Differentiation of the Clinical Features of Psoriatic Arthritis and Fibromyalgia

To the Editor:

I read with interest the article by Marchesoni, et al\(^1\) in which the authors state that the features distinguishing fibromyalgia syndrome (FM) from psoriatic arthritis (PsA) were the number of FM-associated somatic symptoms and tender point count, not the Maastricht Ankylosing Spondylitis Enthesitis Score (MASES)\(^2\). But the alternative diagnostic criteria for FM, the American College of Rheumatology (ACR) 2010 criteria\(^3\), are based on patient self-assessment without any tender point count. On the other hand, there is an argument for the somatic symptoms of 41 items that are considered specific for FM\(^4\), but Marchesoni, et al considered them as confusing the diagnostic criteria of FM of 2010 with those of 1990\(^5\).

Surely, the presence of FM among rheumatic diseases can confuse accurate evaluation of spondyloarthritis (SpA)\(^6\), which is the main cause of diagnostic confusion in the 1990 ACR diagnostic criteria\(^7\). FM is often misdiagnosed, particularly with SpA. According to our survey using the 1990 ACR diagnostic criteria, FM is complicated with SpA in 25.3\% of cases and SpA is complicated with FM in 38.9\% of cases, respectively (Table 1).

The main reason for confusion in diagnoses of FM and SpA is due to overlap of the extensive enthesis in SpA with the tender points of FM in the ACR 1990 diagnostic criteria\(^8\).

Is there any relationship between the tender points seen in FM and enthesitis? Does FM have an inflammatory character such as rheumatoid arthritis (RA) and SpA? According to Marchesoni, et al, unlike the MASES result, the frequency of the inflammatory changes seen in power Doppler ultrasound (PDUS) of the entheses in PsA was greater than that for FM. Therefore, for approaching the essence of enthesitis, it is important at present to introduce application of PDUS for differentiation of PsA and FM.

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