

You must unlearn what you have learned

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Rheumatology
Stritch School of Medicine
Academic year 2025-2026



Housekeeping

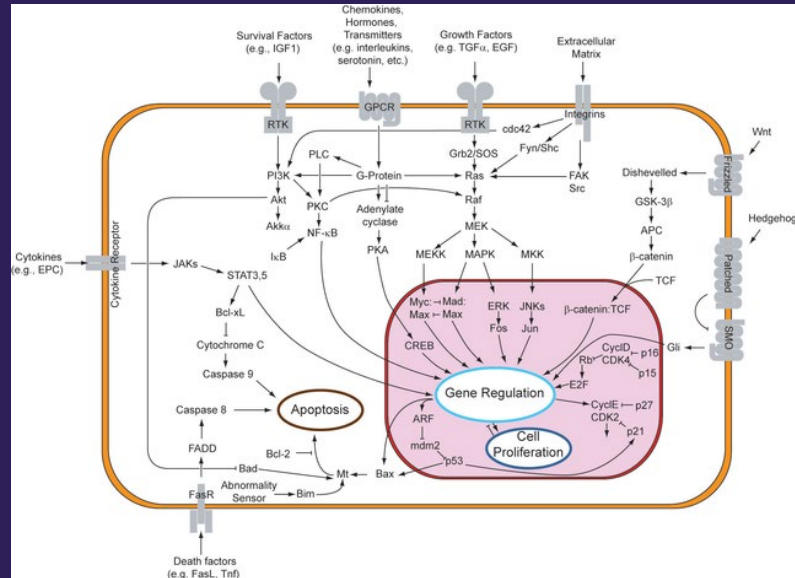






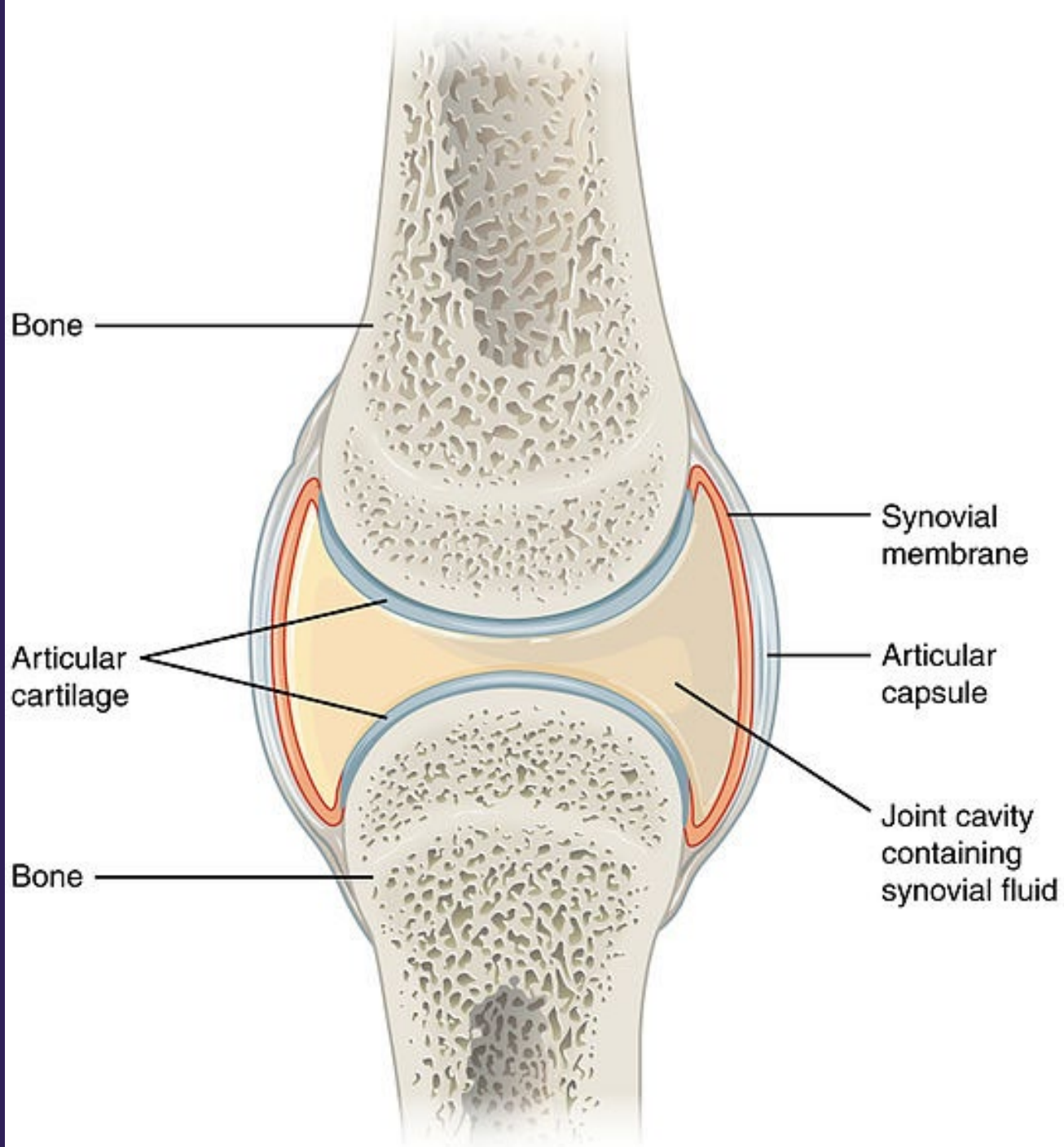
FUN FACTS ABOUT DR. OSLER 1845–1924

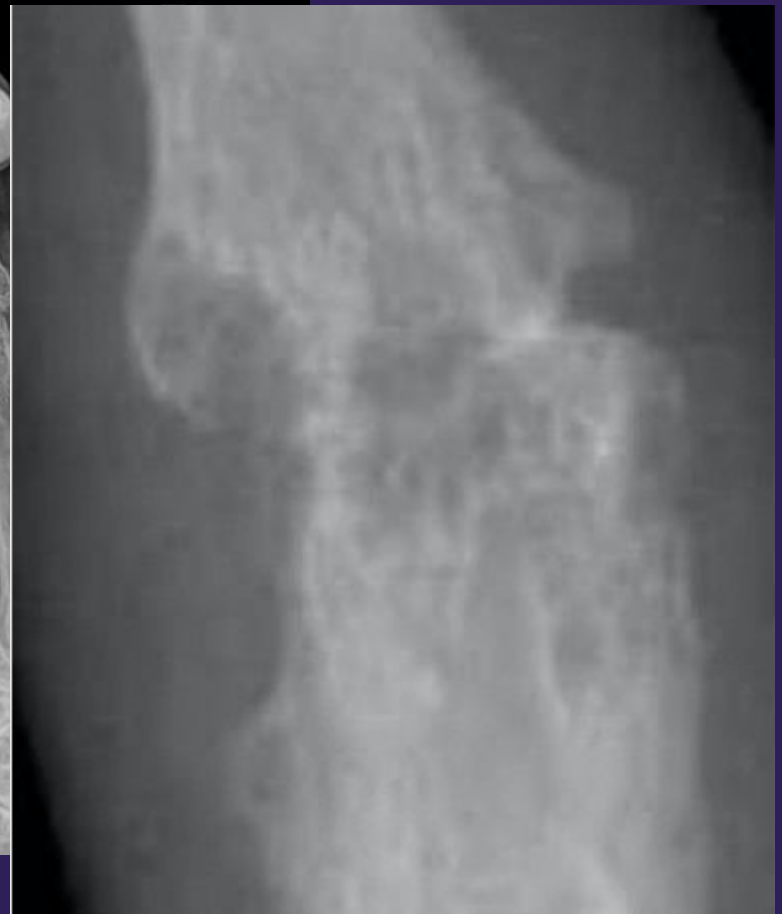
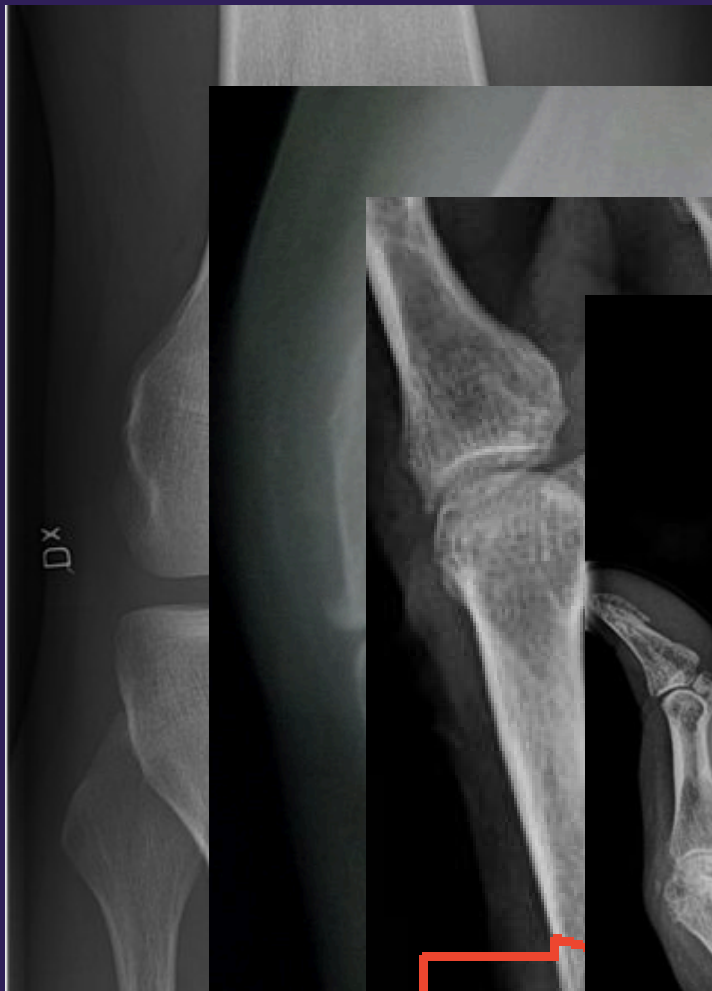
What is rheumatology?

