

# Clinical Reasoning Scenario 2

## Clinical Reasoning Activity

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

Jane is presenting with a possible **Peripheral Spondyloarthritis**; likely **Psoriatic Arthritis**.

- Insidious onset bilateral tendinopathy (plantar fasciitis)
- Symptoms in the morning for >60 mins
- Previous Lateral Epicondylopathy and previous IPJ swelling and pain
- Diagnosed Psoriasis
- Father has Psoriatic Arthritis
- High BMI and Smoker

### Next Steps

Explain to Jane that the clinical picture is one suspicious of an inflammatory cause of her symptoms which needs referring to a Rheumatologist for further investigations. The aim of this appointment is to confirm or rule out a specific diagnosis and start appropriate treatment if necessary.

Discuss with Jane her general health as her high BMI and smoking status will contribute to a raised level of systemic inflammation. This may increase the likelihood of developing Psoriatic Arthritis or the separate clinical conditions. If diagnosed with Psoriatic Arthritis, these factors will also make a poorer outcome more likely. Consider starting specific therapy management for the bilateral heel pain to plan for the possibility Psoriatic Arthritis is ruled out.

A trial of anti-inflammatories may be worthwhile to assess impact on symptoms.

### Investigations

If appropriate and available refer for:

- Ultrasound imaging to look for Insertional Enthesitis
- Blood tests: HLA-B27, ESR, CRP, Rheumatoid Factor

### Onwards Referral

Refer to Rheumatology via the appropriate local pathway for further investigation of symptoms suspicious of Peripheral Spondyloarthritis (pSpA).

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## Learning Points.

pSpA should be considered in the presence of Psoriasis and Tendinopathy even if one or both are historical

Family History of inflammatory conditions adds a strong clinical suspicion and reduces threshold for referral

General health advice at this early stage is important accompaniments to the prompt referral for short and long term outcomes regardless of the final diagnosis

In this scenario it is possible that Jane has multiple distinct clinical conditions, it is not possible to rule out pSpA and as such warrants referral for specialist investigation