

Strange Case of Seronegative RA

C Spine Pannus formation as initial presentation

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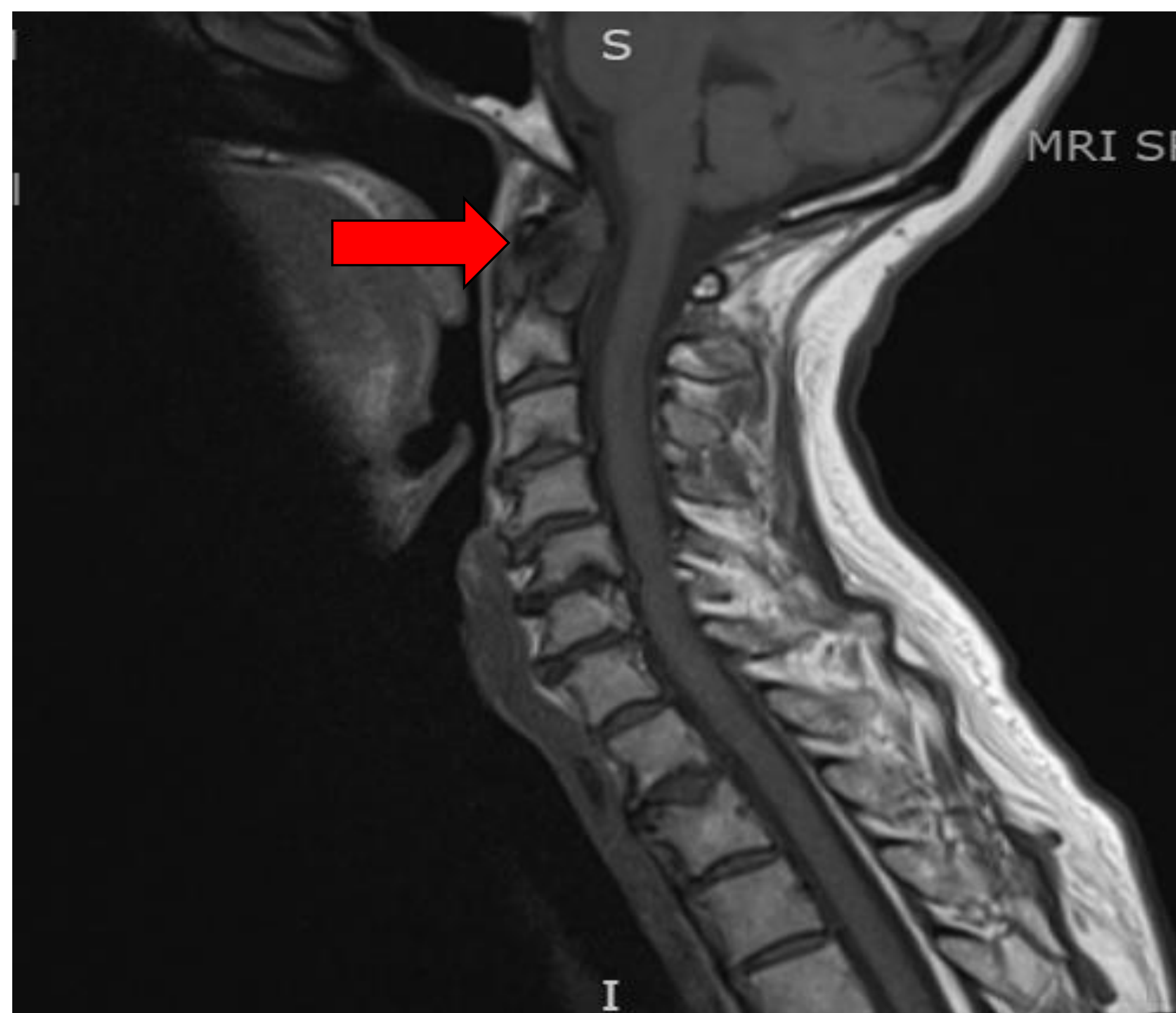
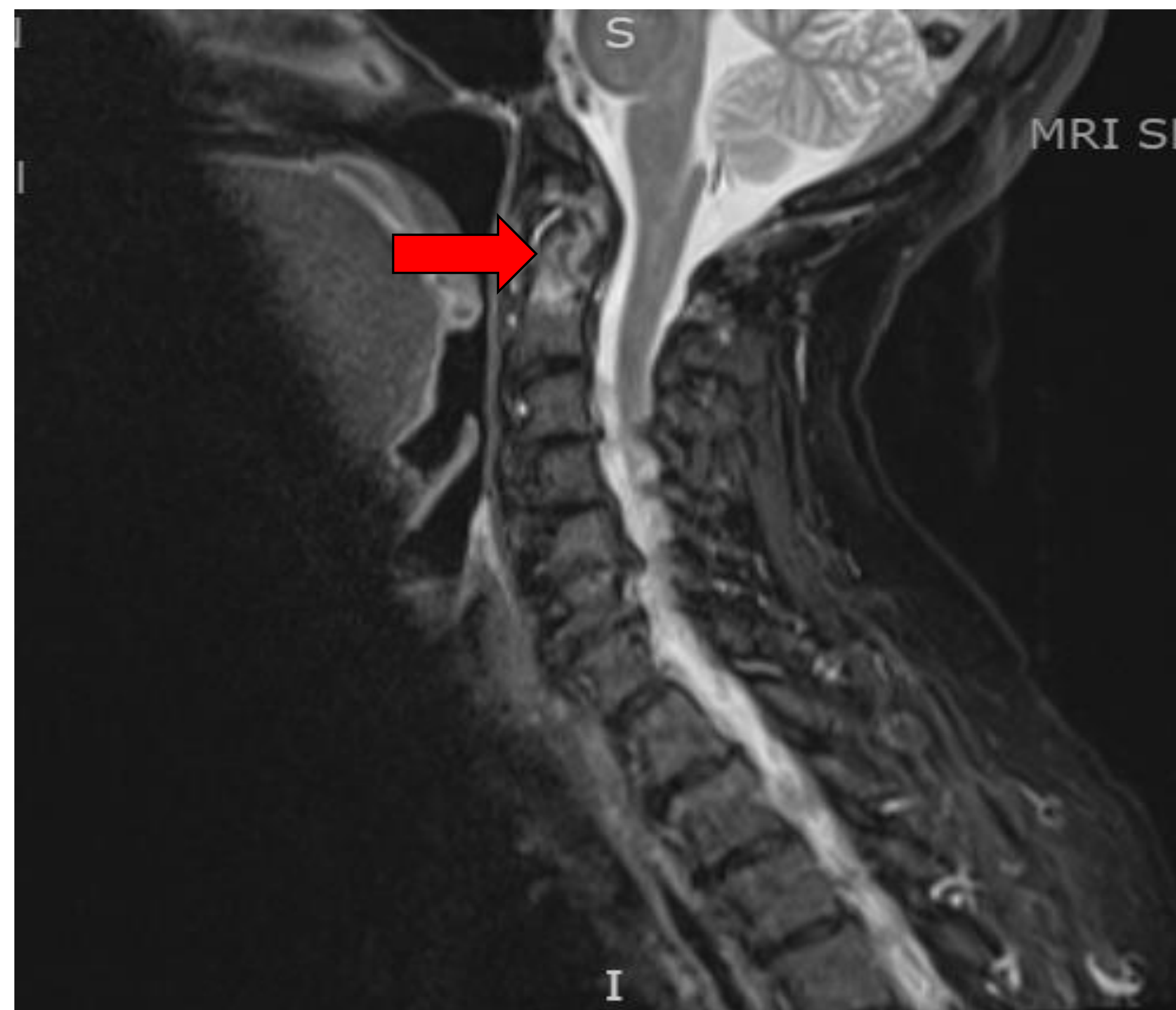
BACKGROUND

