



## **A CASE SERIES OF RARE PRESENTATION OF RHEUMATOID ARTHRITIS WITH SECONDARY SJOGREN SYNDROME**

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### **Abstract**

Rheumatoid arthritis is a autoimmune condition affecting large and small joints in the body and it can be associated with other autoimmune conditions as well. Most common presentations are pain in the joints, deformity with raised inflammatory markers and radiological changes due to the autoimmune activity. Here in our patient, it has co existed with secondary sjogren Syndrome with features like dry eyes, dry mouth. Here in our case we diagnosed Rheumatoid arthritis with secondary sjogren Syndrome and treated and patient was symptomatically better and got discharged.

**Keywords:** Rheumatoid Arthritis, Sjogren syndrome, Arthritis, Dry eyes and Dry mouth

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## 1. Introduction

Rheumatoid Arthritis is a chronic inflammatory disease of unknown etiology, characterized by a symmetric polyarthritis, the most common form of chronic inflammatory arthritis. It often results in articular cartilage and bone destruction and functional disability. RA, a systemic disease, may also lead to variety of extra articular manifestations, including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy. Secondary Sjogren syndrome is defined by presence of either keratoconjunctivitis sicca (dry eyes) or xerostomia (dry mouth) in Association with another connective tissue such as Rheumatoid Arthritis.

This type of RA with secondary Sjogren syndrome is more common, and manifests as overlap of symptoms.

### Case 1 :

Patient of 55 years female came to our casualty with complaints of early morning stiffness in both hands for past 5 years. % fatigue. c/o multiple joint pain. c/o irritation in the eyes for past 1 month. c/o recurrent oral ulcers in the mouth. Known case of Systemic Hypertension and Type 2 Diabetes mellitus and underregular medications. Investigations do elite RA factor, Anti-CCP, Anti Ro and Anti La antibodies, ESR and CRP were elevated which proved Rheumatoid Arthritis with secondary Sjogren syndrome. Hydroxychloroquine, corticosteroids, 1% carboxymethylcellulose eye drops were given as treatment.

### Case 2:

Patient 41 years female came to OPD But complains of Early morning stiffness in both hands in past 2 years. Complaints of fever on and off for past one month. Burning sensation in the eyes for past 3 months, complaints of difficulty in swallowing and complaints of tooth ache. RA factor, Anti CCP, ESR, CRP were elevated. Schirmers test positive <5mm. Clinically

proved Rheumatoid Arthritis with Sjogren syndrome. Hydroxychloroquine, corticosteroids, methylcellulose eye drops and antacids were given as treatment.

### Case 3:

Patient 57 years female came to casualty with complaints of pain and swelling in hands and knee pain for past 1 ½ years. Complaints of irritation in both eyes, complaints of recurrent oral ulcers. Complaints of fever on and off. Known case of Systemic Hypertension and Type 2 Diabetes mellitus for past 5 years. RA factor, Anti CCP, ESR, CRP, Anti Ro and Anti La antibodies were found To be suggestive of Rheumatoid Arthritis with secondary Sjogren syndrome. Methotrexate, corticosteroids, oral mouth paint, 1% carboxymethylcellulose were given as treatment.

### Case 4:

Patient 60 years old female, came to OPD with complaints stiffness in small joints in hand. Complaints of burning sensation in eyes and difficulty in vision. Complaints of oral ulcers and swelling in Right cheek swelling for past 2 months. RA factor, ESR were elevated. Anti Ro and Anti La Antibodies were negative. Lip biopsy showed presence of Sjogren syndrome. So suggestive of Rheumatoid Arthritis with secondary Sjogren syndrome. Methotrexate, Folic acid on rest of the days, 1% carboxymethylcellulose and corticosteroids were given as treatment.

### Case 5:

Patient 56 year female came to casualty with complaints of severe joint pain and swelling and burning sensation in epigastric region for 1 year. Complaints of indigestion and loss of appetite for 2 months. Known case of Systemic Hypertension for past 12 years and under treatment. RA factor, Anti CCP, ESR, CRP and Anti Ro and Anti La antibodies were found To be positive. Methotrexate, Corticosteroids, antacids were given.

Parameters	Case 1	Case 2	Case 3	Case 4	Case 5
RA Factor	26	40	68	100	120
Anti CCP	4	5	7	6	7

<b>ESR</b>	50/90	25/70	110/160	50/110	90/110
<b>CRP</b>	8	7	11	12	16
<b>Anti Ro</b>	12	4	15	3	18
<b>Anti La</b>	11	5	12	6	12
<b>SchimerTest</b>	Positive	Positive	Positive	Positive	Positive
<b>Lip Biopsy</b>	Not done	Not done	Not done	Positive	Negative

Table 1 : Comparison of Relevant investigations of 5 cases

**Revised International classification criteria for sjogren syndrome**

1.ocular symptoms:

Daily persistent troublesome dry eyes for >3months,

Recurrent sensation of sand or groveling eyes

Usage of tear substitutes more than 3 times a day

2.oral symptoms:

Daily feeling of dry mouth >3 months

Recurrent or persistent swollen salivary glands

Frequently drink liquids to aid in swallowing

3.Ocular signs:

Shimmers test <5 mm in 5 min Rose Bengal test or dye score 4.Histopathology:

Focal lymphocytic sialoadenitis with a focus score >\_ 1

5.Antibodies in serum of Ro and La or Both.

**Acr -Eular Criteria for Rheumatoid Arthritis**

**Joints involved**

1 Large joint 0

2-10 Large joint 1

1-3 small joint 2

4-10 small joint 3

>10 joints 5

**Serology (RF &ACPA)**

Negative 0

Low positive 2

High positive 3

**Symptoms**

<6 weeks 0

>6weeks 1

**Acute phase reactants( CRP &ESR)**

Normal 0

Abnormal 1

**A score of 6 or more equates to definite RA.**

**2. Discussion**

- In all five cases of Rheumatoid Arthritis, RA FACTOR, Anti CCP, ESR, CRP were elevated.
- Anti Ro, and Anti La in three cases were positive and negative in two cases
- Schimers test were done and considered significant in all five cases.
- Lip biopsy done in case 4 .
- Clinically proven secondary sjogren syndrome in two cases.

**3. Conclusion**

Patient with Rheumatoid Arthritis with above additional complaints should be ruled out for sjogren syndrome. The coexistence of Rheumatoid Arthritis with secondary sjogren syndrome is essential for early diagnosis and treatment for the welfare of the patient and to improve the quality of patient life by prompt diagnosis and treatment.

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