

What Is the Natural History of Recent-Onset Monoarthritis?

During 2 years of follow-up, most cases resolved, but one quarter developed into chronic inflammatory disease.

The differential diagnosis of recent-onset monoarthritis is broad and includes early presentation of what eventually is identifiable as chronic inflammatory rheumatic disease (CIRD), such as rheumatoid or psoriatic arthritis. In this 2-year study, Norwegian researchers aimed to identify predictors of CIRD in 347 patients who presented with monoarthritis of shorter than 16 weeks' duration; patients with crystal disease, trauma, osteoarthritis, mechanical joint abnormalities, and septic arthritis were excluded. The knee (49%), ankle (17%), and wrist (14%) were the most frequently affected joints.

During follow-up, 91 patients (26%) developed CIRD: 21 with rheumatoid arthritis, 16 with psoriatic arthritis, and 12 with chronic spondyloarthropathy, and 42 with "undifferentiated arthritis." Ten percent of patients with ankle monoarthritis, 26% of patients with knee monoarthritis, and 43% of patients with wrist monoarthritis developed CIRD. Longer duration of swelling, rheumatoid-factor positivity, or anti-cyclic citrullinated peptide positivity were independent risk factors for developing CIRD.

COMMENT

In this 2-year study, most cases of recent-onset monoarthritis resolved, but 26% of patients developed ongoing rheumatic disorders. A large proportion of the latter group received diagnoses of undifferentiated arthritis, which could evolve over time into a more specific CIRD. In addition, some of the cases that resolved also could reappear as identifiable rheumatic diseases during longer follow-up.

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Norli ES et al. Joint distribution and two-year outcome in 347 patients with monoarthritis of less than sixteen weeks' duration. *Arthritis Care Res (Hoboken)* 2020 May; 72:705. (<https://doi.org/10.1002/acr.23334>)