

# INTERNATIONAL CONFERENCE ON TECHNOLOGY, ENGINEERING AND SCIENCE

## ABSTRACT BOOK



## **DIAGNOSIS OF RHEUMATIC COMPLICATIONS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE**

Olena Sulima \*

*Dnipro City Hospital, Ukraine*

Volodymyr Sulyma

*State Institution "Dnipropetrovsk Medical Academy of the Ministry of Health of Ukraine", Ukraine*

Investigation methods: X-ray: with a peripheral form without erosive changes; in 15% of patients, erosive changes in the metacarpophalangeal or metatarsophalangeal joints (asymmetry of arthritis). The study of synovial fluid: with a peripheral form, inflammatory in nature. Laboratory studies: increasing the concentration of inflammatory markers, thrombocytosis, anemia of chronic diseases. Diagnostic criteria - the diagnosis of Ulcerative Colitis or Crohn Disease; - radiological signs of inflammation in the peripheral joints or sacroiliac joints or joints of the spine. Differential diagnosis: - Peripheral form: atypical course of rheumatoid arthritis, infectious arthritis, reactive arthritis; - Axial form: other spondyloarthropathies. Peripheral form: usually has an acute, migratory course; not symmetrical damage to the joints, arthritis of the knee and ankle joints is more often formed; there is no rheumatoid factor; as a rule, there are no erosions and deformations of the joints; most joint changes appear after a few years from the occurrence of inflammatory changes in the intestine. Types of peripheral joint lesions: 1 - oligoarticular (with lesions of  $\leq 5$  joints), acute course, can outstrip the appearance of changes in the intestine, usually disappears within 10 weeks, extraintestinal symptoms are often associated, e.g. erythema nodosum; 2 - multi-articular ( $> 5$  joints), usually without connection with the debut of intestinal disease, chronic course (months, years), without extraintestinal symptoms other than uveitis; 3 - peripheral joint damage is combined with axial spondylitis. Axial form: in some patients there is no chronic inflammatory pain in the lower back, despite the presence of radiological changes typical for inflammation of the sacroiliac joints, while in others the characteristic clinical manifestations of spinal lesions occur without typical radiological changes. Changes in other organs associated with Ulcerative Colitis / Crohn Disease.

**Keywords:** diagnostic, rheumatic complications, ulcerative colitis, crohn disease.

\* Corresponding Author

