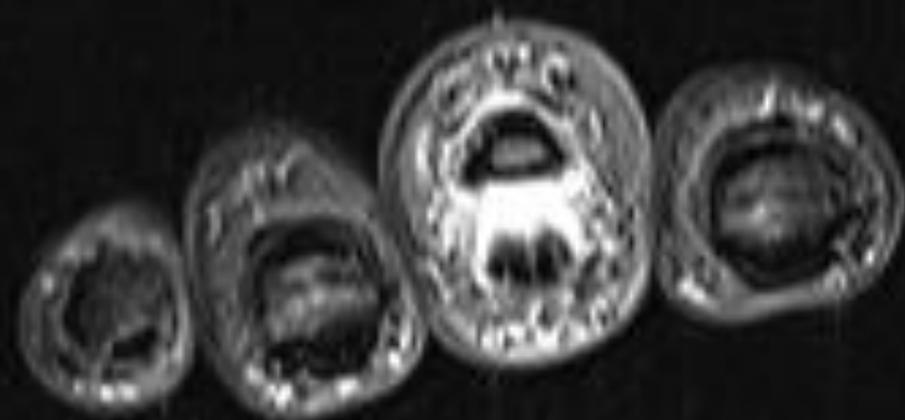


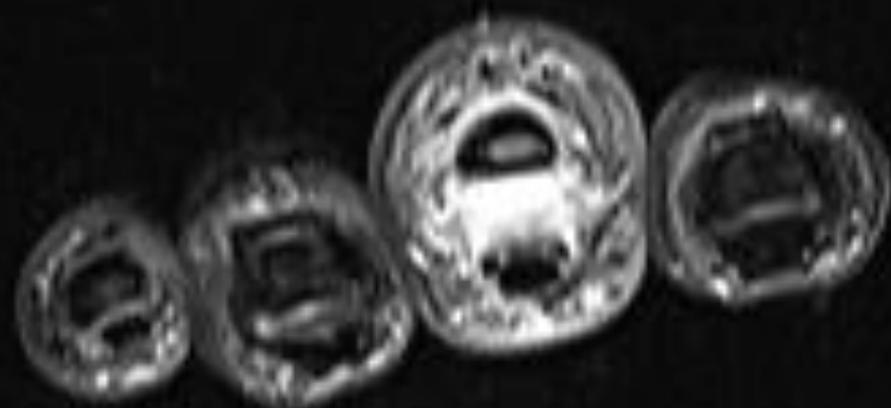