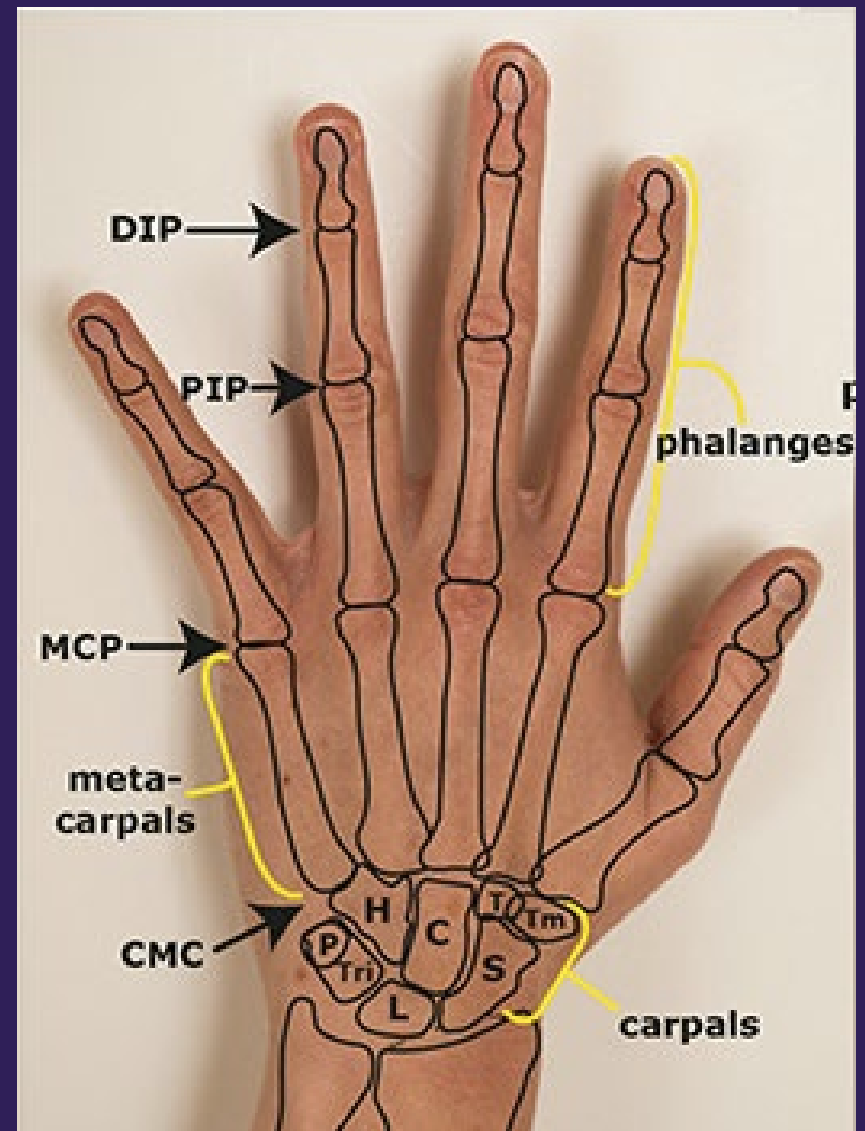
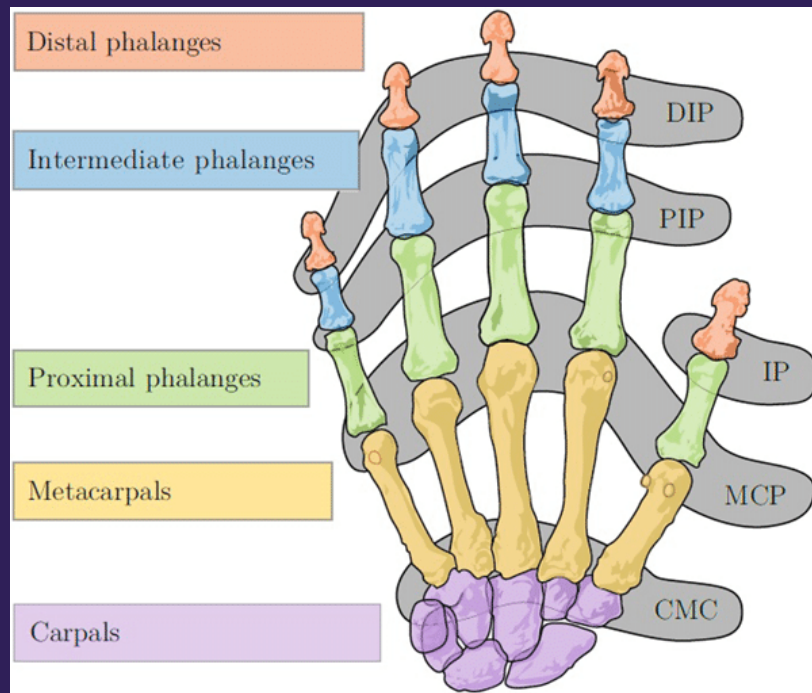


“When I see an arthritis patient
walk in the front door, my
tendency is to walk out the
back door”

