



OPZ250 Mesleki Yabancı Dil I

12.hafta



Reference Review And Discussion On Orthoses &

May see rheumatoid nodules at
areas of pressure points, including
elbows

Prof. Dr.Serap Alsancak
Doç. Dr. Senem Güner
Dr. Öğr. Gör. Enver Güven
Öğr. Gör. Ali Reza Vasefmia

Reference Review And Discussion On Orthoses



May see rheumatoid nodules at areas of pressure points, including elbows

Charles E. Sisung MD

Description

Juvenile rheumatoid arthritis (JRA) is a group of diseases of unknown etiology which manifest as chronic joint inflammation. There is joint pain & swelling with associated spiking fever and evanescent rash.

Etiology

- Unknown
- Felt to be environmentally triggered in a genetically primed host

Epidemiology

- 10–20% of cases of JRA
- Equal distribution boys and girls

Risk Factors

- Genetic predisposition
- Family history of other autoimmune disease, including thyroiditis and diabetes

Clinical Features

- Daily (usually afternoon) or twice daily fever (99–104°F) spike with return to baseline
- Fleeting rash, typically linear, often during fever, on trunk/extremities; 10% puritic
- Arthralgias often worse during the fever; joint swelling is atypical early
- Generalized myalgia
- Possible panserositis; for example, pericarditis, pleuritis
- Other constitutional symptoms including weight loss, nausea, and fatigue
- Adenopathy
- Hepatosplenomegaly
- Evidence of joint inflammation as noted by:
 - swelling or effusion
 - limitation in range of motion (ROM)
 - tenderness or pain with ROM
 - warmth
- Present for at least 6 weeks

Diagnosis

Differential diagnosis

- Multiple organ system (systemic) disease with children often looking chronically ill
- Cancer, for example, acute lymphocytic leukemia
- Infection