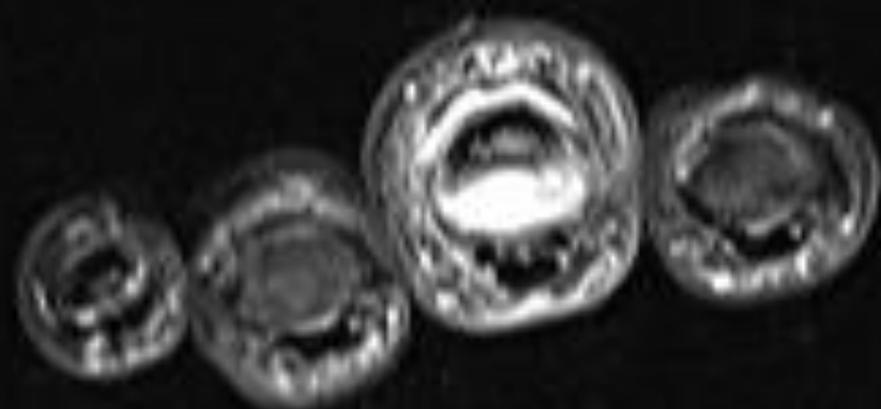




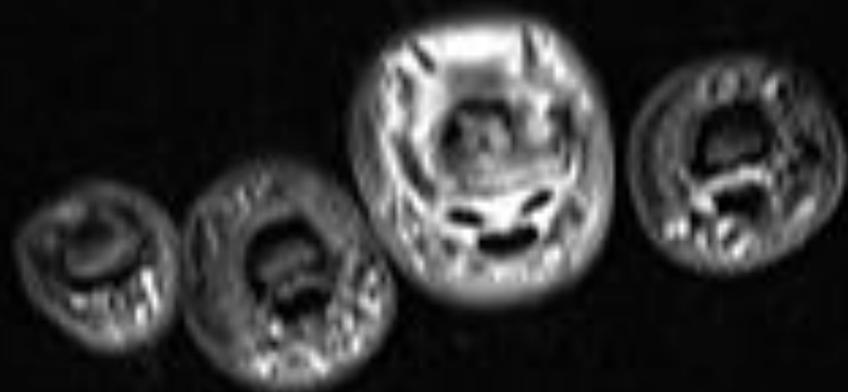


