Sternoclavicular Joint Arthritis in a Patient with Psoriatic Arthritis

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**Sternoclavicular Joint Arthritis in a Patient with Psoriatic Arthritis**

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**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 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.

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**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

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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).

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**Keywords:** sternoclavicular joint arthritis, psoriatic arthritis
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.

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**CONFLICT OF INTEREST**
No conflicts of interest.

**CONSENT**
Written informed consent was obtained for publication.

**REFERENCES**