

## Making a diagnosis of Psoriatic arthritis

### History

- Thorough medical history. Ask about the presence, intensity, location, and duration of joint pain, swelling, and stiffness.
- Inflammatory arthritis is typically associated with significant morning stiffness and also with joint swelling.
- Personal and/or family history of psoriasis is helpful.
- Pains and stiffness can affect few or several joints (based on subtype) and may involve spine and hips.

### Physical exam

- Assess for joint swelling
  - Can affect few or multiple joints.
- Examine for sacroiliitis
  - Patrick's or Fabere test can help suggest presence of sacroiliitis (see image).
- Check for dactylitis – sausage digits.
- Look for possible enthesitis – often involves plantar fascia or Achilles tendon.
- Check for presence and extent of skin disease.
- Evaluate for presence of nail disease.



The 2-finger assessment for synovitis;  
Image from [rheumatologynetwork.com](http://rheumatologynetwork.com)

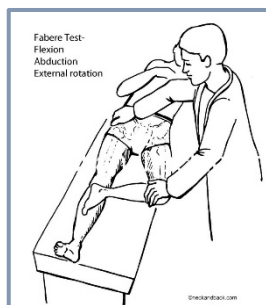


Image from Dr. Donald Corenman-  
Colorado spine doctor;  
[www.neckandback.com](http://www.neckandback.com)



Psoriasis – skin lesions

## Labs tests in PsA

- PsA is a clinical and not a laboratory diagnosis; there are no specific labs tests to make a diagnosis of PsA.
- Elevated acute phase reactants – sedimentation rate (ESR) and C-reactive protein (CRP) may be elevated but only in about 40% of cases.
- Rheumatoid factor and anti-cyclic citrullinated protein antibodies (anti-CCP) – are negative.

## Imaging studies

- Radiographs of the hands and feet - may reveal new bone formation, eccentric erosions and joint space narrowing.
- Radiographs of spine and sacroiliac joints - sacroilitis (often unilateral); paramarginal and vertical syndesmophytes.
- Power Doppler ultrasound - can help identify synovitis, tenosynovitis, enthesitis; ultrasound may also identify bone erosions.
- MRI - can help reveal erosions and bone marrow edema (osteitis) – in peripheral or axial structures; can also help identify synovitis, tendonitis and enthesitis.

## Making the referral for PsA

Consider making a referral to rheumatology

- Patient with inflammatory arthritis (stiffness >30 minutes and/ or swelling) and psoriasis or family history of psoriasis.
- Patients with enthesitis and psoriasis or family history of psoriasis.
- Patients with dactylitis.

### Contact information for the URM C Rheumatology clinic:



- Phone number: 585-486-0901
- Fax number: 585-340-5399