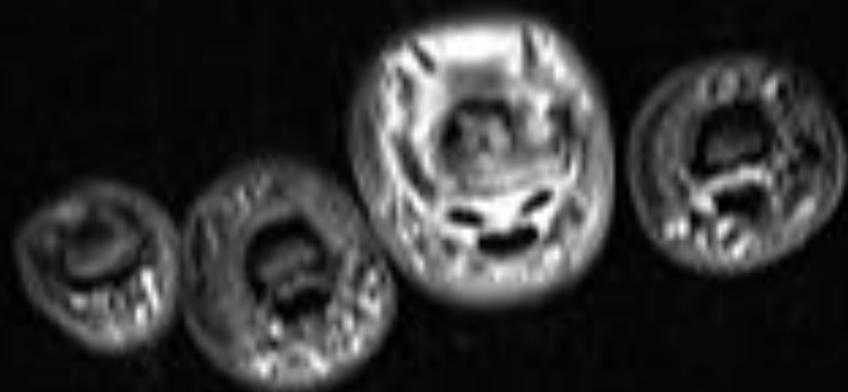




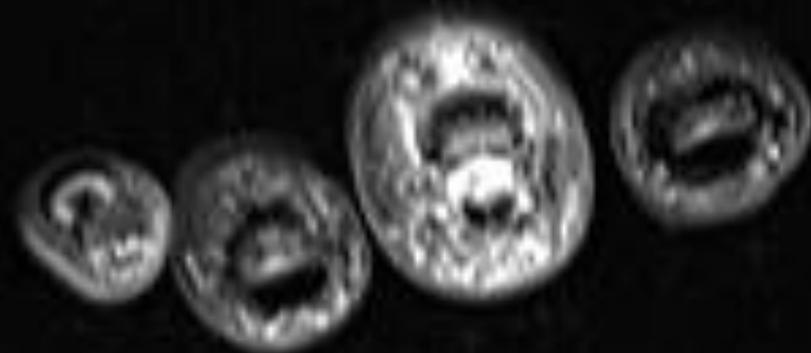












