

Rheumatic Manifestations of Systemic Disorders; Sjögren's Syndrome



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INTRODUCTION

Rheumatologic manifestations may herald a variety of systemic conditions, including malignancy, endocrinopathy, and sarcoidosis (Tables 85-1 and 85-2). Musculoskeletal symptoms can precede or follow the diagnosis of these diseases. Patients may complain of joint pain, muscle weakness and pain, or reduced range of motion. Other chapters in this textbook provide detailed reviews of these systemic diseases, including rheumatologic manifestations.

RHEUMATIC SYNDROMES ASSOCIATED WITH MALIGNANCY

Paraneoplastic rheumatologic manifestations include hypertrophic osteoarthropathy (HOA), arthritis (i.e., inflammatory arthritis and carcinomatous polyarthritis), myositis, vasculitis, systemic lupus erythematosus (SLE)-like symptoms, and scleroderma. The pathophysiologic mechanisms of musculoskeletal symptoms in a patient with cancer are often unknown and remain speculative. The association is presumed if there is a close temporal relationship between the diagnosis of a malignancy and the onset of musculoskeletal symptoms or the rheumatic syndrome resolves after successful treatment of the malignancy. In many cases, however, the association may be coincidental.

Cancer may directly invade articular or periarticular structures and mimic rheumatic syndromes, as in chondrosarcoma, giant cell tumor, and osteogenic sarcoma. Musculoskeletal symptoms can occur as paraneoplastic phenomena without direct involve-

ment by the tumor, as in dermatomyositis in patients with ovarian cancer.

The incidence of malignancy with rheumatic manifestations is unclear, but musculoskeletal symptoms occur more frequently with hematologic malignancies than with solid tumors. No single laboratory test can confirm the diagnosis of a rheumatic illness in a patient with cancer. All patients with rheumatologic syndromes should be evaluated with a thorough history, physical examination, and age-appropriate malignancy screening.

Hypertrophic Osteoarthropathy

HOA is characterized by digital clubbing, periostitis of the long bones, and arthritis. Arthritis is most prominent in large joints, and periostitis develops mostly at the distal ends of the femur,

TABLE 85-1 SYSTEMIC CONDITIONS ASSOCIATED WITH RHEUMATIC MANIFESTATIONS

MALIGNANT DISORDERS	ENDOCRINOPATHIES
Hypertrophic osteoarthropathy	Diabetes
Lymphoma	Hypothyroidism
Leukemia	Hyperthyroidism
Carcinoma polyarthritis	Hyperparathyroidism
	Acromegaly
HEMATOLOGIC DISORDERS	GASTROINTESTINAL DISORDERS
Hemophilia	Spondyloarthropathies
Sickle cell disease	Whipple disease
Thalassemia	Hemochromatosis
Multiple myeloma	Primary biliary cirrhosis
Amyloidosis	

TABLE 85-2 MUSCULOSKELETAL MANIFESTATIONS OF ENDOCRINE DISEASE

ENDOCRINE DISEASE	MUSCULOSKELETAL MANIFESTATIONS
Diabetes mellitus	Carpal tunnel syndrome Charcot's arthropathy Adhesive capsulitis Syndrome of limited joint mobility (cheiroarthropathy) Diabetic amyotrophy Diabetic muscle infarction
Hypothyroidism	Proximal myopathy Arthralgia Joint effusions Carpal tunnel syndrome Chondrocalcinosis
Hyperthyroidism	Myopathy Osteoporosis Thyroid acropachy
Hyperparathyroidism	Myopathy Arthralgia Erosive arthritis Chondrocalcinosis
Hypoparathyroidism	Muscle cramps Soft tissue calcifications Spondyloarthropathy Carpal tunnel syndrome
Acromegaly	Myopathy Raynaud's phenomenon Back pain Premature osteoarthritis
Cushing's syndrome	Myopathy Osteoporosis Avascular necrosis