Rheumatoid foot



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Background

Initial location of RA in 10-20%

84-94% of pts with RA will show foot

involvement during course of RA

AIMS

To present the main imaging

findings of RA in the foot and ankle

To discuss the main dd

Pathophysiology

Synovitis



BME



Erosions



Subchondral cysts



Subluxation/Ankylosis

Tendinopathies

- Tenosynovitis
- Degeneration
- Tear
- May be the earliest and only sign of RA

Rheumatic nodules

- ~1% of pts, may precede arthritis
- Points of pressure, extensor surfaces, Achilles

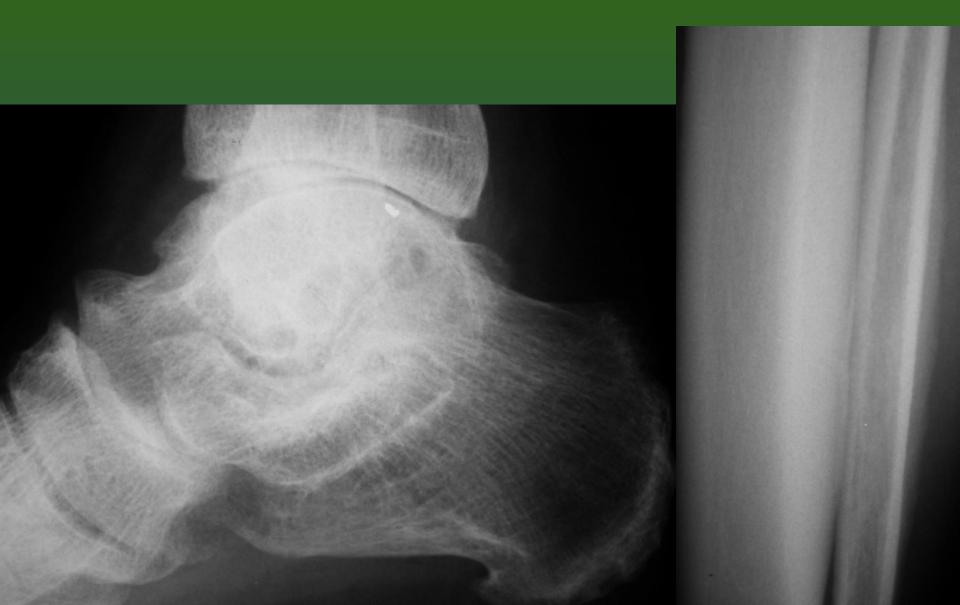


Diffuse osteopenia Marginal erosions





RA10y, erosions and subchondral cysts



Dd Psoriatic arthritis

Gout





X Rays

Pros



Wide availability

Low cost

Experience in reading

Cons



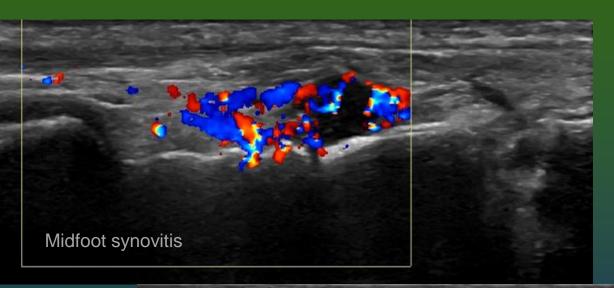
- Late changes
- Misses synovitis, bone marrow edema, soft tissue changes, PTt tear
- Unable to quantify base line involvement and response to treatment

Which is the way towards early diagnosis?



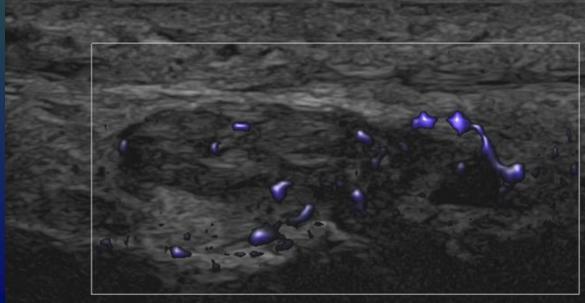


What about US?