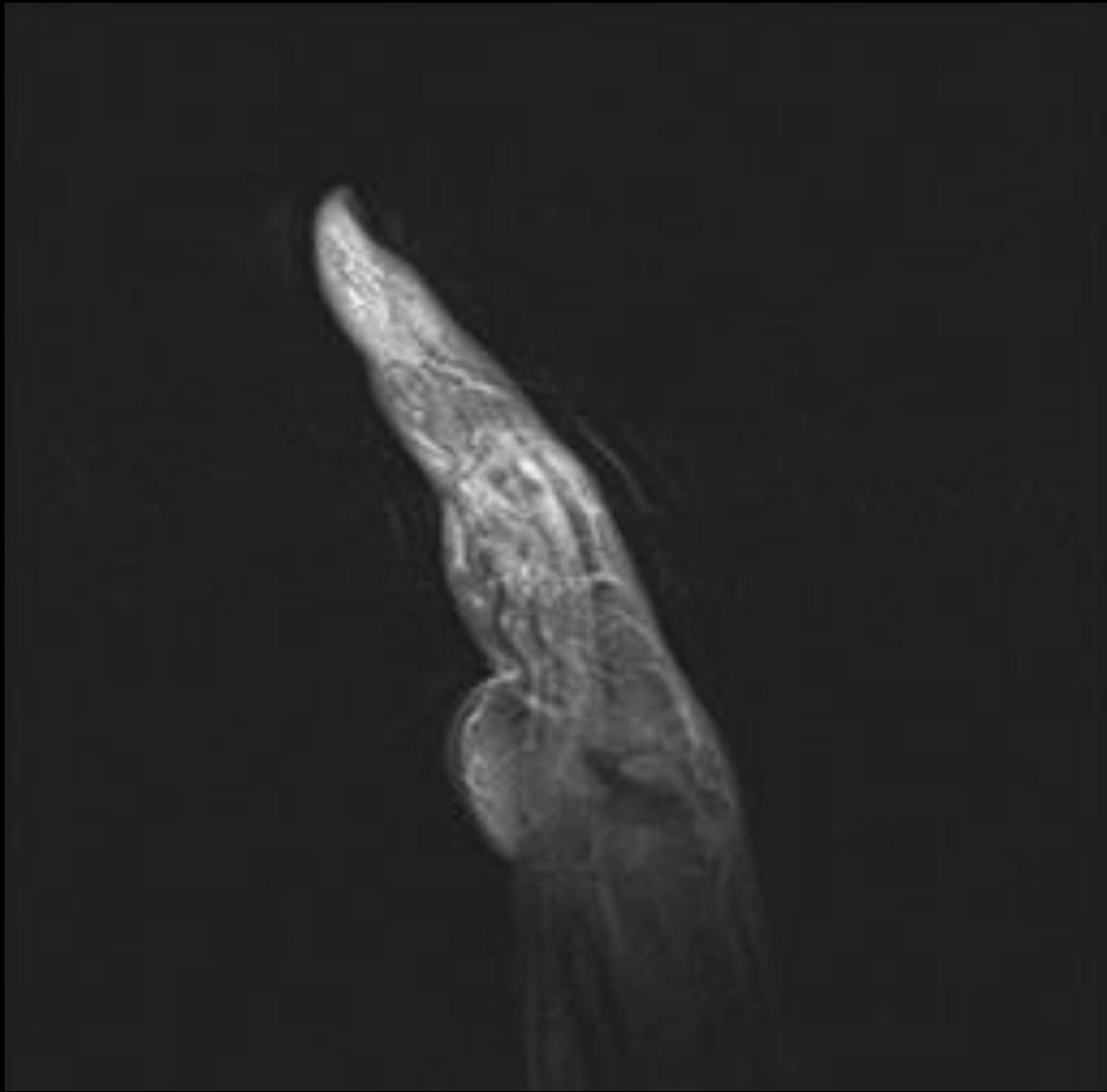


