JOINT SYNDROME: DIFFERENTIAL DIAGNOSIS AND CLINICAL SIGNIFICANCE

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Background

Joint syndrome is a common clinical manifestation in rheumatology and internal medicine, presenting with joint pain, swelling, morning stiffness, restricted movement, and functional impairment. It may result from inflammatory, autoimmune, degenerative, metabolic, or infectious processes. Due to heterogeneous clinical presentations, careful evaluation supported by clinical and statistical analysis is essential.

Objective

To evaluate the prevalence, clinical characteristics, and diagnostic features of joint syndrome in major rheumatological diseases, providing a basis for improved diagnosis and treatment.

Materials and Methods

A retrospective analysis was conducted on 120 patients (aged 18–65 years) presenting with joint syndrome and treated at a specialized medical

center. Patients were classified according to the underlying diagnosis: rheumatoid arthritis (RA), reactive arthritis (ReA), systemic lupus erythematosus (SLE), gout, osteoarthritis (OA), and ankylosing spondylitis (AS). Clinical symptoms, laboratory parameters, and imaging findings were statistically analyzed. Inflammatory markers (ESR, CRP), immunological tests (rheumatoid factor, anti-CCP, antinuclear antibodies), and imaging techniques (X-ray, ultrasound, MRI) were evaluated.

Results

- RA: 38 (32%)
- ReA: 21 (18%)
- SLE: 18 (15%)
- Gout: 17 (14%)
- OA: 19 (16%)
- AS: 7 (5%)

Key clinical features:

- Morning stiffness >1 hour: 78% in RA
- Extra-articular manifestations: 61% in ReA
- Non-erosive joint involvement: 87% in SLE
- First MTP joint involvement: 92% in gout
- Mechanical pain: 81% in OA
- Sacroiliac joint involvement: 90% in AS

Table 1: Distribution of Patients with Joint Syndrome

Disease	Patients	% of Total	Morning Stiffness >1h	Extra-articular Manifestations	Non-erosive Joint Involvement	First MTP Joint Involvement	Mechanical Pain	Sacroiliac Joint Involvement
RA	38	32 %	78%	24%	12%	-	-	-

ReA	21	18 %	12%	61%	5%	-	-	-
SLE	18	15 %	8%	15%	87%	-	-	-
Gout	17	14 %	5%	0%	0%	92%	-	-
OA	19	16 %	10%	0%	5%	-	81%	-
AS	7	5%	15%	30%	10%	-	20%	90%
Total	120	100 %	-	-	-	-	-	-

Conclusion

Joint syndrome exhibits disease-specific clinical patterns. Integration of clinical evaluation with laboratory and imaging data enhances diagnostic accuracy. Early identification and differentiation of joint syndrome allow effective management, reducing long-term complications and improving patient quality of life.

Limitations

- Retrospective design
- Limited sample size
- Single-center study

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