- Dr Osler

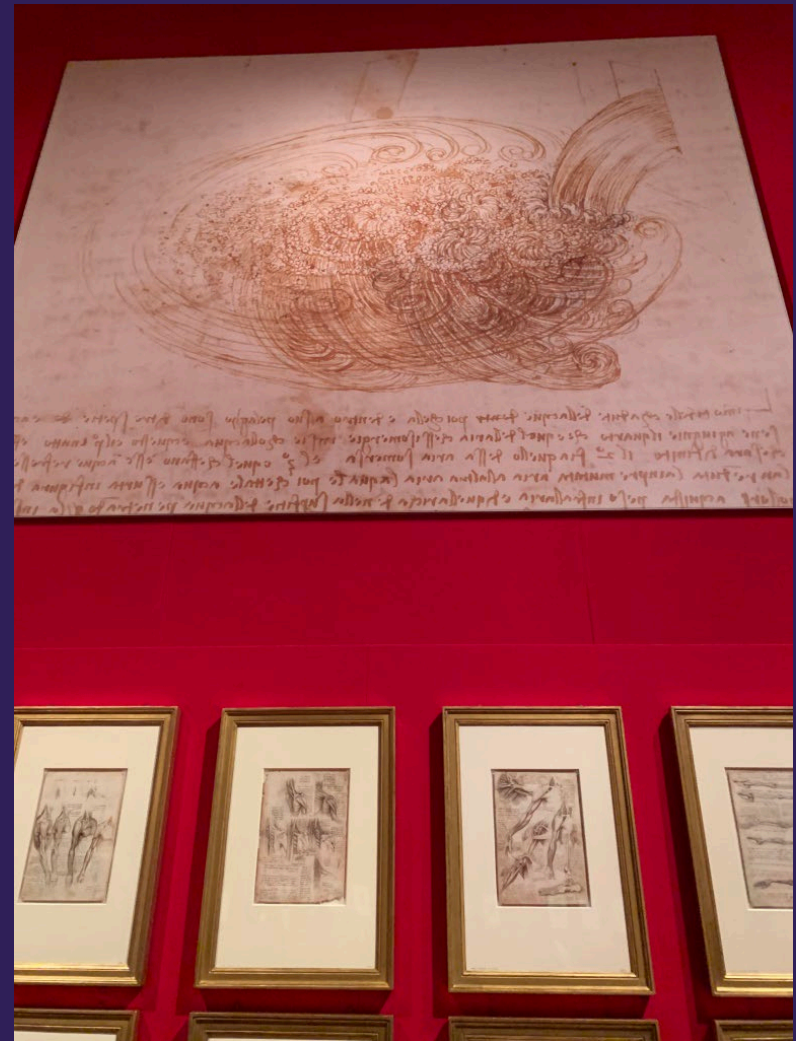






Joint inflammation

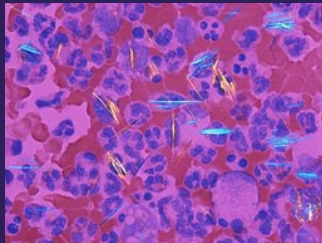
SYNOVITIS



Monoarticular



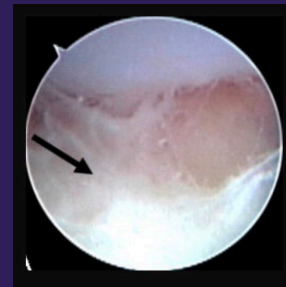
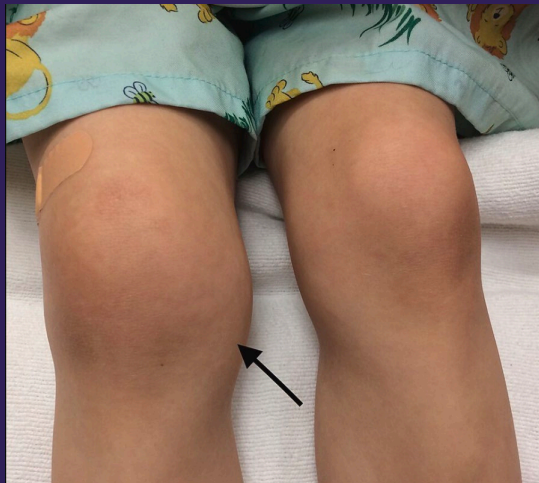
Gout