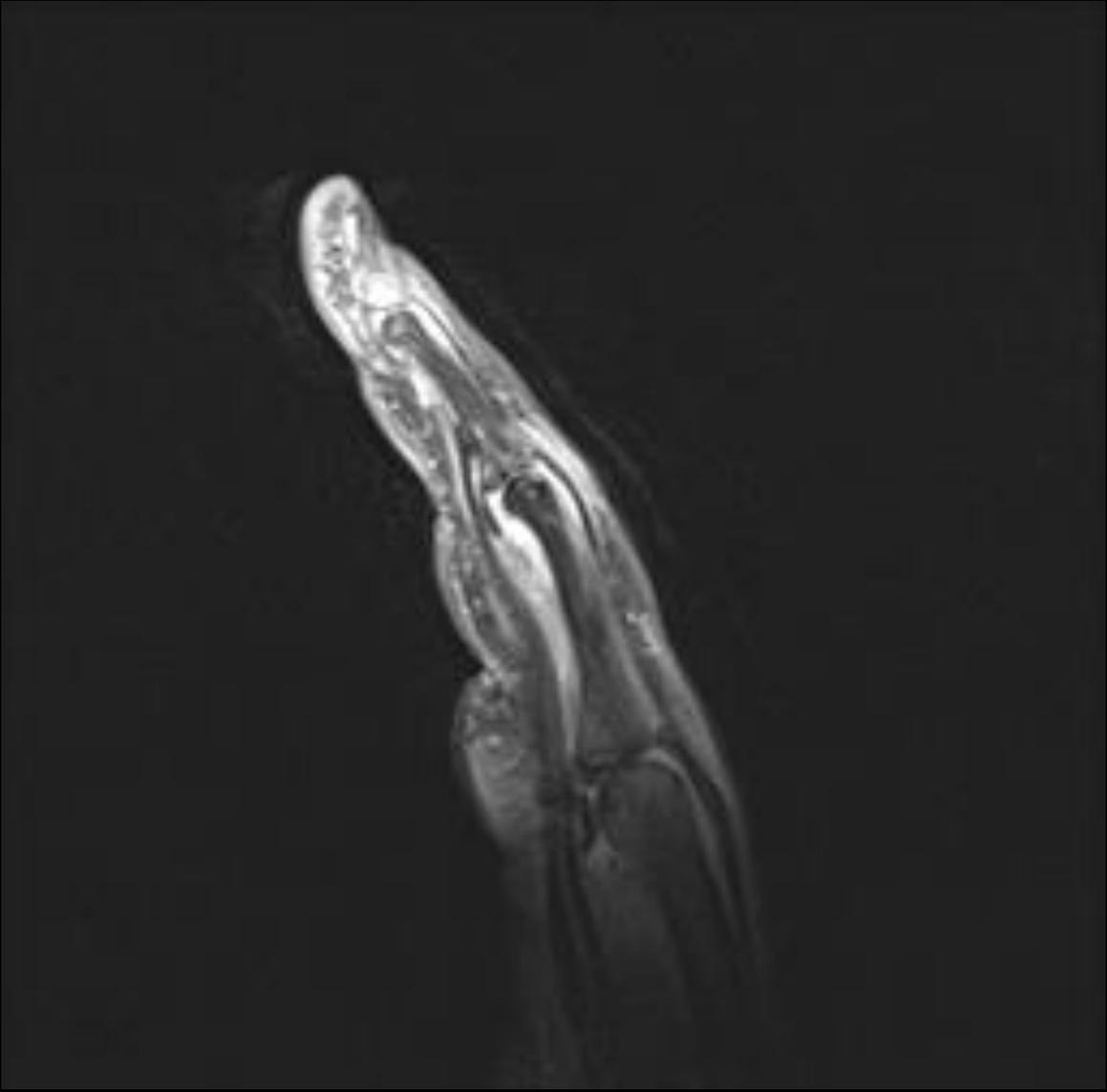


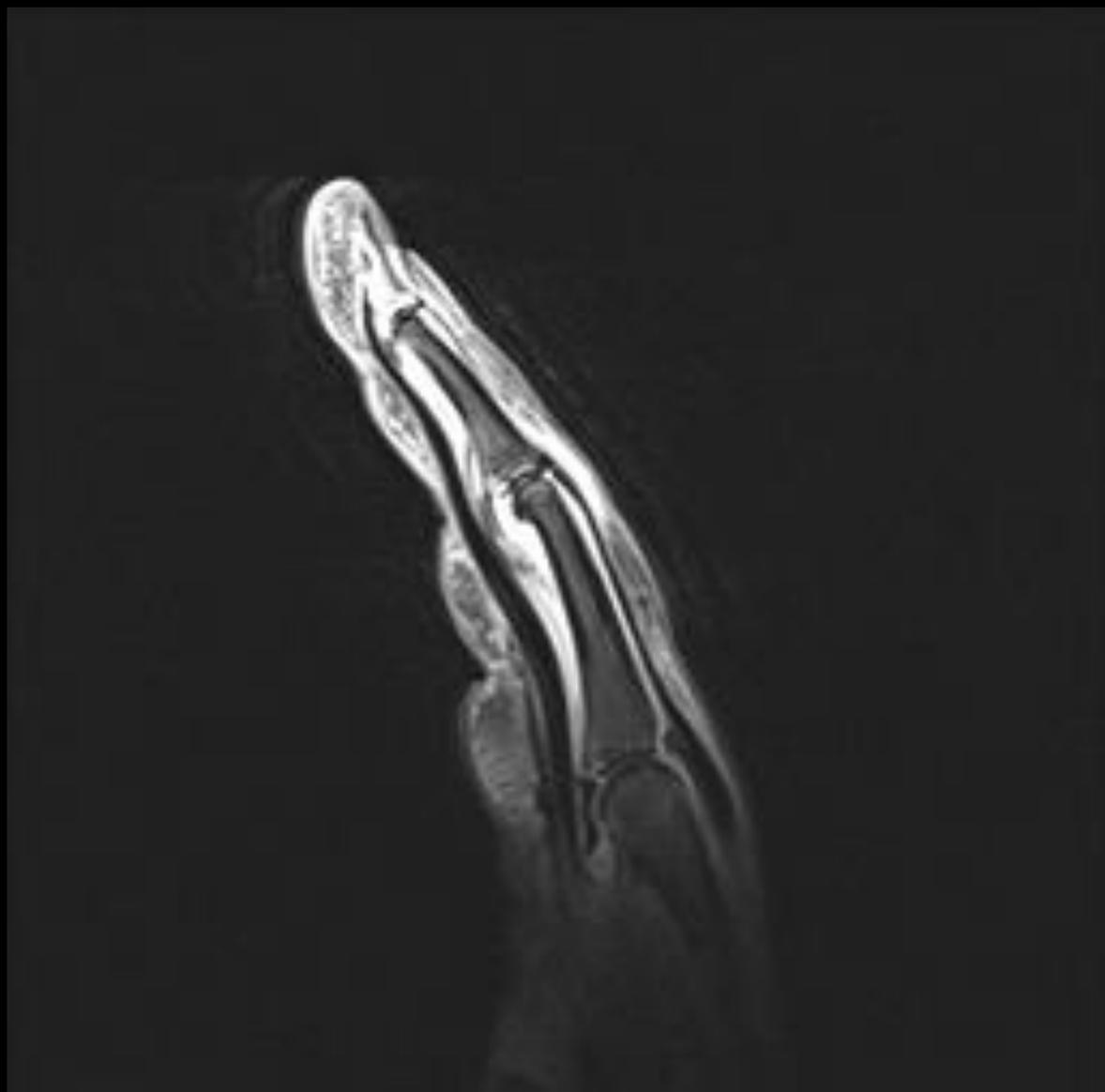


