

Update In Screening Of Synovitis Of The Hands

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Rheumatoid arthritis ; Our recent study has shown that the transverse approach of ultrasound at the bare area of the 2nd , 3rd and 4th MCP joints can help to distinguish RA from other arthropathies

RA exhibits significantly more synovitis on the radial aspects of the bare area of the 2nd and 3rd MC joints and ulnar side on the 4th MCP joint.

Up to 2mm of synovitis is considered normal in the 2nd and 3rd MC joints . More than 2mm is pathological .(rough estimates).¹

Seronegative arthropathies: In these cases there is a more diffuse synovitis in the MCP joint presence of calcification at tendon insertions , periostitis of proximal phalanx cortex , overhanging bone margins or spurs are all features

Gout: Presence of snowstorm appearance especially under the tibiocalneal ligament of ankle , big toe subarticular erosion on ultrasound and snow storm appearance in thickened synovium may be an indicator. Please note that the serum uric acid is not always raised in patients with gout so sometimes aspiration of the calcified crystals for microscopy may be needed. Dual CT is a more expensive option.

CPPD- presence of chondrocalcinosis is the main sign and calcified TFCC or menisci of the knee may help in this diagnosis. On plain x-rays OA type narrowing of 2nd and 3rd MC joints may be noted.

Reference:

1. Ultrasound Assessment of Synovial Thickness of Some of the Metacarpophalangeal Joints of Hand in Rheumatoid Arthritis Patients and the Normal Population

[Zuhudha Hussain Manik](#),¹ [John George](#),¹ and [Sargunan Sockalingam](#).

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