- Cervical spine second most commonly involved site in rheumatoid arthritis after hands and wrists.
- C spine/atlanto-axial pannus formation almost always seen with seropositive RA only.
- C spine involvement onset after at least 10 years duration of peripheral disease, never an initial manifestation.
- We present a case of **seronegative RA** with **initial and early C spine pannus** formation

CASE DETAILS

- 64 yo W with no past medical problems with 8-10 weeks of neck pain a/w cervical stiffness and parasthesias of bilateral upper extremities.
- Worse with movement, improved with anti inflammatory medications
- Happened in episodic fashion-1 week at a time
- ROS:
 - No red flags (fevers/chills, headaches, saddle anesthesia, incontinence, gait abnormality)
 - Mild wrist pain and stiffness. No swelling
- C Spine XR with degenerative changes only. C Spine MRI with dens erosion and atlantoaxial pannus formation

CERVICAL SPINE MRI WITHOUT CONTRAST



LAB TESTS AND HAND IMAGING

Lab	Result
ESR	70
CRP	40
ANA	Neg
RF	Neg
CCP ab	Neg
HLA b27	Neg



- Carpal crowding
- Joint space narrowing
- Early carpal destruction

TREATMENT/FOLLOW UP

- TNFi Etanercept to prevent radiographic damage and neurologic compromise
- Repeat imaging-6 months

TAKE HOME POINTS

- Know inflammatory(RA, SpA, CPPD) and non inflammatory (Trauma, sx, senile calcification) causes of spine pannus formation.
- Think inflammation if erosion present.
- Check for peripheral clues. Always.
- Consider RA even if seronegative.
- Treat inflammation/pain AND prevent radiographic progression.