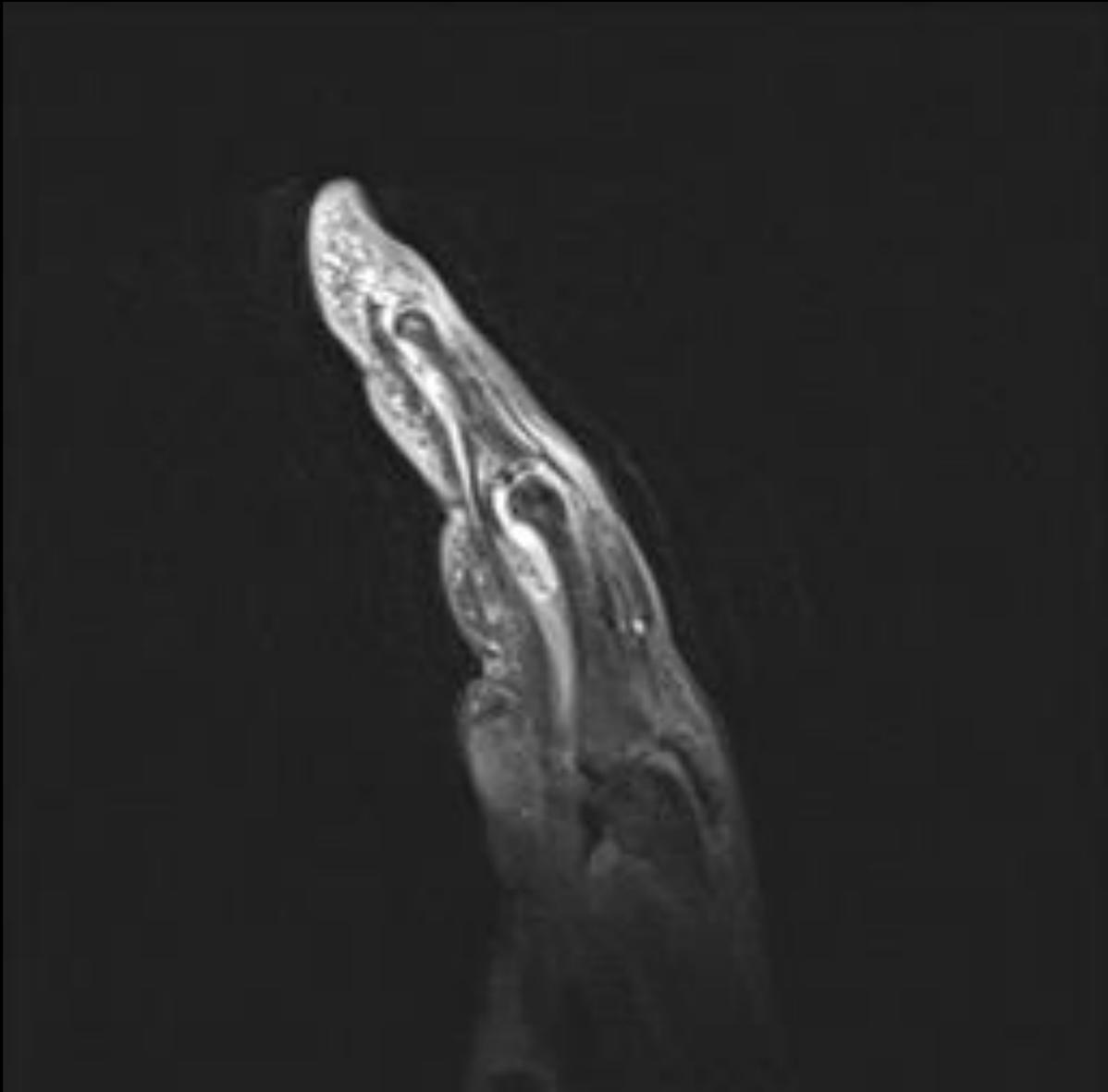


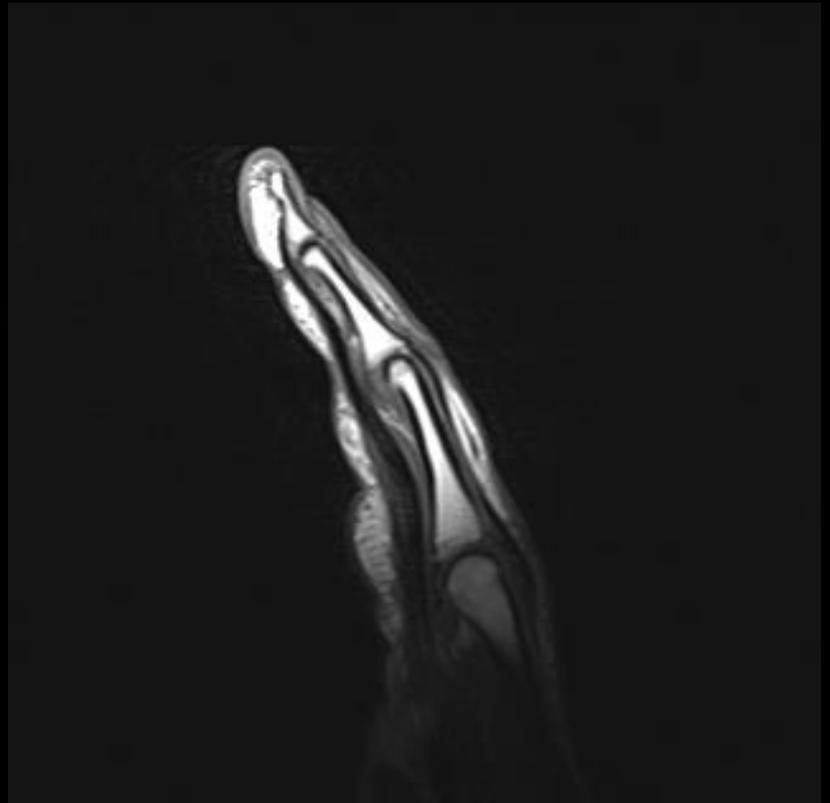


