Unusual Cause of Limited Elbow Movement in a Patient with Psoriatic Arthritis

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We report what is perhaps the first documented case of a particular cause of limited movement at the elbows in a patient with psoriatic arthritis (PsA).

A 39-year-old Indian woman with a longstanding history of psoriasis was seen for the first time with joint pains associated with prolonged early morning stiffness. These symptoms were present for the last 6 months. This was her first presentation to a rheumatologist. Clinically, she had symmetrical polyarthritis involving proximal interphalangeal R1–4, L 2–5, and metacarpophalangeal R2–3, both wrists (Figure 1), with psoriasis in her umbilicus, scalp, and natal cleft, dystrophic nails, as well as dactylitis in the L2 toe (Figure 2). She had a tender joint count of 10 and a swollen joint count of 12, with a pain score of 6.8 on a visual analog scale of 10 cm. During clinical examination, it was

found that she had marked reduction in supination and pronation at superior radioulnar joints bilaterally. The degree of supination and pronation was about 20° in each direction.

Radiological examination of both elbows showed fusion of the superior radioulnar joints (Figures 3 and 4) that was most likely congenital. The patient did not realize that she had limited movement at the elbows until this was pointed out to her. Her father, as well as 1 sibling, had psoriasis.

An extensive literature search for congenital superior radioulnar joint fusion in patients with PsA showed no previous documented cases of this cause of limited movement at the elbows in a patient with PsA. To our knowledge, this is the first documented case of congenital fusion of the superior radioulnar joint in a patient with PsA.

Figure 1. Radiograph of the hands showing no erosions, joint space narrowing, or pencil-in-cup appearance.

Figure 2. Dactylitis and toenail changes in the patient with psoriatic arthritis.

Figure 3. Fusion at the proximal radioulnar joint.

Figure 4. Fusion at the superior radioulnar joint.