A Case of PMR

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Presentation

- Mr Barry S, dob 25/5/32 was 1st diagnosed in March 1989 after 6 months of increasing proximal pain and stiffness, ESR 58, CRP20.
- OA and neck/back problems for 25 years.
- Supervisor for a timber yard in Ashmore
- 1st doctor placed him on pred 50mg/d with dramatic improvement.
- Unable to reduce pred below 25mg

Case Barry S.

- April ‘91 L THR, probable AVN. R hip also bad
- Seen 13/12/91, still on 22.5mg pred, below which his symptoms returned, couldn’t turn over in bed. No visual problems except blurring . No headaches. Weight increased.
- Physical signs: BP 160/82, all pulses present. Heberdens , Bouchards nodes with 2nd and 3rd MCPs bony changes as well . R hip restricted. OA in 1st MTPs. No nodes, masses, L or Spleen.

Case Barry S

- Full screening bloods, including all serology, CK,EPG, PsA, Iron studies , Tc Scan and xrays.
- Confirmed OA with MCP involvement, R hip advanced, uptake on Tc scan involved joints.
- Possible seronegative arthritis so hydroxychlor started on 1st visit. Pred reduced 1mg week.
- Rang 1 month later : widespread rash, N, V. Hydroxychloroquin ceased. MTX tried: DNW.
- ESR 40, CRP 13 on 16mg pred.

Case Barry S.

- Underwent R THR May 1992. Cyclic etidronate, later BPh
- Knee effusion 8/92: aspirated, WCC 60, no crystals. Later R knee similar, both crepitus. Later L TKR.
- NSAIDs tried: some relief piroxicam, naproxen
- 10/92 on 14mg pred, central chest pain
- Sent to cardiologist, positive stress test, medical management until 2/94 3v CABG.
- H zoster L3/4 in ‘94,Bp up ‘95, infarct ‘97, and then septic arthritis of Left TKR 11/04, while pred never below 10mg.
- Retested for all other forms of arthritis…..Pred 8mg in 2012 and by July 2014 down to 6mg, on this when he died 2015.
- PMR for 26 years??

Talking points

- “Senil Rheumatic Gout” . W Bruce, BMJ 1888.
- Incidence over 50’s: example of telomere shortening? Genetically a spectrum PMR<->GCA
- Average durations; 22mo for PMR, 56mo for GCA
- Now shown to be a “polybursitis” on MRI
- Fracture risk on steroids, other complications
- Replacements for steroids (injections, DMARDs, tocilizumab)