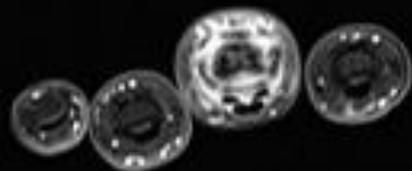
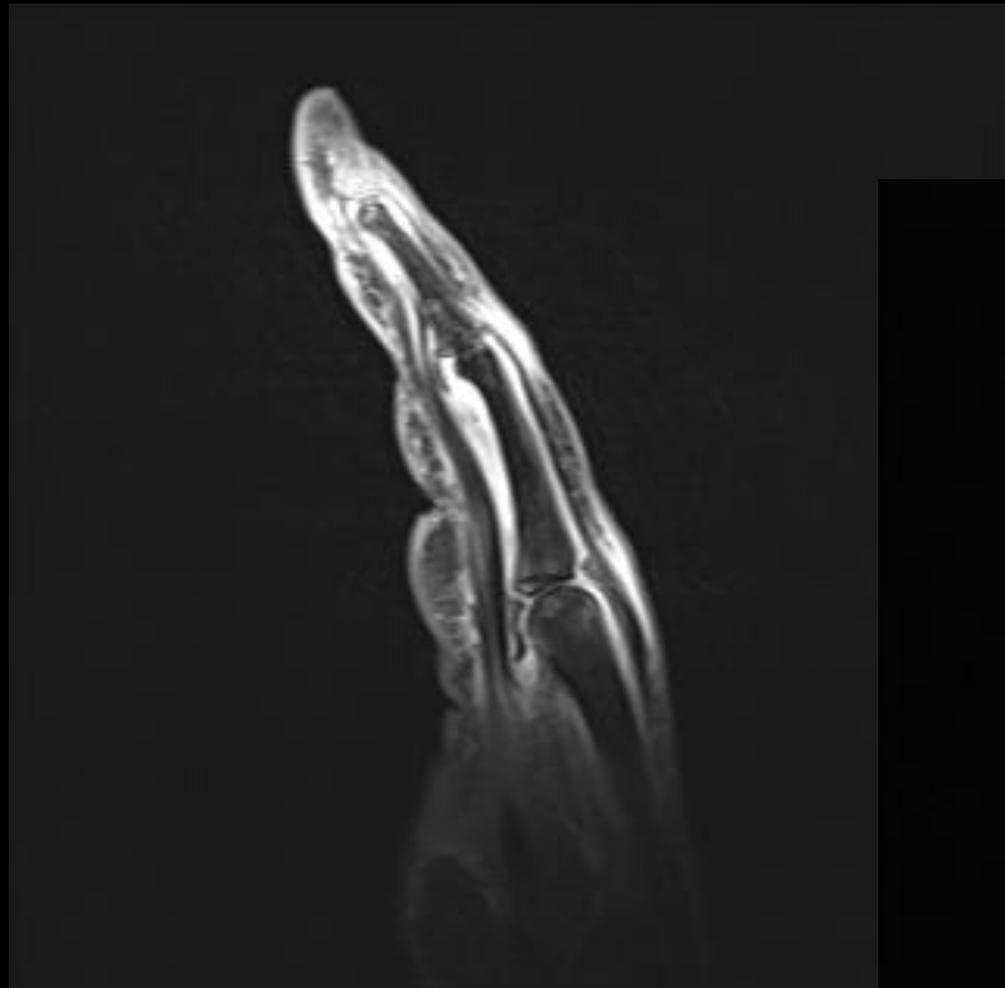