CPPD



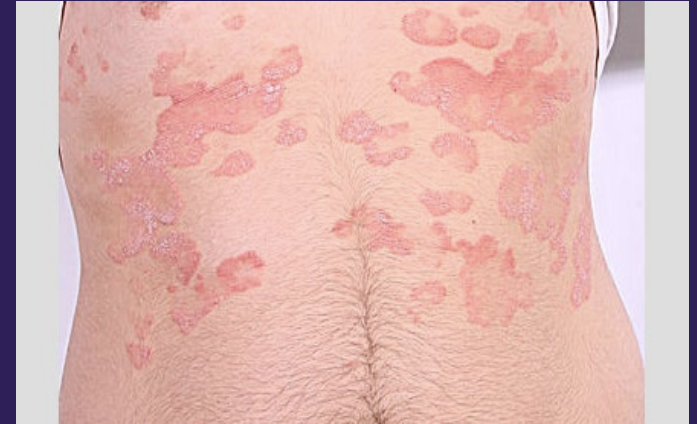
Septic
arthritis



Psoriatic arthritis



Oligoarticular



Osteoarthritis

Rheumatoid arthritis



Polyarticular Symmetric



Lupus

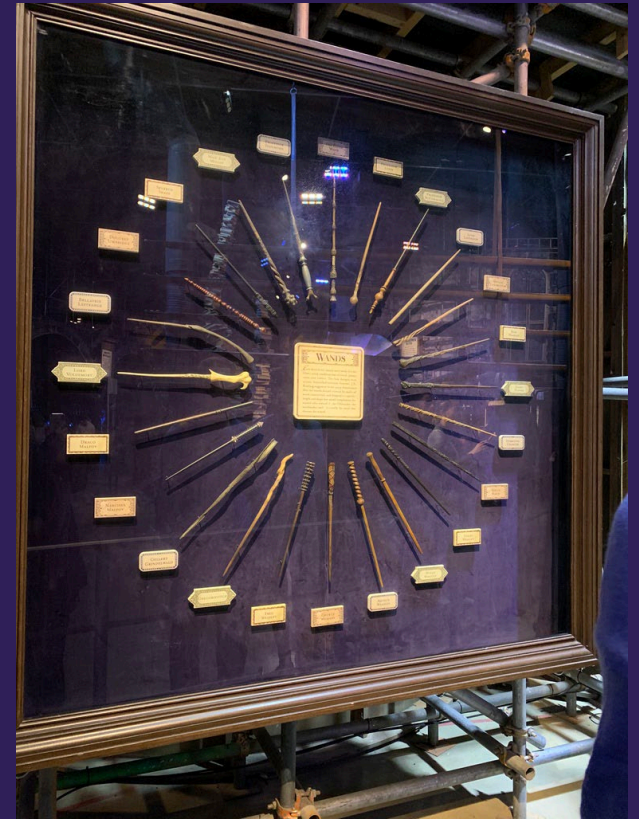
Spine

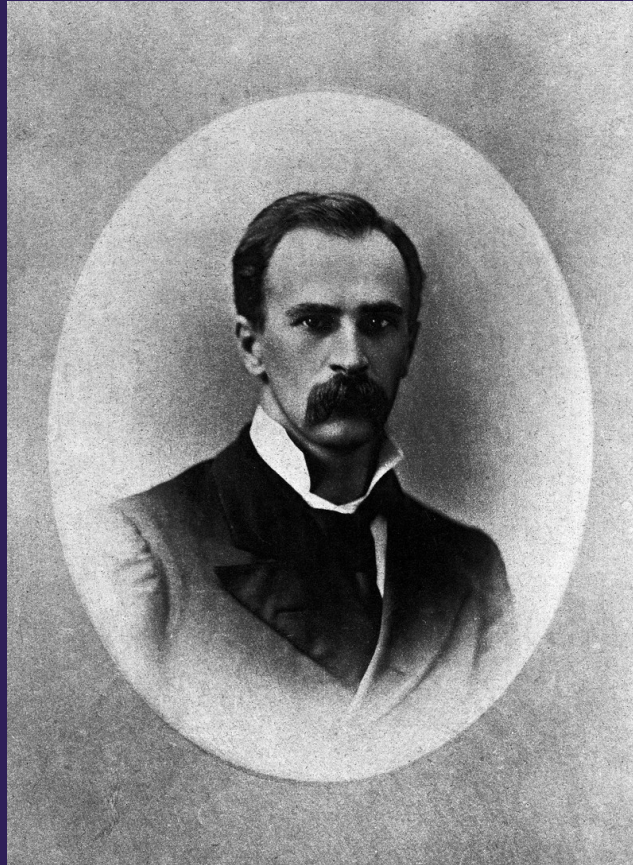


Ankylosing Spondylitis



Spondyloarthropathy



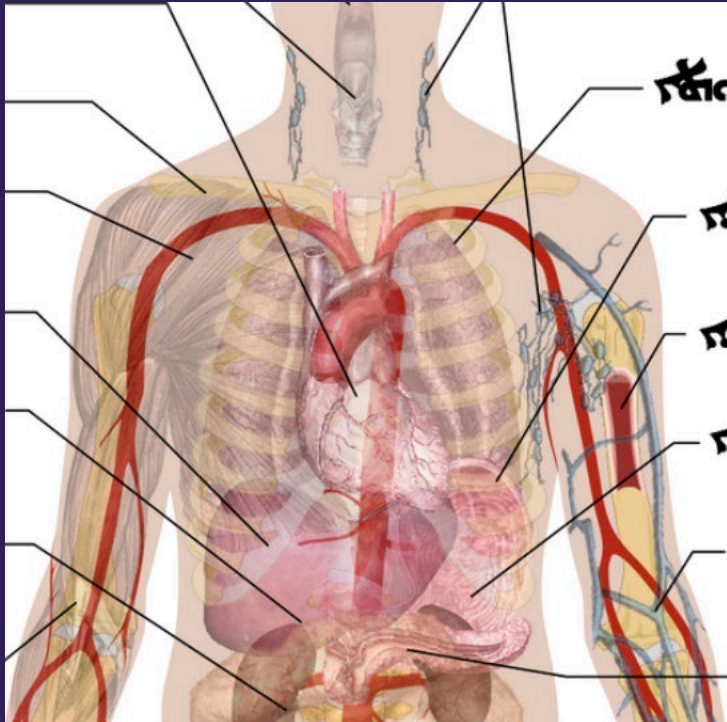


**Became a minister but then studied
medicine in Europe**

Weakness and/or Pain

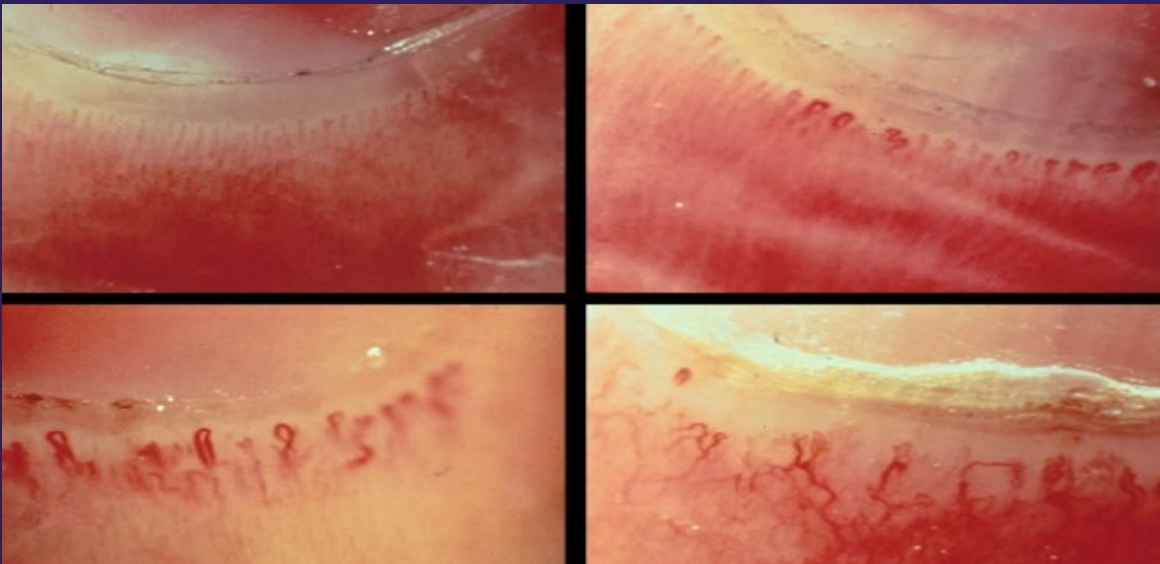


Proximal weakness

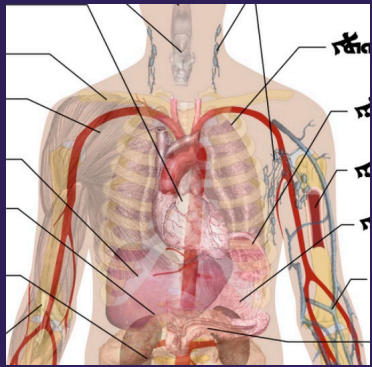




Dermatomyositis



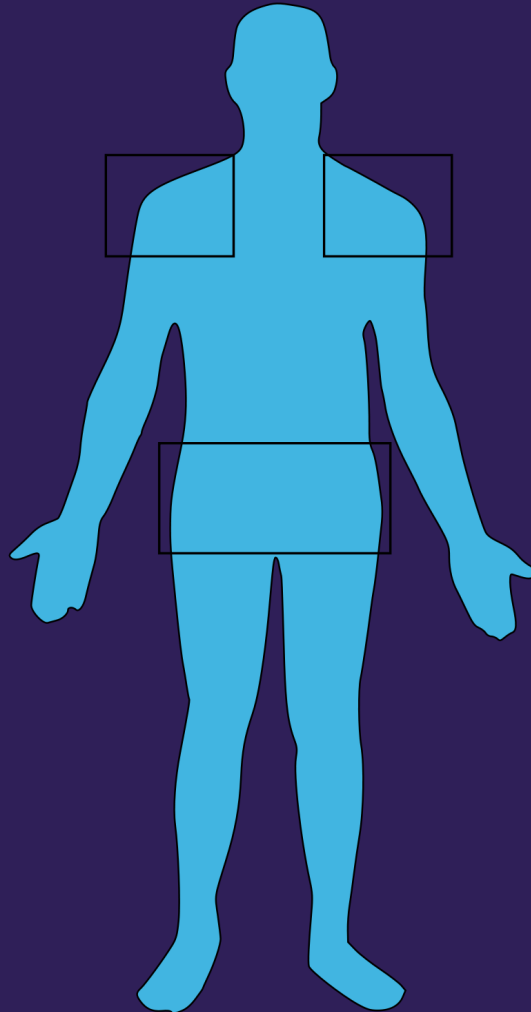
ACR
Medscape
Wikimedia commons

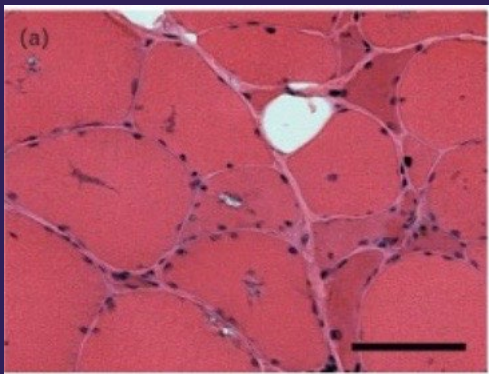
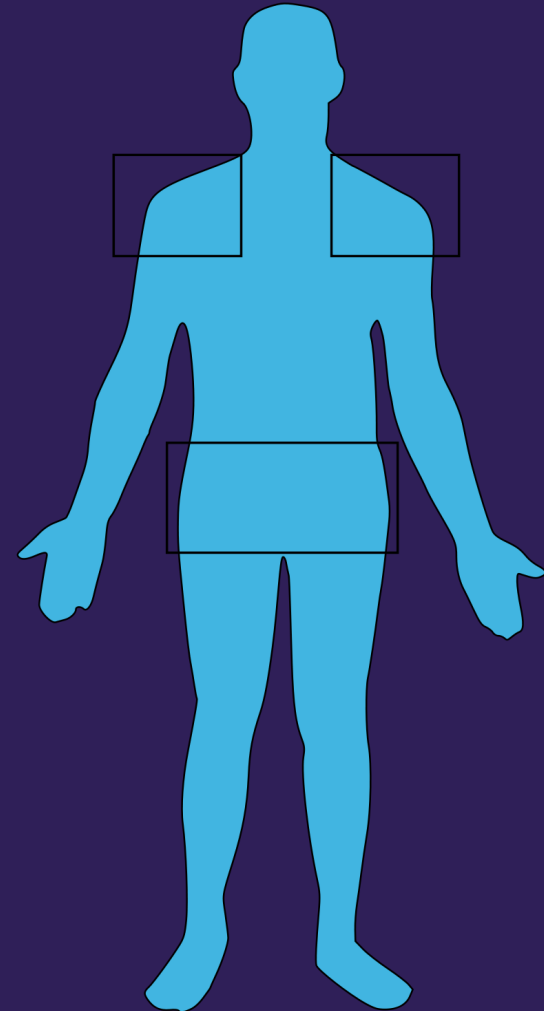
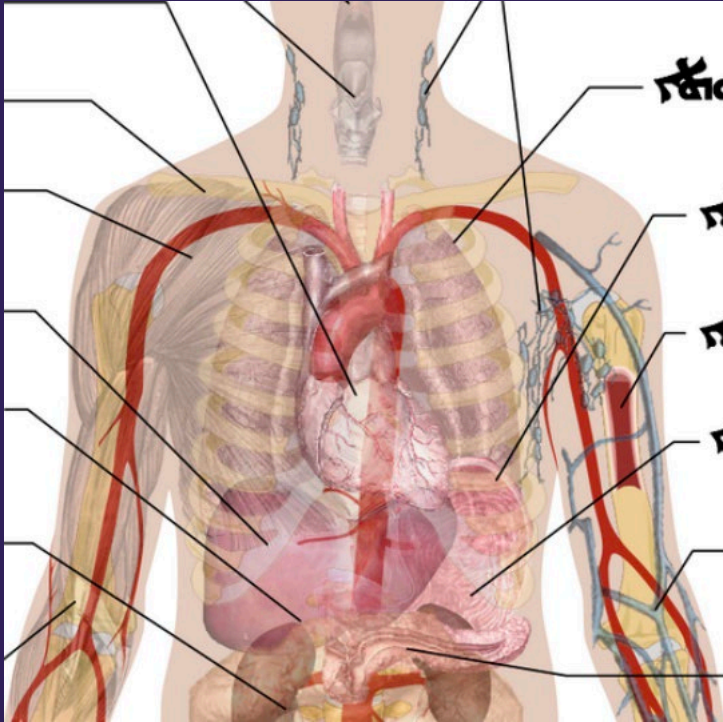


Polymyositis



Polymyalgia rheumatica





Inclusion body myositis



THE JOHNS HOPKINS HOSPITAL



THE FIRST GROUP OF HOPKINS INTERNES WITH 'THE CHIEF'

Circa April 1890

Back row: A.A. Ghiskey, J.M.T. Finney, A.C. Abbott, Hunter Robb, G.S. Clarke, W.H. Baltzell.

Second row: H. Toulmin, W. Osler, J.A. Scott, H.A. Lafleur, W.H. Farr.

Below: F.J. Brockway, D.M. Reese.

