

Royal Adelaide Hospital

Rheumatology-clinical features indicative of potentially serious pathology

- swelling, erythema, marked reduction in range of motion of a joint (septic arthritis, crystal-induced arthritis, flare of rheumatoid arthritis)
- rapid swelling of a joint following trauma (haemarthrosis)
- recent-onset polyarthritis (rheumatoid arthritis)
- persistent localised pain uninfluenced by posture or movement, night pain (Paget's disease, osteonecrosis, malignancy)
- systemic features (fever, night sweats, weight loss) in the absence of trauma (infection or other inflammation)
- unilateral headache with systemic features (giant cell arteritis)
- malar rash, haematological deficiencies, proteinuria, haematuria (lupus flare)
- recurrent thromboembolism (catastrophic phospholipid antibody syndrome)
- acute painful red eye (iritis, scleritis)
- vasculitic rash, skin ulcers, mononeuritis (vasculitis)
- digital ischemia (scleroderma)
- pain and/or abnormal sensation associated with loss of power or altered reflexes (radiculopathy)
- long-tract signs (atlanto-axial subluxation in rheumatoid arthritis) or loss of bladder/bowel function (cauda equina syndrome)
- unusually severe pain, swelling, temperature change, cyanosis/pallor and immobility in a limb or part thereof, often following a minor injury (complex regional pain syndrome)

For more information

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