Synovitis
Hyperemia
Erosions
JSN

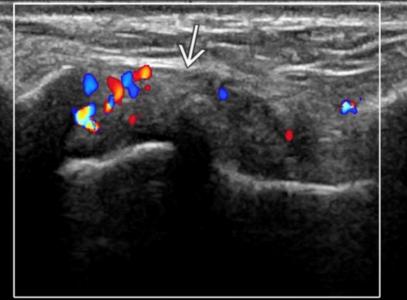


Ankle joint synovitis

Synovial hypertrophy: 2nd-4th MTP joints Power Doppler signal (active synovitis): 5th MTP



synovial proliferation with hyperaemia



Ciurtin, et. al. Eur Radiol 2019

Cuneiform-2nd metatarsal joint synovial proliferation

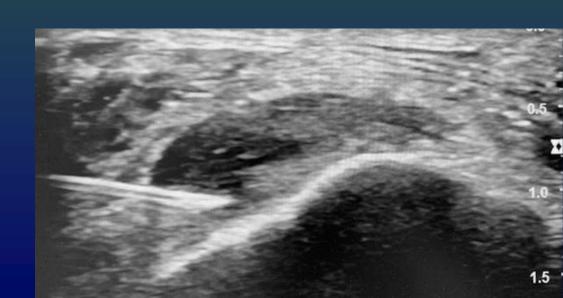
Hyperaemia



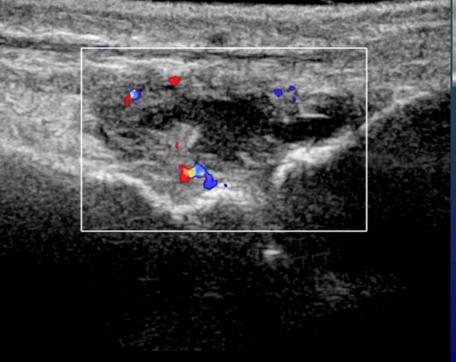
Synovial cyst Synovial thickening

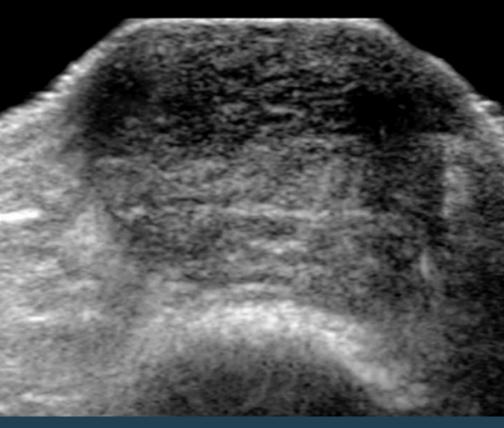
Communication with Talonavicular joint

US - Guided Treatment



2nd MTP joint fluid, synovial thickening and mild hyperaemia





Subcutaneous rheumatoid nodule

MRI

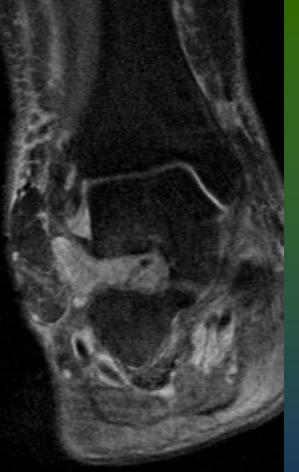


Superb contrast resolution!!!

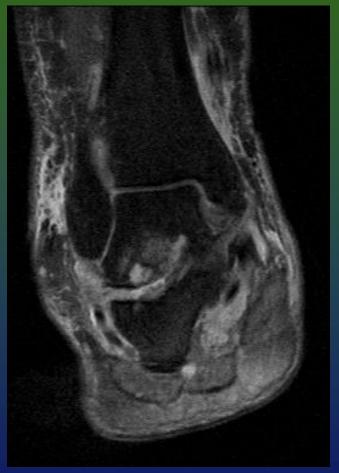
Multiplanar imaging

Detection of non-rheumatologic disorders

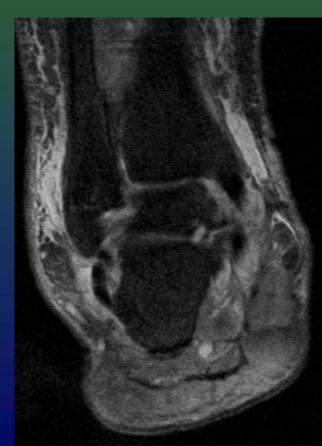
BME!!!!