**One of the founders of John Hopkins in
Baltimore (even though he was from
Canada)**

Skin lesions



Photosensitive

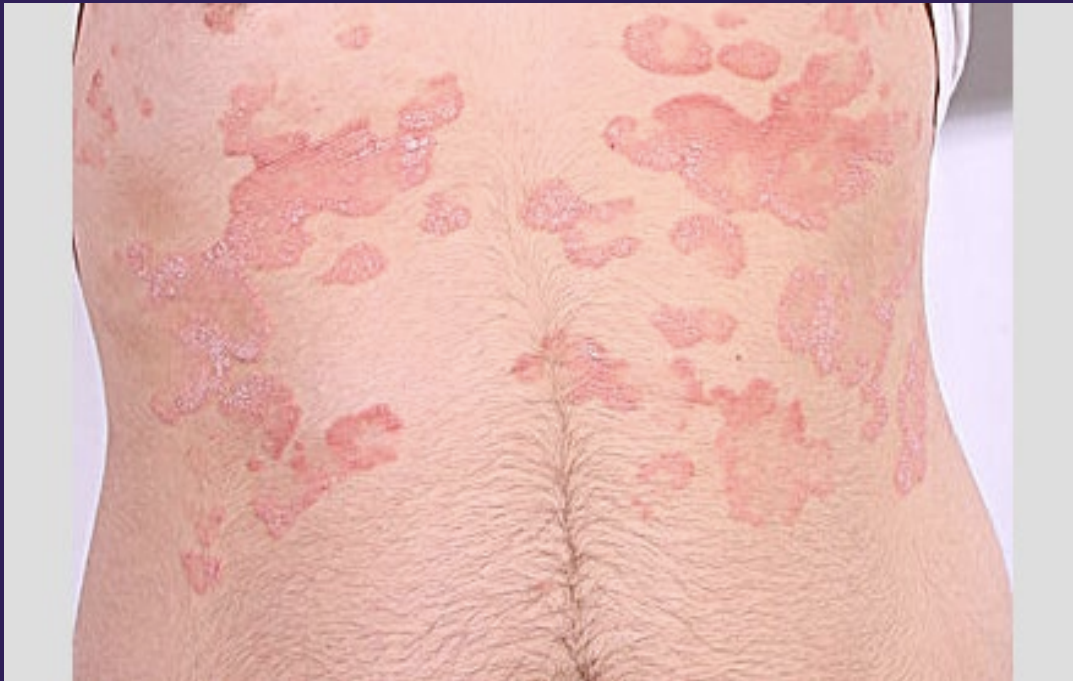
Dermatomyositis



Lupus

Medscape

Photoreceptive



Psoriatic arthritis

Lupus



Ulcers



Behcet's

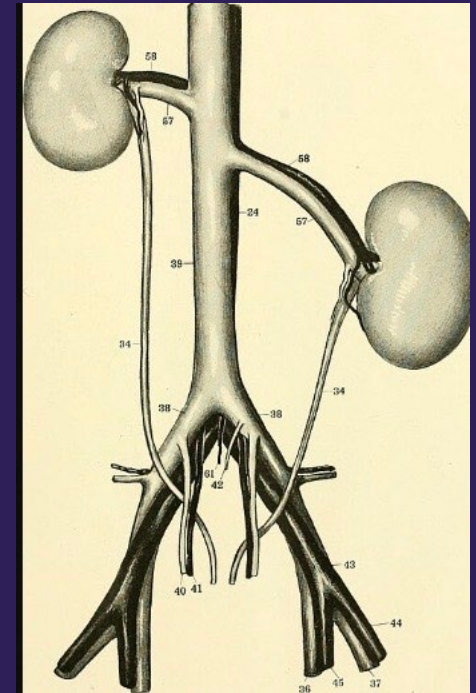
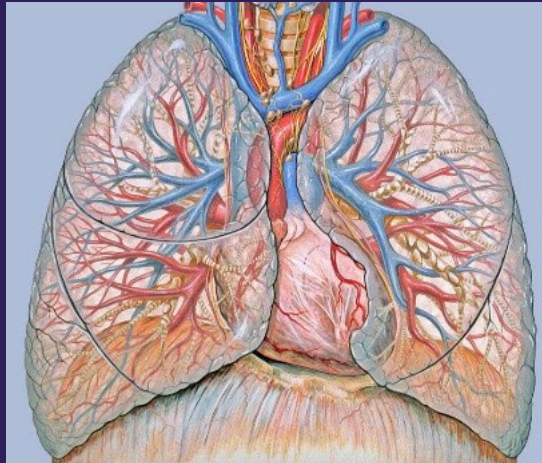
Pyoderma
gangrenosum

Healthtap.com

Physio-pedia.com

Wikimedia commons

Skin thickening



Systemic
sclerosis



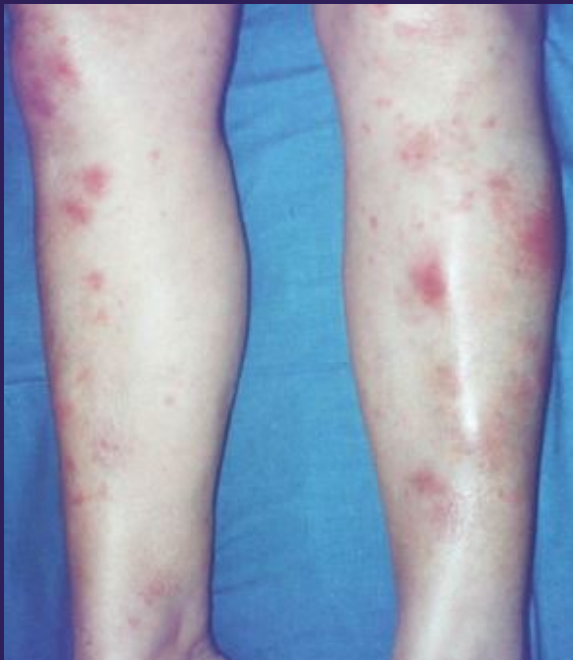
CREST

Mayo clinic
Thefreedictionary.com
Wikimedia commons



Rheumatoid
arthritis

Nodules & purpura



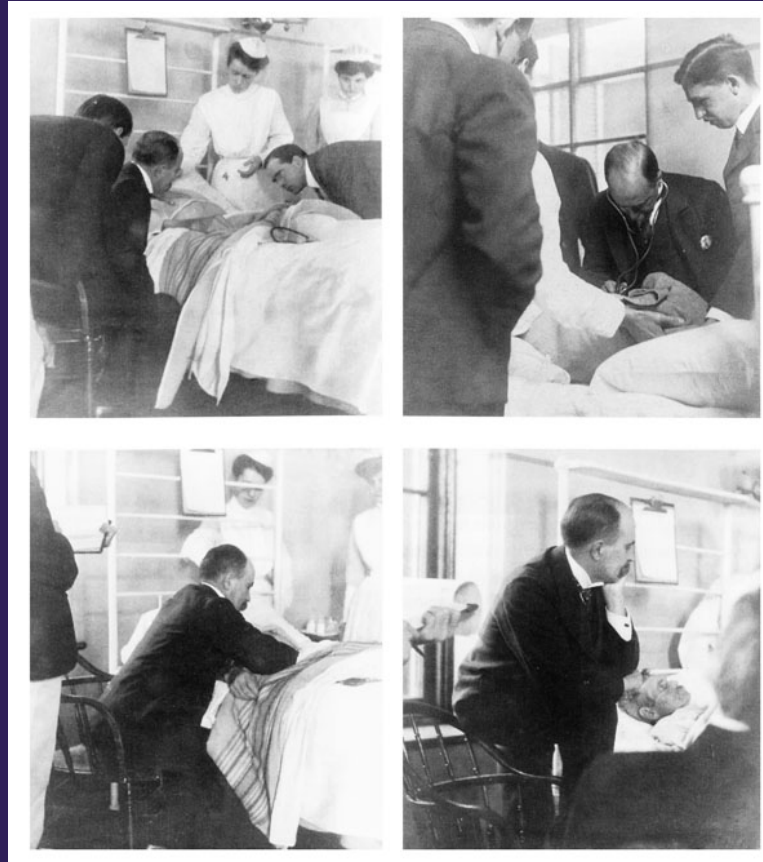
Panniculitis



Vasculitis

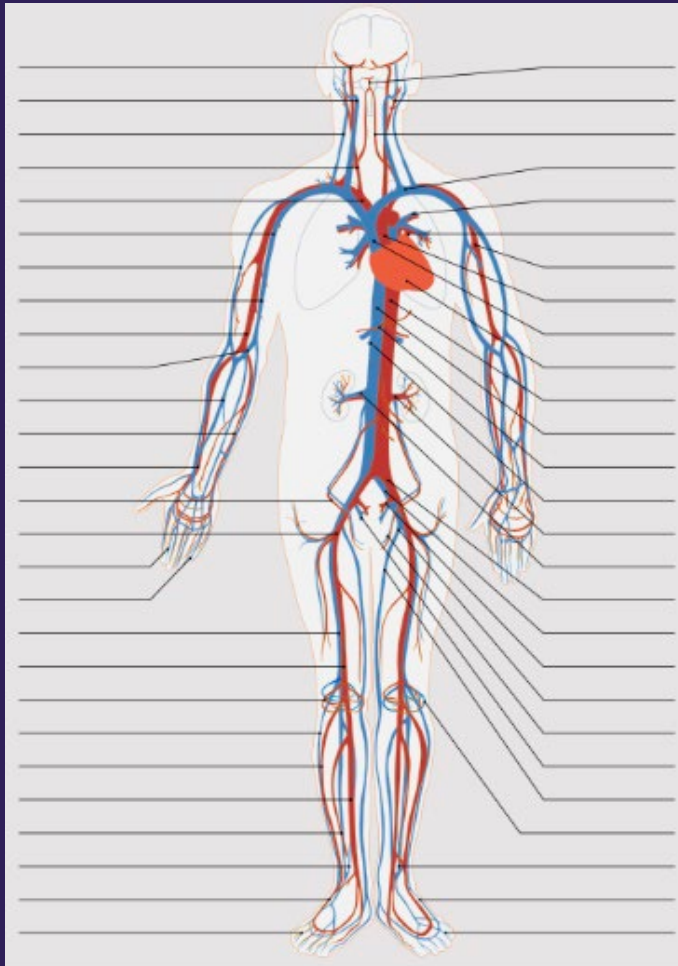


Erythema migrans



**Created residency, clinical rotations
starting in medical school and IN HOUSE
CALL**

Vasculitis



Large vessel vasculitis



Temporal
arteritis

Artery size	Disease	Abbreviation
Large	Giant cell arteritis	GCA
	Takayasu’s arteritis	TA
Medium	Polyarterteritis nodosa	PAN
Small	Granulomatosis with polyangiitis	GPA
	Eosinophilic granulomatosis with polyangiitis	EGPA
	Microscopic polyangiitis	MPA
	Cryoglobulinemia	Cryo
Variable	Behcet’s	

Odds & Ends





Livedo reticularis



Lymphoma in salivary gland

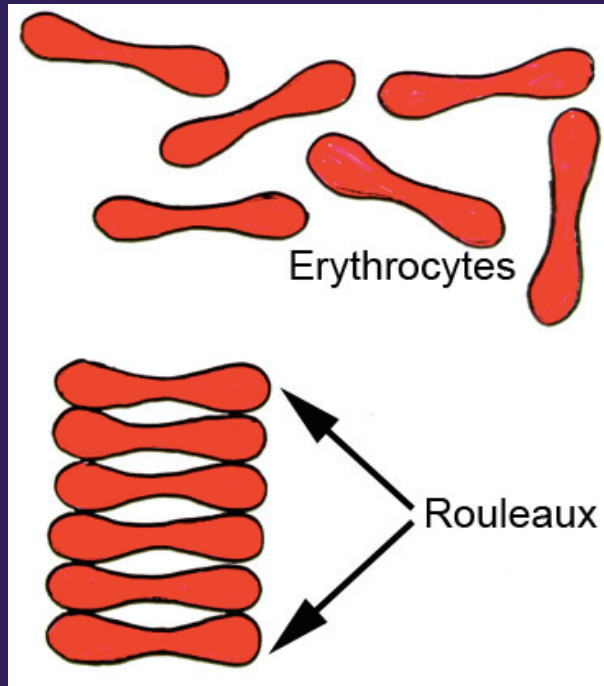


Never too old to learn in medicine
(Also never too old to get burned in medicine...)

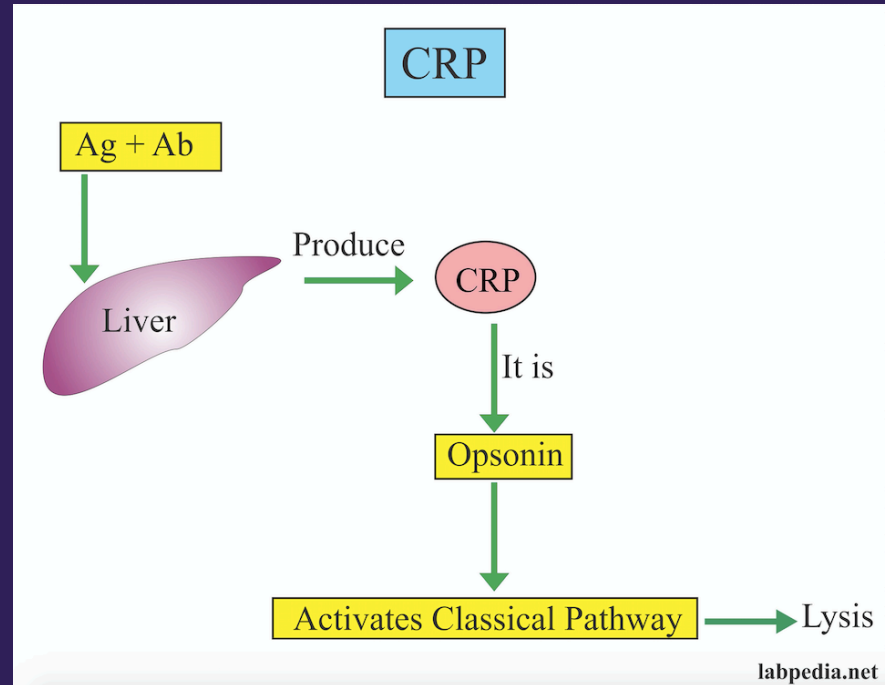
Testing should **ONLY CONFIRM**
diagnosis, not make it



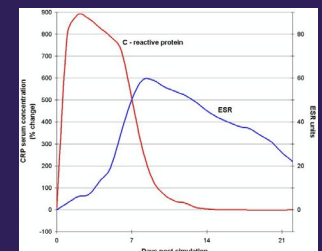
Acute phase reactants



ESR



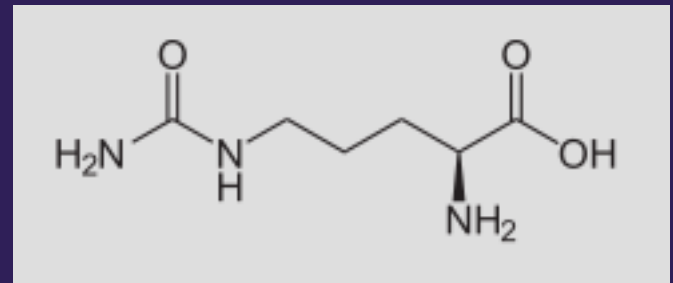
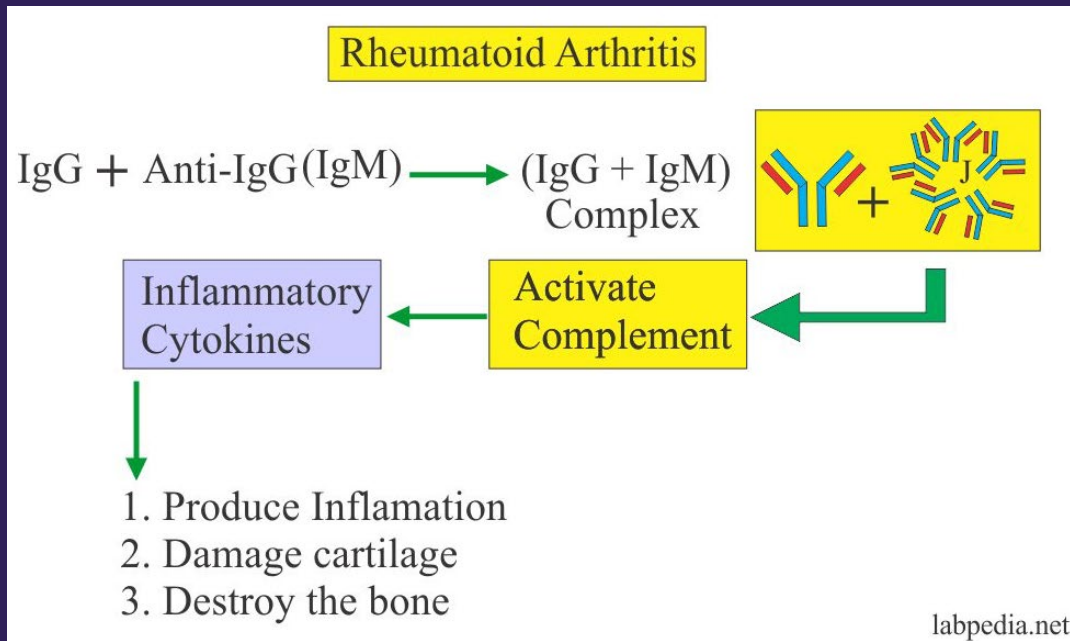
CRP



Don't be a hater; order a REGULAR CRP!



RA antibodies

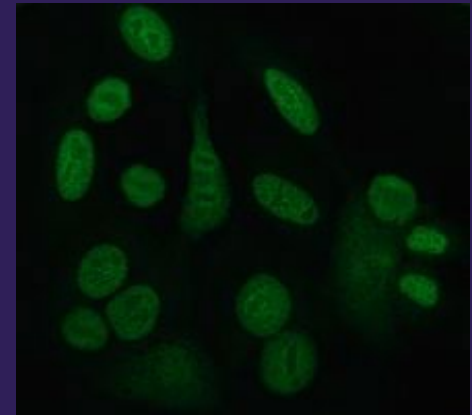
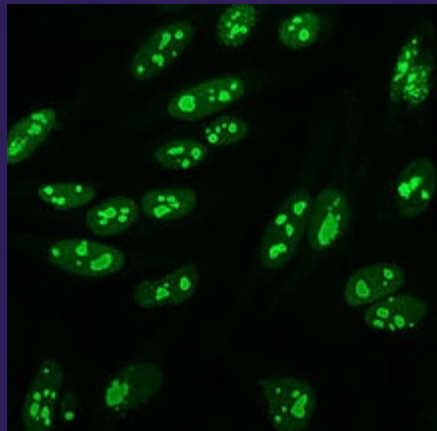
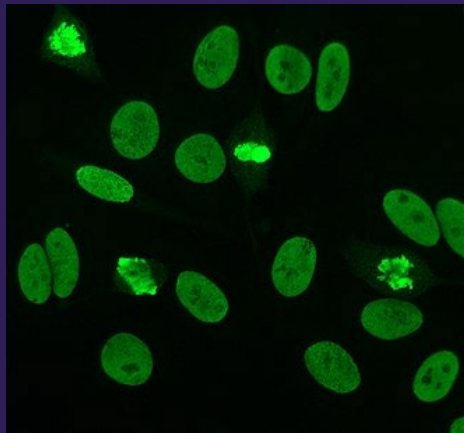


Cyclic
citrullinated
peptide

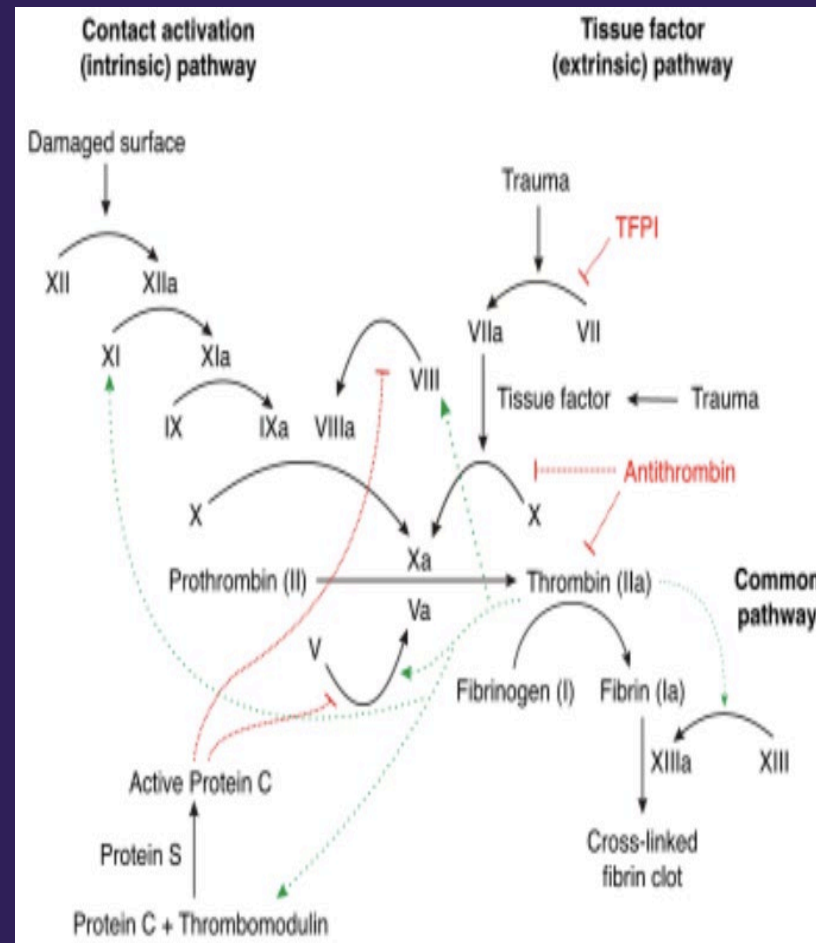
Rheumatoid factor

Anti nuclear antigens

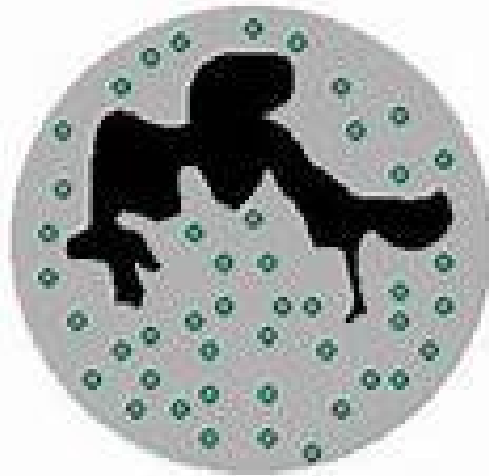
(America's sweetheart)



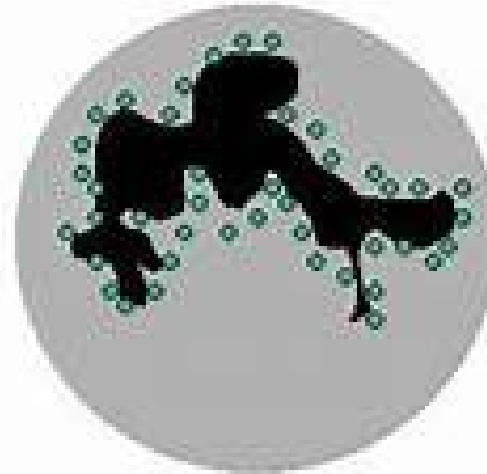
Anti phospholipids (aPL)



Anti neutrophilic cytoplasmic antibodies (ANCA)

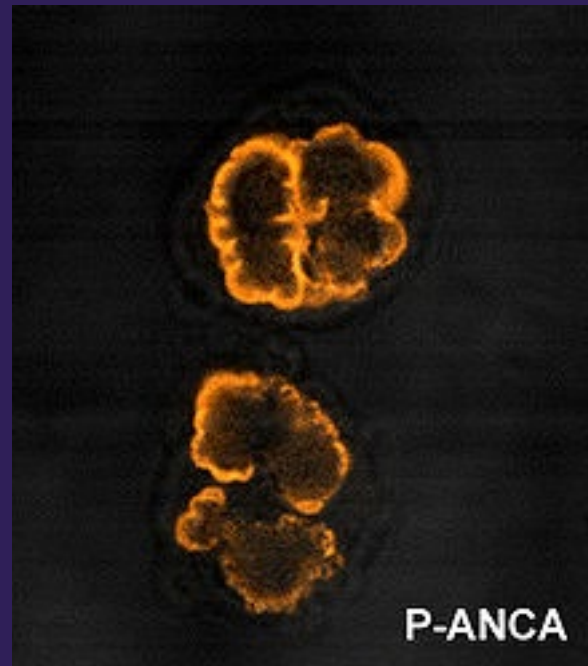
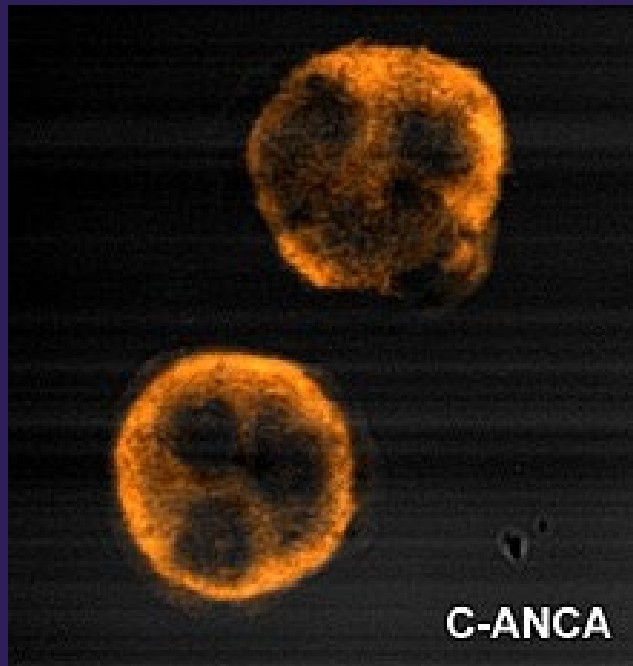


