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CLINICAL IMAGE

Sternoclavicular Joint Arthritis in a Patient with Psoriatic Arthritis

Takashi Nawata, Masafumi Yano

Department of Medicine and Clinical Science, Yamaguchi University Graduate School of Medicine, Ube, Japan

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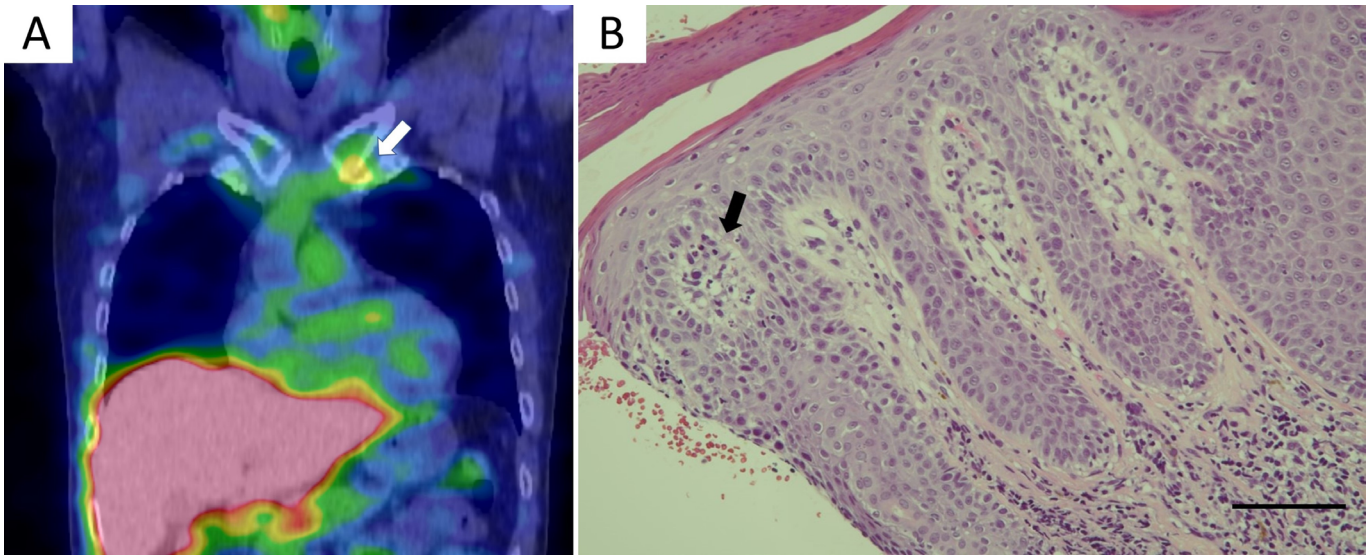

Figure 1. (A) Gallium scintigraphy revealed increased uptake in the left sternoclavicular joint. (B) Skin biopsy of the head erythema revealed parakeratosis and microabscess leading to the diagnosis of psoriatic arthritis (PsA).

CASE PRESENTATION

A 45-year-old man presented with chronic left sternoclavicular and bilateral fingers joint pain. In addition to polyarthralgia, he presented with fingernail depression and head erythema. Serum rheumatoid factor, anti-cyclic citrullinated peptide antibodies, and antinuclear antibodies were negative. Gallium scintigraphy revealed increased uptake in the left sternoclavicular joint (**Figure 1A**). Skin biopsy of the head erythema revealed parakeratosis and microabscess (**Figure 1B**) leading to the diagnosis of psoriatic arthritis (PsA). Non-steroidal anti-inflammatory drugs were started, but their effect was insufficient leading to the administration of adalimumab subcutaneously (80 mg biweekly). After administration of adalimumab, his skin and joint lesions improved.

Corresponding Author:
Takashi Nawata, MD, PhD
Department of Medicine and Clinical Science
Yamaguchi University Graduate School of Medicine
1-1-1 Minamikogushi, Ube, Yamaguchi 755-8505, Japan
Tel.: +81-836-22-2248
Fax: +81-836-22-2246
E-mail: tnawata@yamaguchi-u.ac.jp

DISCUSSION

PsA occurs in patients with manifest or latent psoriasis. Axial involvement occurs in approximately 25 to 70% of patients with longstanding PsA, and in 5 to 28% of patients with early-stage disease.[1] Sternoclavicular involvement is a rare manifestation of PsA. A study shows

that two of 104 patients (1.9%) with PsA presented sternoclavicular joint arthritis.[2] From the present case, psoriasis should be suspected in patients presenting sternoclavicular joint arthritis.

ACKNOWLEDGEMENTS
None.

CONFLICT OF INTEREST
No conflicts of interest.

CONSENT
Written informed consent was obtained for publication.

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