

Jaccoud's Arthropathy Associated with Cutaneous Polyarteritis Nodosa

Raquel Volpato Bedone MD and Jozélio Freire de Carvalho MD

Rheumatology Division, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo-SP, Brazil

KEY WORDS: Jaccoud's arthropathy, polyarteritis nodosa, vasculitis

IMAJ 2010; 12: 514

In 1997 a 25 year old woman developed ulcers on the lower limbs associated with knee arthralgia, Raynaud's phenomenon and livedo reticularis on her lower and upper limbs. Biopsy identified dilated dermic vessels surrounded by mixed inflammatory infiltrate with predominance of neutrophils and hypodermis demonstrating inflammatory lymphocyte infiltration, compatible with vasculitis. Perinuclear anti-neutrophil cytoplasmic antibodies test was positive, while tests for other autoantibodies were negative. Serologies for B and C hepatitis were negative. Also, echocardiography and renal function were normal. Her blood pressure was normal and there

was no evidence of peripheral neurologic involvement. Cutaneous polyarteritis nodosa was diagnosed and treatment with glucocorticoid and azathioprine led to an excellent response.

In 2007 she noticed deformities in her fingers [Figure 1], but clinical examination showed that it was possible to return the joints to the correct position. Since X-ray did not show joint erosion or destruction [Figure 2], Jaccoud's arthropathy was diagnosed.

The type of joint deformity that occurs in Jaccoud's arthropathy involves degeneration in the tendon and ligament system, giving the appearance of joint deformity in rheumatoid arthritis but without bone erosion [1]. This arthropathy has been described in patients with systemic lupus erythematosus, rheumatic fever and other collagen diseases [2-4]. We searched the literature but did not find any report of cutaneous polyarteritis nodosa with Jaccoud's arthropathy.

Acknowledgments:

J.F. Carvalho received a grant from the Federico Foundation and CNPq (300665/2009-1).

Corresponding author:

Dr. J. de Carvalho

Disciplina de Reumatologia da Faculdade de Medicina da USP, Av. Dr. Arnaldo, 455, 3º andar, sala 3190, Cerqueira César, São Paulo-SP, Brazil 01246-903

Phone/Fax: (55-11) 306-17490

email: jotafc@gmail.com

References

1. Alnot JY, Liverneux P, Wodecki P. Jaccoud's arthropathy. *Chir Main* 2000; 19: 169-80.
2. Sierra-Jimenez G, Sanchez-Ortiz A, Aceves-Avila FJ, et al. Tendinous and ligamentous derangements in systemic lupus erythematosus. *J Rheumatol* 2008; 35: 187-91.
3. Paredes JG, Lazaro MA, Citera G, Da Representação S, Maldonado Cocco JA. Jaccoud's arthropathy of the hands in overlap syndrome. *Clin Rheumatol* 1997; 16: 65-9.
4. Porzio A, Porzio V, Lanciani P. The articular sequelae of rheumatic fever: Jaccoud's dislocation arthritis. A case report. *Recenti Prog Med* 1992; 83: 77-9.

Figure 1. Deformities were evident in the hands, in the form of a swan's neck of the second proximal interphalangeal joint, and flexure of the fifth left finger and the third left proximal interphalangeal joint



Figure 2. X-ray showing absence of erosions and normal joints of the hands

