111 ARTHRITIS IN SARCOIDOSIS: A MULTICENTRE STUDY

Durga P. Misra[1], Vikas Agarwal[1], Vinita Agrawal[2], Amita Aggarwal[1], Parshant Aggarwal[3], Abhra C. Chowdhury[1], Parasar Ghosh[4], Avinash Jain[1], Able Lawrence[1], Ramnath Misra[1], Madhusmita M. Mohapatra[5], Alok Nath[6], Vir S. Negi[7], Sapan C. Pandya[8], Vishnu V. Reddy[9], Shiva Prasad[10], Vineeta Shobha[11], Yogesh P. Singh[12], Saumya R. Tripathy[13], Anupam Wakhlu[13] and on behalf of the Arthritis in Sarcoidosis Group

[1]*Clinical Immunology, Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow, INDIA,* [2]*Pathology, Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow, INDIA,* [3]*Rheumatology, Punjab Rheumatology Clinic, Ludhiana, INDIA,* [4]*Rheumatology, IPGMER, Kolkata, INDIA,* [5]*Pulmonary Medicine, JIPMER, Puducherry, INDIA,* [6]*Pulmonary Medicine, Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow, INDIA,* [7]*Clinical Immunology, JIPMER, Puducherry, INDIA,* [8]*Rheumatology, VIMS, Ahmedabad, INDIA,* [9]*Rheumatology, Vizag Rheumatology and Immunology Centre, Vishakhapatnam, INDIA,* [10]*Rheumatology, Apollo BGS Hospital, Mysore, INDIA,* [11]*Rheumatology, St Johns Medical College, Bengaluru, INDIA,* [12]*Rheumatology, Manipal Hospital, Bengaluru, INDIA, and* [13]*Rheumatology, KGMU, Lucknow, INDIA*

Background: 10-15% of sarcoid patients are associated with arthropathy. Chronic arthritis is less common around 1%. Data on articular manifestations of the disease from India is sparse. We aimed to study the clinical manifestations of sarcoid arthritis patients from India.

Methods: Case records of patients presenting to ten rheumatology centres from 2005 to 2017 with sarcoidosis were retrospectively reviewed. Joint involvement was assessed clinically, classified as acute or chronic depending on duration of symptoms lesser or greater than six months respectively.

Results: A total of 123 patients with sarcoid arthritis were reviewed. Table 1 sums up the mode of presentation. 58 patients were classified as Lofgren syndrome. Pattern of joint involvement revealed ankle as most commonly affected in both the groups. Wrist, MCP, MTP and PIP involvement was significantly more common in chronic sarcoid (table 1). Peripheral lymphadenopathy, plaques and uveitis were more frequent ($p < 0.05$) in chronic sarcoid arthritis (42.8%, 21.4%, 21.4% respectively) compared to those with acute sarcoid arthritis (15.7%, 5.2%, 6.3% respectively). 45 of 61 patients with acute arthritis with follow up details had achieved complete remission.14/28 chronic sarcoid arthritis patients with a median follow up of two years had achieved complete remission with 19, 15 and 8 patients on steroids, methotrexate and hydroxychloroquine respectively. One patient with concomitant interstitial lung disease had died due to lung infection.

Conclusion: Acute oligoarthritis was the commonest presentation with ankle most commonly affected joint. Wrist, PIP, MCP, MTP involvement were more common in chronic sarcoidosis. One of the limitations of the study was the retrospective analysis.

Disclosures: The authors have declared no conflicts of interest.

TABLE 1 Demographic and Clinical Profile of patients with sarcoid arthritis

n = 123	Acute sarcoid arthritis (n = 95)	Chronic sarcoid arthritis (n = 28)
Mean age*(SD)	41 (12.9)	44 (11.3)
Male:Female	0.9:1	1.5:1
Duration of symptoms*	0.25 (0.08 to 1.12)**	0.88 (0.5 to 3)**
Lofgren syndrome	45	-
Wrist***	28	18
Proximal interphalangeal joint***/ Metacarpophalangeal joint***	13/12	10/13
Metatarsophalangeal joint***	8	5
Uveitis***	6	6
Peripheral adenopathy***	15	12
Plaque***	5	6

*Years, **(Median + IQR), ***$p < 0.05$