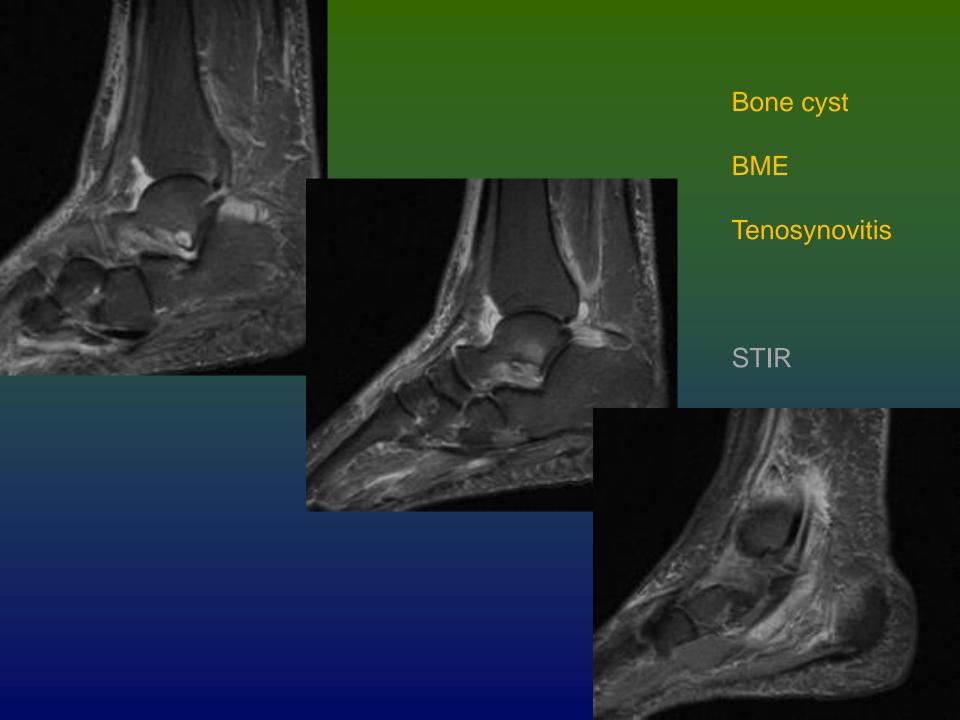


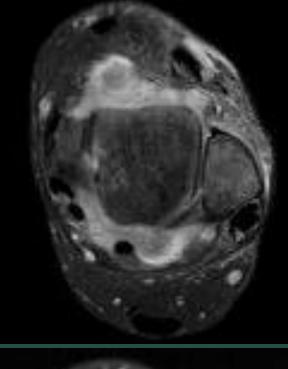
60f, 5y pain



Synovitis Cyst Tenosynovitis





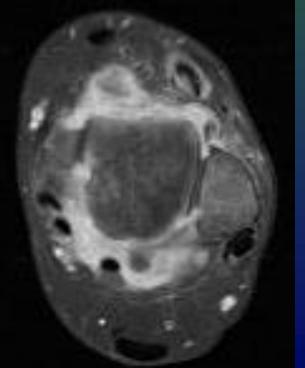


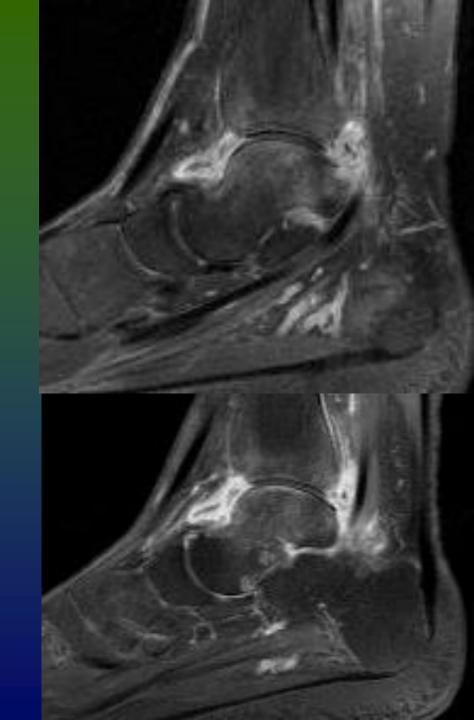
