**Orthopaedic Connection**

**Reactive Arthritis. Any Clue?**

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*Transforming patient information into patient understanding.*

If you have never heard of this term “Reactive Arthritis” it is not a surprise. Most patients have never heard of it.

Of the more than 100 different types of arthritis, reactive arthritis would be one of the more unusual types.

**Cause**

There are certain types of infectious bacteria that can enter the bladder or gastrointestinal tract (often from contaminated food).

Most people who are exposed to these bacteria handle the infection and do fine. But some individuals become ill with urinary tract or GI tract symptoms and in addition develop arthritis.

Why is this that some get arthritis and most don’t?

Doctors do not know the answer.

There is thought to be a genetic predisposition, but that hasn’t been proven. Reactive arthritis does seem to mostly affect men ages 20 – 50 for some reason, but again we are not sure why.

If the infection symptoms are mild, the patient may not know they have an infection and just come to the doctor’s office or urgent care with apparent arthritis symptoms.

**What are the Symptoms?**

- Pain, swelling stiffness. Most often in the knees and/or ankles.
- Fingers and toes are sometimes affected.
- Lower back pain.
- Non Orthopaedic symptoms are eye inflammation and burning on urination.

**How is it Treated?**

Treatment is kind of general because in many cases you don’t know what triggered the arthritis in the first place. But we try to find out what the source may have been.

First we try to relieve the pain and swelling in the affected area(s).

Initially I would probably choose one of the non steroidal anti-inflammatory drugs such as Ibuprofen, Aleve, Voltaren, Indocin or Celebrex.

Occasionally I might resort to a steroid injection or oral steroids for a short time (days).

If a larger joint is affected, it is necessary to preserve range of motion and strength which the patient may be able to do personally. Physical therapy might be prescribed.

**Recovery**

A typical case of reactive arthritis can recover fully, but it often takes 6 -12 months so do so.

I see patients with this type of arthritis because Orthopaedic Surgery of course is all about joints (and lots of other stuff too!).

A person with a painful swollen joint is likely to call me for help or they may be referred by their primary care provider.
If the initial attempts at healing are not helpful the patient may require a disease modifying anti rheumatic drug such as methotrexate or even stronger drugs termed biologics.

If the disease course has lasted this long I would not be prescribing these strong medications myself. Internal Medicine doctors called Rheumatologists should be consulted for that type of treatment.

I thought it is important to write about this topic of reactive arthritis to make you aware of the very complicated nature of certain types of arthritis.

My patients put their trust in me and what I do improves the quality of their lives.

Office Website and Gratiot County Herald Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush