Reiter's Syndrome

Reiter's syndrome is a reactive arthritis. Reactive arthritis is inflammation of the joints that follows certain bacterial infections, usually by a couple weeks. Reactive means that the joints are reacting to those infections. In Reiter's Syndrome, other non-joint areas such as the skin, eyes and muscles are also involved. Most people get better in four to five months. It may last several years. More men get this arthritis than women and most have a body tissue called HLA-B27. Reiter's syndrome usually has early symptoms of swelling, tenderness and stiffness in one or two joints. The usual joints affected are: the knees, ankles, feet and wrists. Many patients only have one episode of arthritis. In some, it recurs or persists. Reiter's syndrome itself is not contagious. This means Reiter's syndrome can not be passed from one person to another. The sexually transmitted disease which may have caused it however, if still present, is contagious.

CAUSES

- The condition may follow food poisoning caused by an infection of Salmonella, Shigella, Camphylobacter or Yersinia.
- This can follow an infection of a sexually transmitted disease, Chlamydia.

SYMPTOMS

- Arthritis (inflammation the joints). This is a redness and soreness of the joints.
- Myositis (muscle soreness)
- Low back or foot pain.
- Thick, crusty, reddish-purple sores on the palms of hands and soles of feet.
- Low grade fever.
- Dysuria (frequent or painful urination).
- Genital sores which may be painful and can become infected.
- Pelvic pain
- Blurred vision and conjunctivitis (red, sore eyes). Eyelids may stick together in the morning.
- Sores in the mouth. These may be painful or painless.

DIAGNOSIS

There are no specific lab tests for Reiter's syndrome. A history and physical exam may help suggest the cause of the arthritis. Blood tests may be done to rule out other forms of arthritis. They may also be done to look for an infection or to check if you have the HLA B-27 tissue type. This tissue type puts you more at risk of developing Reiter's syndrome but a positive test does not mean you have the disease. X-rays occasionally help if arthritis has been present for years. Other tests may include tests of your stool (feces), or tests of fluids and tissues taken from your urethra or joints. A pelvic exam or Pap smear may be done.

TREATMENT

The treatment for managing Reiter's syndrome includes:

Medications:

- Antibiotics are often given to treat an initial infection if found. However, they may not stop Reiter's syndrome from developing. It is best for sexual partners to be treated with antibiotics as well even if they have no sign of or positive test for a sexually transmitted disease. Reiter's syndrome itself is not sexually transmitted and is not contagious.
- Non-steroidal anti-inflammatory drugs (NSAID's) are often used to treat Reiter's syndrome. These medications reduce pain and swelling of the joints and decrease stiffness. However, they do not prevent further joint damage. NSAID's such as ASA (Aspirin, Anacin, etc.) and ibuprofen (Motrin, Advil) can be purchased without a prescription. A number of NSAID's require a prescription. Your caregiver can help you decide what is best for you. The various NSAID's and Aspirin®, if taken in full doses, usually have the same levels of anti-inflammatory effect. Different individuals may experience greater relief from one medication

than another. Taking more than one NSAID at a time increases the possibility of side effects. These effects could be heartburn, ulcers and bleeding. These medications should be taken with food in your stomach. They should be discontinued immediately if you develop stomach upset or bleeding. This could show up as black tarry stools, blood in the stools or vomiting of blood which could be bright red or like dark coffee ground material.

- If Reiter's syndrome has gone on for more than a few months, disease modifying anti-rheumatic drugs (DMARD's) are sometimes given. DMARD's are used to try and stop the disease from getting worse. They can take about two to six months before they make a difference in the pain and swelling. These medications usually take a few months to work. Side effects may include mouth sores, diarrhea and nausea. More serious side effects need regular monitoring. This includes regular blood and urine tests. Liver function is followed. The blood tests make sure your white blood cell count or platelets are not getting too low.
- Occasionally a cortisone injection into an infected joint brings short-term relief and may prevent long-term stiffness. Cortisone is a steroid that reduces inflammation and swelling. This treatment is used infrequently as corticosteroids weaken the cartilage and remove the minerals from the bone if used often or long term. They also result in further joint weakness.
- Cortisone eye drops may be used for iritis or uveitis (affected eyes).
- Special creams may be prescribed for sores on the skin. These usually heal within six to 12 weeks.

Diet and Exercise

- A well balanced diet is helpful in almost all disease states.
- Regular exercise will help maintain muscle strength and this, in turn, helps your joints stay aligned and have less pain. Low-impact exercises like swimming, walking, water aerobics and bicycling can all reduce pain and maintain strength and flexibility.

Heat and cold therapy

- Apply ice to the sore joints and muscles for 15 to 20 minutes four times per day. Put the ice in a plastic bag and place a towel between the bag of ice and your skin. Professional packs to heat or cool are also available.
- You may also use a warm heating pad for 15 to 20 minutes four times per day. Alternate heat and cold. Cold is usually best following exercise. Heat is good for warming up prior to exercising or using your joints. **Do not sleep with a heating pad**. If you are diabetic, do not use a heating pad unless instructed to do so.

SEEK MEDICAL CARE IF:

- You develop hot swollen joints which are getting worse.
- You develop a fever over 101° F (38.3° C).
- Any of your problems seem to be getting worse rather than better.

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