FS PD-w

Synovitis

BME

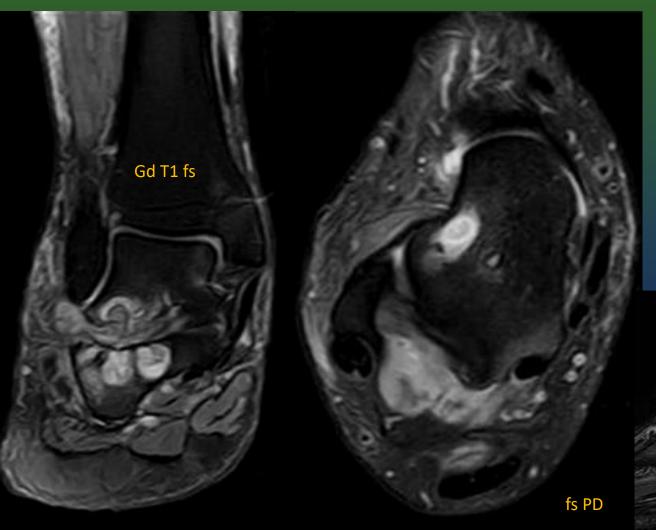
FS Gd T1-w

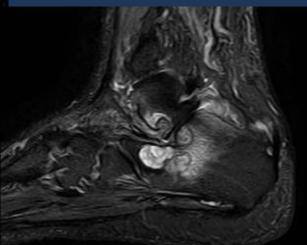




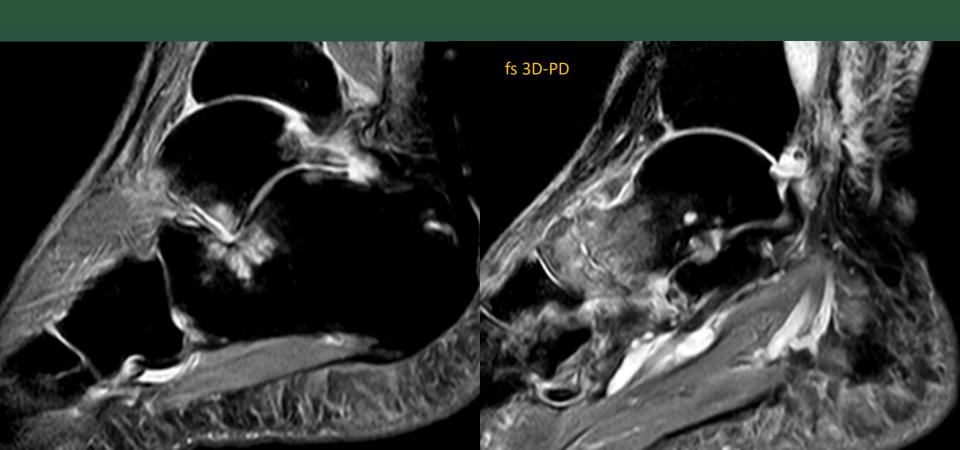
59f

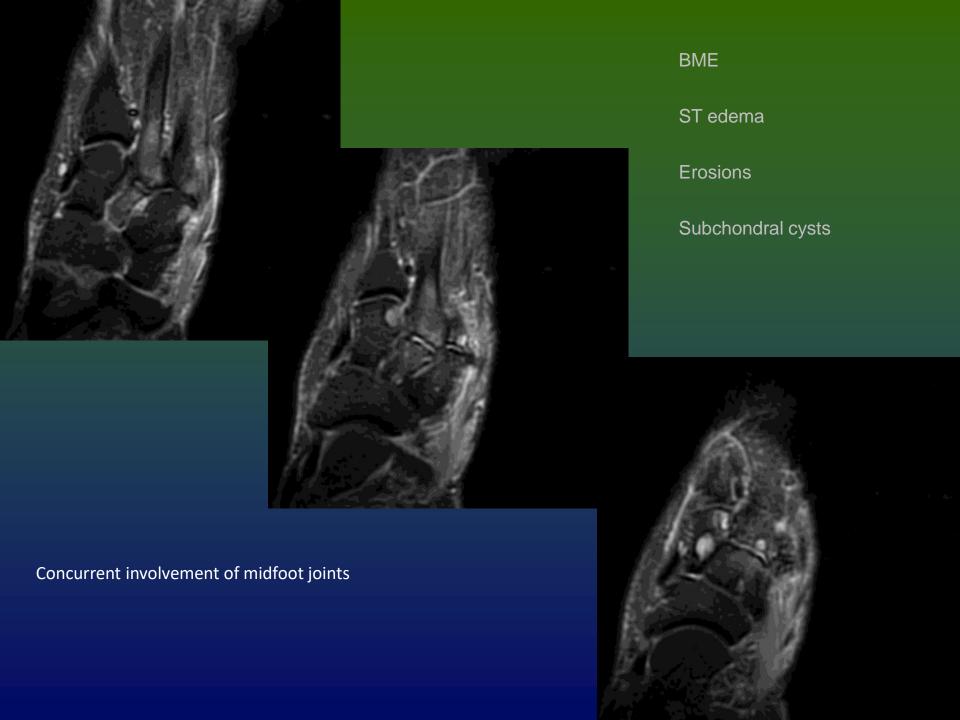
66m, +RA, pain 6m

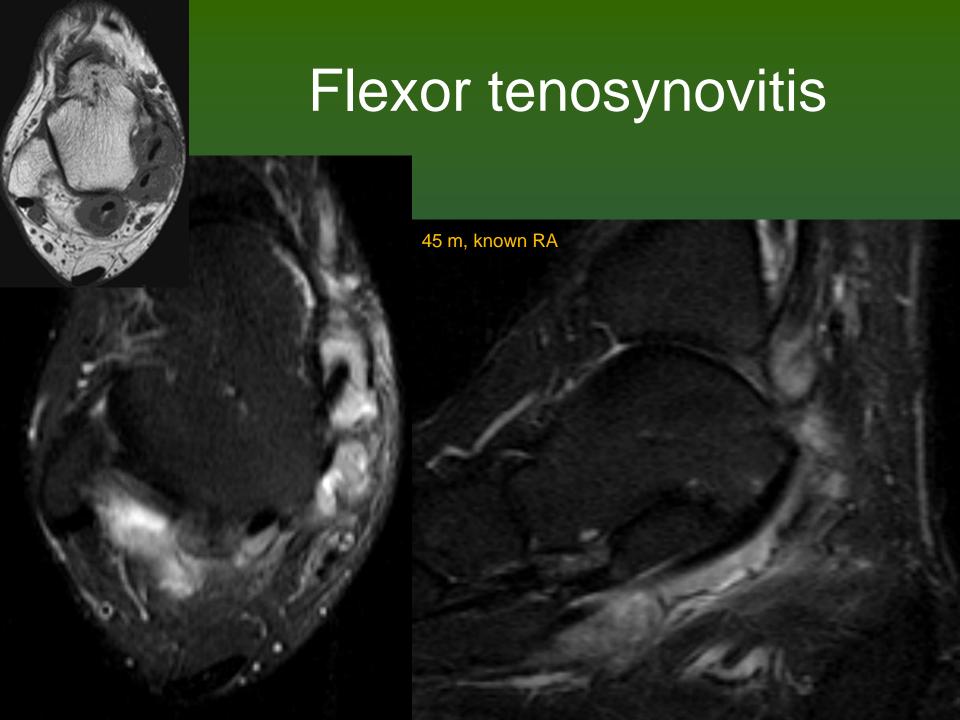




60m





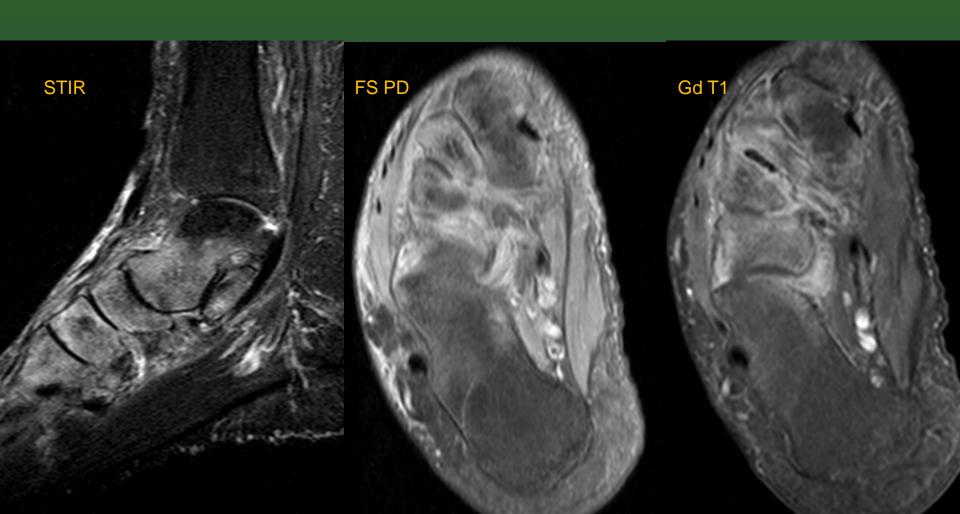


Hallux Valgus

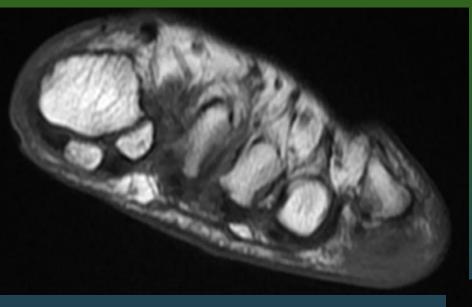
28°

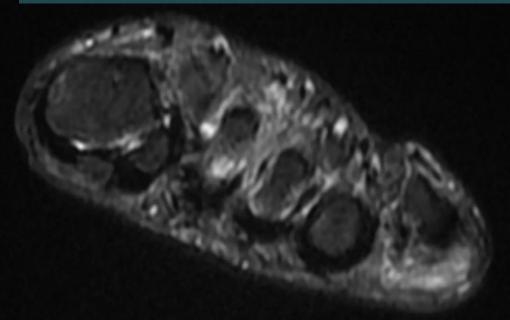
52f

57f, 9m pain

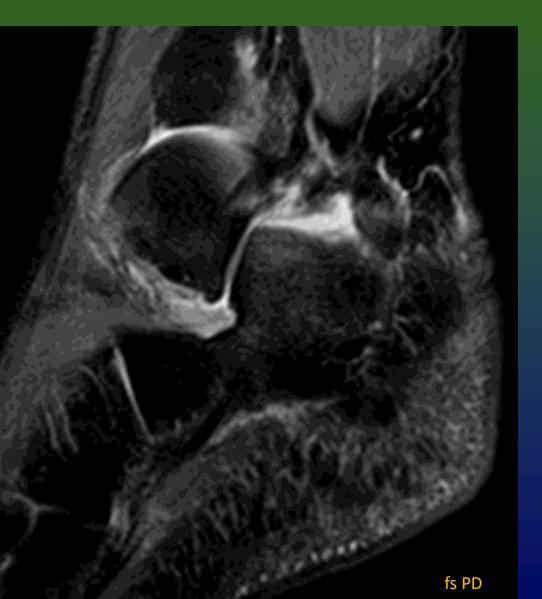


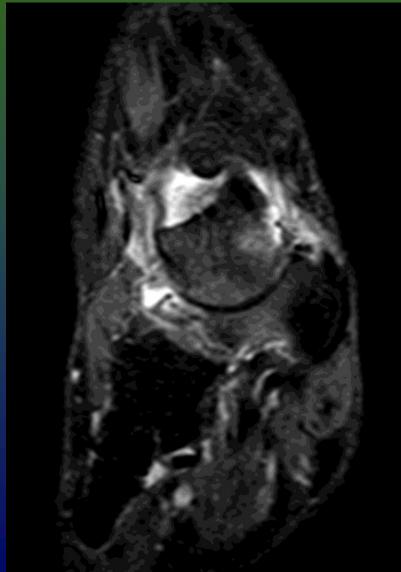
Rheumatoid nodules, 66f

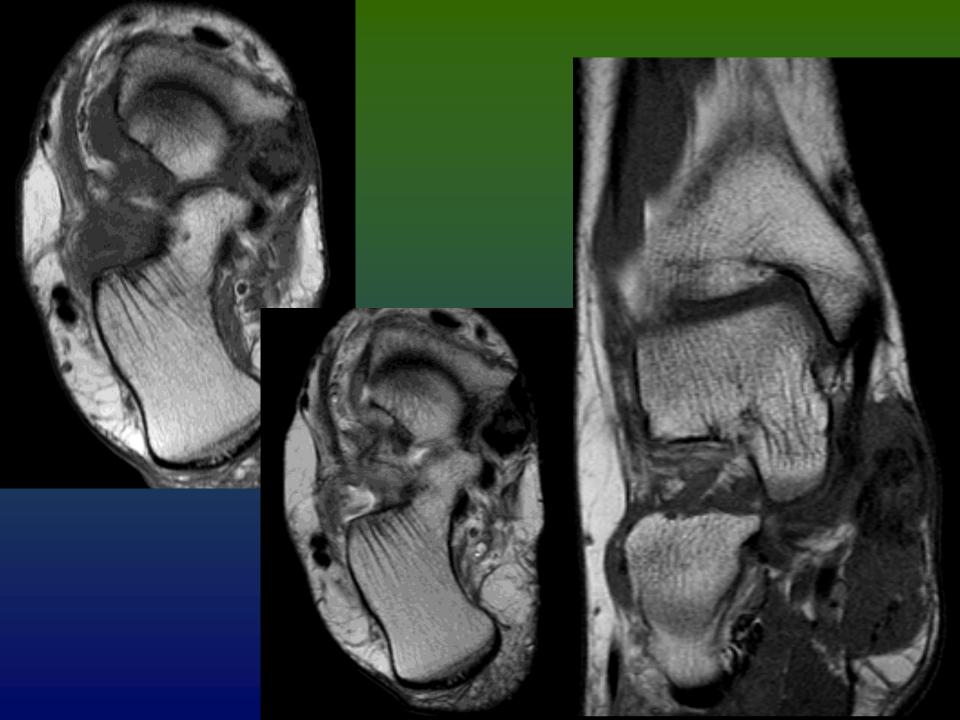




Flatfoot, PTt tear

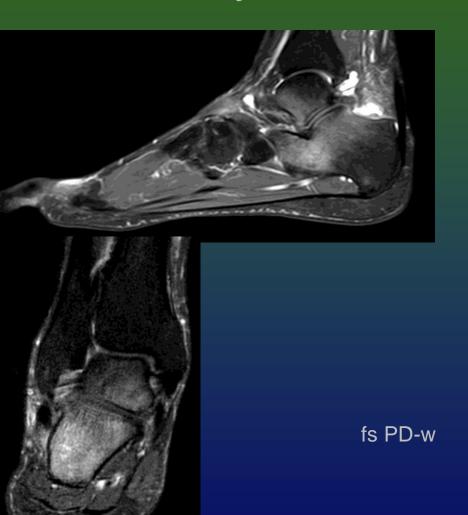


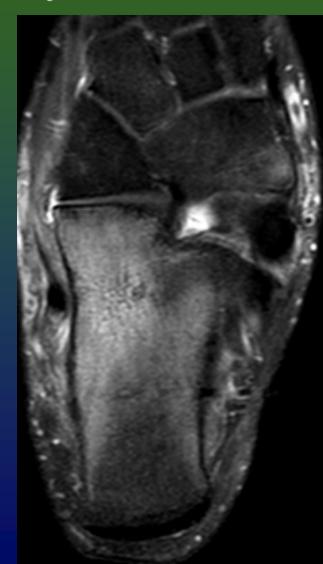




Quiz case

Pasty maker, 35m, pain 1y, +RF



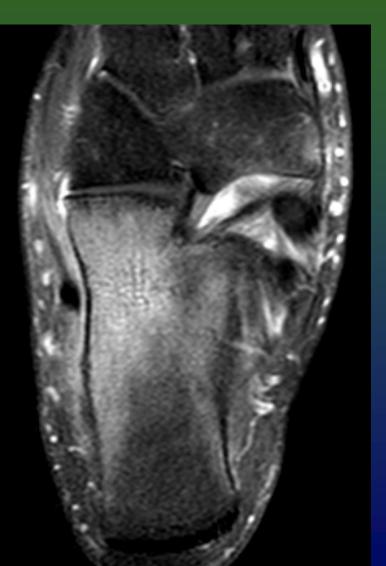


No synovitis, no erosion, no tenosynovitis

Diagnosis:

