

**Short Reports:** *Clinical Images in Medicine*

## JACCOUDS ARTHROPATHY

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### Introduction

Jaccoud's Arthropathy (JA) is a chronic deforming arthritis of the small joints of the hand and feet initially described secondary to rheumatic fever. It is due to periarticular fibrosis and is classically known as a correctable nonerosive deformity, unlike the deformity in rheumatoid arthritis which is erosive, fixed and noncorrectable

The authors would like to emphasise with this image-report that distinguishing fixed swan neck deformity of rheumatoid arthritis from the correctable Jaccouds Arthropathy is important as it can result in more judicious investigations and attributing a benign prognosis to the condition.

**Key Words:** Jaccouds Arthropathy, Arthritis

### Description

A 71 year old female presented for a general health check up with profound deformities of her hands. Examination revealed ulnar deviation at MCP joints, hyperextension at the PIP joints with flexion of the DIP joints (Panel A). The deformities of the hands were voluntarily reducible without pain (Panel B). She never had symptoms of active arthritis and could not recall the exact duration of arthropathy. She showed little functional impairment despite the severity of the deformities. The patient did not have any history of rheumatic fever, rheumatoid arthritis

or SLE (systemic lupus erythematosus). Xrays of the hands did not show any periarticular osteoporosis or erosions. ESR was 16mm 1<sup>st</sup> hour with negative rheumatoid factor and ANA. Severe chronic correctable joint deformity with no or minimal osseous destruction suggests Jaccouds Arthropathy (JA).

### Discussion

*Jaccoud's Arthropathy (JA) is a chronic deforming arthritis of the small joints of the hand and feet.* Severe deformation of the hands in JA include ulnar deviation of MCP joints, Swan neck deformity viz hyperextension at the PIP (proximal interphalangeal) joints with flexion of the DIP (distal interphalangeal) joints and Z deformity of the thumb. There may be involvement of the toes as well. The bony involvement is non-erosive with mild aches and little or no evidence of synovitis<sup>1</sup>. JA was originally described as a complication of recurrent rheumatic fever<sup>2</sup> and its association has also been reported with systemic lupus erythematosus, other connective tissue diseases like dermatomyositis, overlap syndrome, psoriatic arthritis, urticarial vasculitis, inflammatory bowel disease, malignancy and pyrophosphate arthropathy<sup>3</sup>. There are no established definite criteria for the diagnosis of JA and an inflammatory process in the periarticular soft tissues is thought to be the primary cause<sup>1,4</sup>. The prognosis is benign with

the chronic deformities persisting for years without much functional impairment.

The clinical significance of JA lies in differentiating it from the erosive fixed and noncorrectable deformity of rheumatoid arthritis.



Panel A



Panel B

### References

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