C-ANCA



P-ANCA

Cocaine turns everything positive

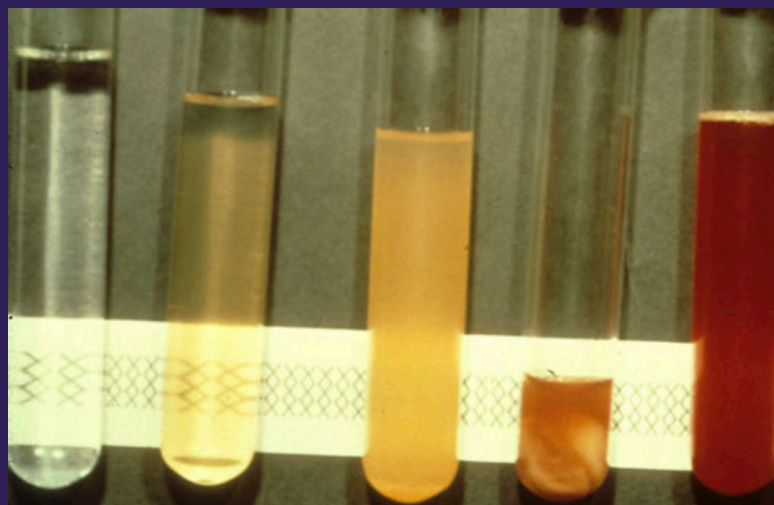


HLA B27

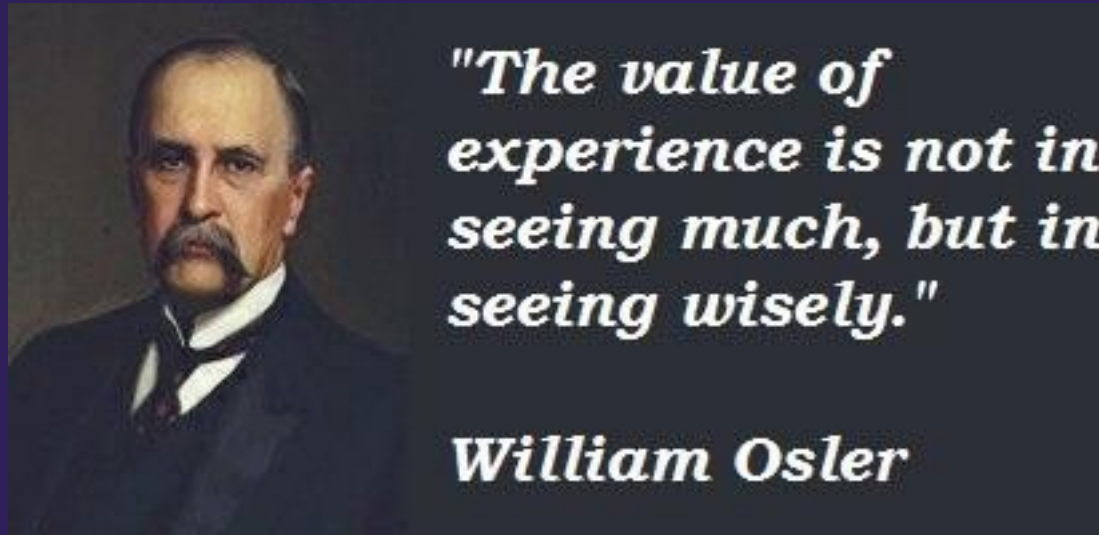
Gentlemen, I have a confession
to make. Half of what we have
taught you is in error, and
furthermore we cannot tell you
which half it is

William Osler

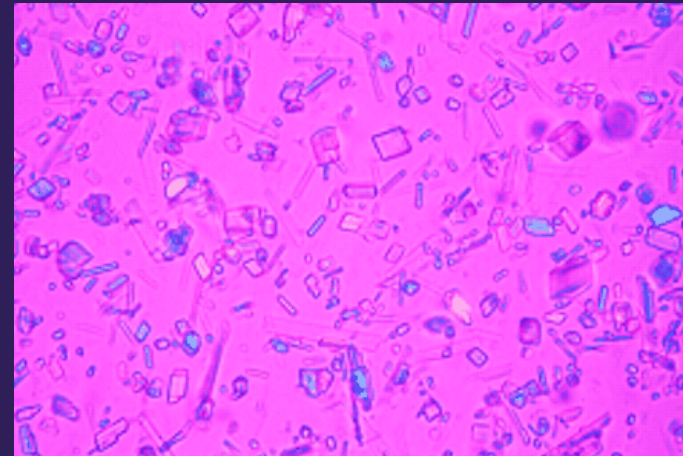
Synovial fluid analysis



	WBC/mm ³	Color	Viscosity
Normal	< 150	Colorless/Straw	High
Noninflammatory	< 3,000	Straw/Yellow	High
Inflammatory	> 3,000	Yellow	Low
Septic (purulent)	> 50,000	Pus/Mixed	Mixed
Hemorrhagic	Similar to blood	Red	Low



Gout



Pseudogout (CPPD)

How we treat EVERYTHING in rheumatology



BUT Monoarticular arthritis is different



Cases

Clinical

- Drug rep vs the truck driver
- Volleyball player vs every old person in Elgin
- Ron's twin from Harry Potter vs the man whose now ex wife (yay) hates me
- Every old person in Elgin vs the retired engineer

Labs/tests

- Labs in v anxious tree hugger vs Max's mom
- Gold lid implant vs an extra in Lord of the Rings
- Crystals and treatment in the retired nurse with the crazy aunt vs Italian seamstress

That's what Lee said

History	Physical
Synovitis	Joint 2x size of normal, warm, tender
Morning stiffness	At least 1 hour; set morning alarms earlier
Inflammatory back pain	Wake up at night and get better with exercise
Photosensitive rashes	Worse with sun exposure
Raynaud's	Color changes
Constitutional sx	Look ill (pay attention to grooming)

Know where to send the patient...

Problem	Rheum	Ortho
Infected joint		Aspirate, surgery, iv antibiotics
Mechanical issue		Image, phys tx, surgery
Polyarticular synovitis	RA	
Morning stiffness	RA	
Photosensitive rashes with synovitis	Lupus	
Recurrent symptoms	Arthritis	
Muscle weakness/atrophy	Myositis	
Constitutional symptoms	Vasculitis	



Donated his brain to science

Questions, concerns,
deep thoughts?

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Bonus material

(you're welcome)

What I wish my superiors had taught me about rashes...(sigh)

- Macular (flat) vs plaque (raised)
- Nodule (big bump) vs papule (tiny bumps)
- Fluid vs non fluid filled
- Color
- Clear borders vs unclear borders
- Photosensitive vs photoreceptive vs nothing

Pediatric rheumatology

- Juvenile idiopathic arthritis
 - Juvenile systemic connective tissue disease
 - Kawasaki disease
-
- Systemic JIA just like Adult Onset Still's Disease with the quotidian fevers, rash, arthritis

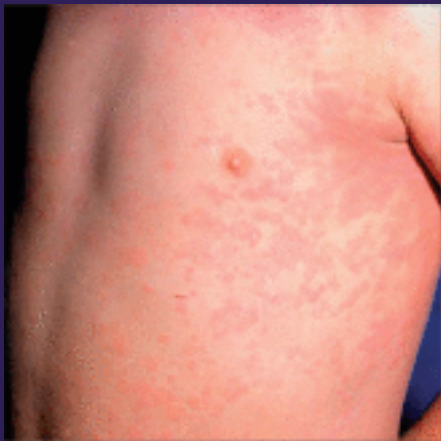
Kids are just like little adults except...

- JIA girl named ANA who can't see u bc uveitis
- SLE in kids is worse and in kidneys
- Don't get cancers with dermatomyositis
- Henoch Schonlein Purpura most common small vessel vasculitis in small Henry
- Localized scleroderma more common and responds to meds in little people
- Get a unique vasculitis (Kawasaki's disease) that give aneurysms around the Koronaries

3 rashes in kids v specific in rheum



Erythema
marginatum
in ARF



Salmon macules
in systemic JIA



Purpura in HSP

RAPID3

- Routine assessment of patient index data
- Quick way to monitor if patient's response to treatment
- Add up
MDHAQ
+ patient pain
+ PtGA
- Lower the score the better (max is 30)

Range	Remission	Low	Moderate	High
0-10	0 - 1.0	> 1.0 - 2.0	> 2.0 - 4.0	> 4.0 - 10