Weight bearing protection for 6w

Weight bearing protection for 6w Clinical improvement



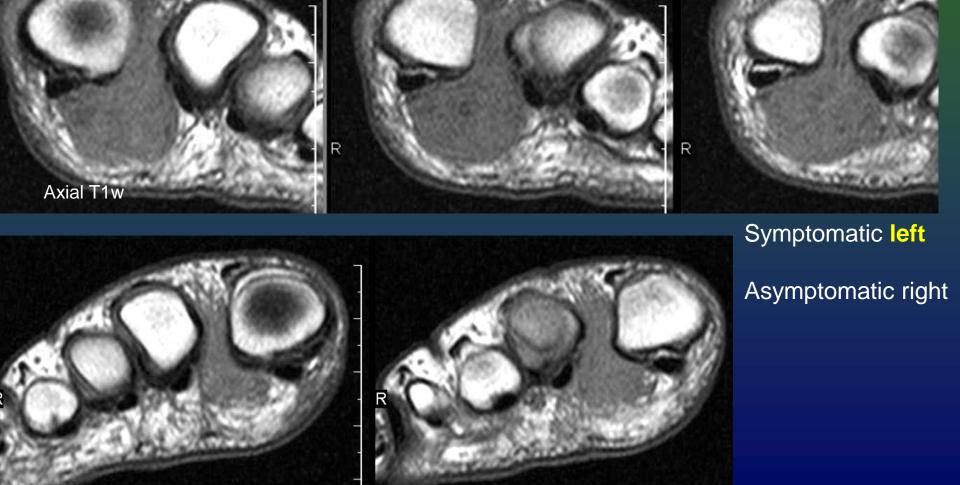
Stress reaction

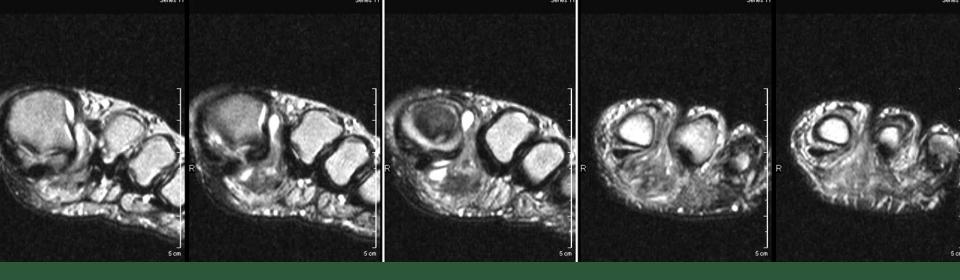


Gd fs T1

Quiz case

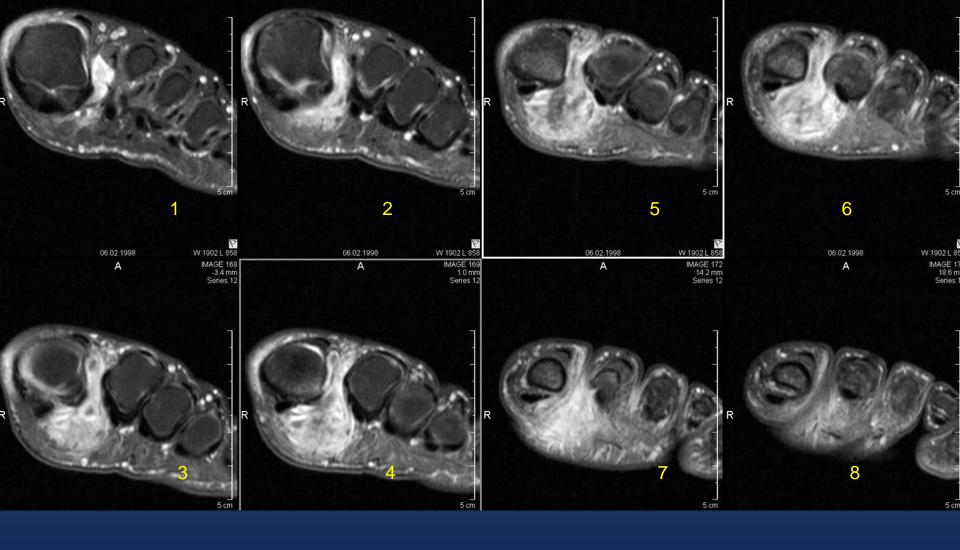
42-year-old woman. Pain inter-metatarsal I/II





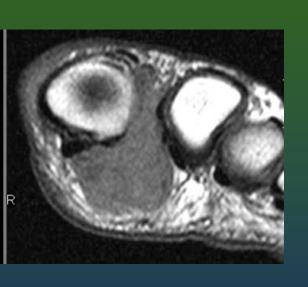
Axial T2w

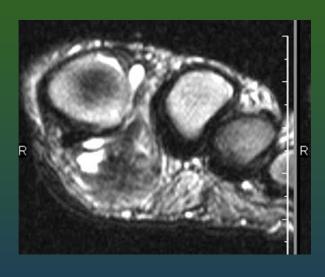


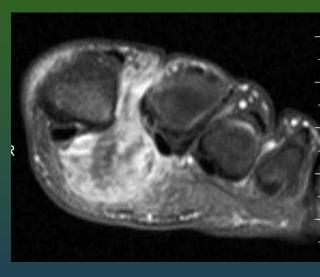


Axial T1w fat sat after gadolinium

RHEUMATOID NODULES











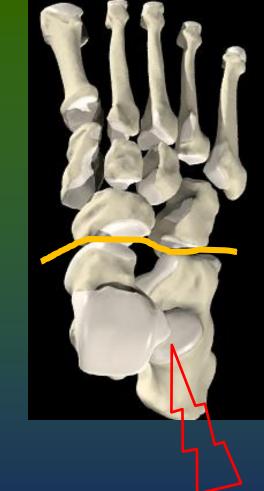
Hindfoot:

Ankle joint, Usually symmetric, bilateral

Talocalcaneal joints

Periosteal reaction posterior tibial diaphysis

Rheumatoid nodules superficial to Achilles tendon





Concurrent involvement of navicular, cuboid and cuneiforms

Often coexists with involvement of the wrist without hand and

forefoot involvement

PTt tear and flatfoot

1st tarsometatarsal joint degeneration, altered biomechanics



Forefoot:

Most common location

Erosions, medial aspect, typical PP 1st toe

Larger in MTP joints due to larger "bare area"

Lateral aspect 5th metatarsal head, may be earlier than in hands

Ευχαριστώ

XR, baseline

US, early diagnosis



MRI, early diagnosis and dd