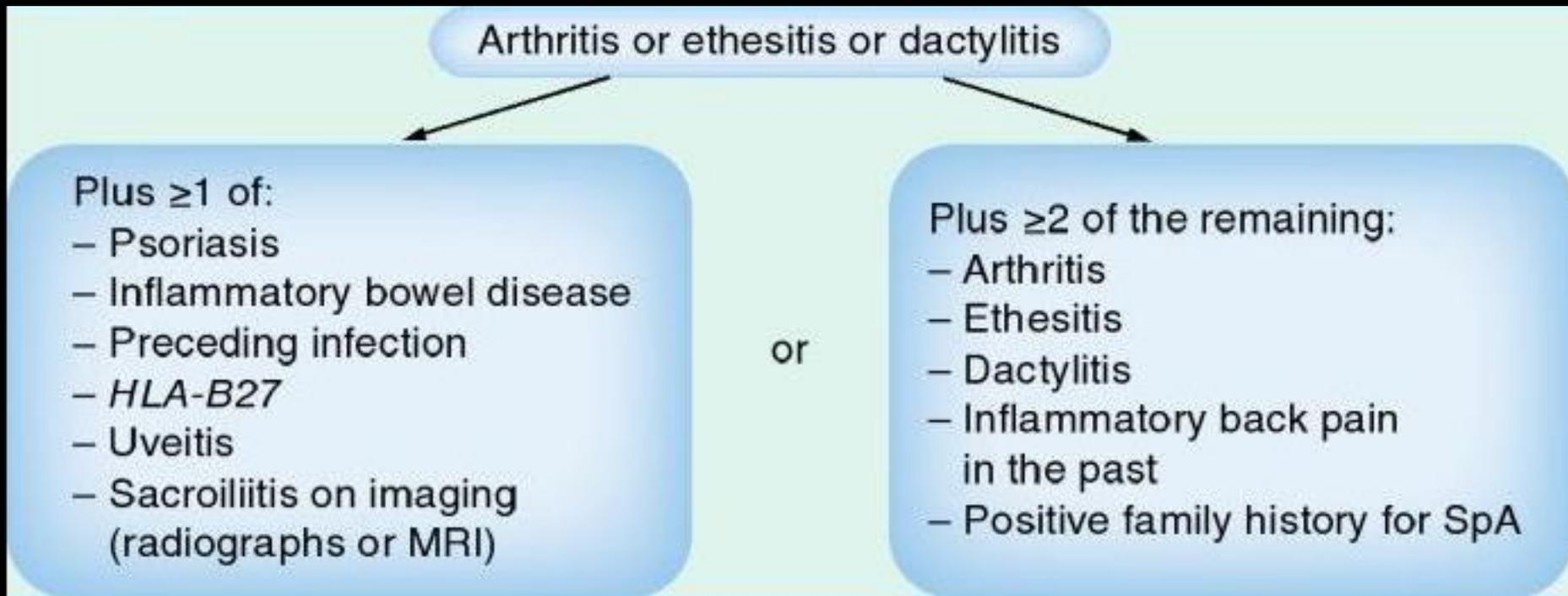








ASAS Classification Criteria for Peripheral Spondyloarthritis



Psoriatic Arthritis

- 13.8% prevalence of clinically evident psoriatic arthritis in persons with psoriasis
- 15% of patients experience arthritis symptoms before skin involvement
- Synovioenthesitis induces inflammation in adjacent soft tissues
- Five clinical varieties of psoriatic arthritis
 - Polyarthritis of DIP
 - Monoarthritis or asymmetric oligoarthritis
 - Mutilating arthritis with ankylosis and joint deformity
 - Symmetric seronegative polyarthritis simulating rheumatoid arthritis
 - Sacroilitis and spondylitis

- Hand is most frequent location for psoriatic arthritis (40%), early disease can occur in any of the small hand joints, mostly as monoarthritis or oligoarthritis
- Row pattern: affects DIP
- Ray pattern: mainly confined to tendon sheath synovia
- First clinical manifestation often is isolated tenosynovitis, especially of flexor tendon sheath, with additional synovitis or soft tissue edema

[AJR Am J Roentgenol](#). 2010 Nov;195(5):1187-93. doi: 10.2214/AJR.10.4281.

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[Arthritis Res Ther](#). 2006;8(2):207. Epub 2006 Mar 23.

Magnetic resonance imaging in psoriatic arthritis: a review of the literature.

[McQueen F](#)¹, [Lassere M](#), [Østergaard M](#).