

Clinical Reasoning Scenario 1

Clinical Reasoning Activity

From the case presentation note down your differential diagnosis and the clinical indicators that Mary has:

Mary is presenting as a classical new onset Rheumatoid Arthritis (RA)

- Insidious acute onset bilateral MCPJs swelling, stiffness, redness, heat and pain
- Pain and joint stiffness all day
- Waking in the night with pain and joint stiffness
- Stiffness reduces with activity
- Female
- MCPJ and MTPJ squeeze tests positive

Next Steps

Explain to Mary that her symptoms are suggestive of Rheumatoid Arthritis, which warrants a referral to Rheumatology for specialist investigation and instigation of appropriate medical management.

Reassure Mary that prognosis is good for Rheumatoid Arthritis when diagnosed and managed early, and that as many as 50% of people are in clinical remission at 1 year following diagnosis. Her good general health make this a more likely outcome. Consider specific therapy management by a hand specialist for her reported functional deficits.

Investigations

If appropriate and available refer for:

- Ultrasound scanning of the MCPJs and MTPJs looking for synovitis
- Blood tests: Anti-CCP, ESR, CRP, Rheumatoid Factor

Onwards Referral

Refer to Rheumatology via an Early Inflammatory Arthritis Pathway if available locally.

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Learning Points.

Insidious onset bilateral symptoms in the peripheral joints are suspicious of inflammatory arthritis in a younger person

In Mary's case symptoms are clearly inflammatory in nature (swelling, redness, heat, protracted joint stiffness)

Onwards referral to Rheumatology by a quick access pathway is the priority action

Reassurance and general health advice at this early stage are important accompaniments to the prompt referral