

## Coexistence of Rheumatoid Arthritis and Psoriatic Arthritis in an Elderly Patient

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### ABSTRACT

**Introduction:** The overall prevalence of rheumatoid arthritis (RA) in the elderly is estimated at 2%, double that is observed in subjects under 60 years of age. These late-onset forms are characterized by the lower prevalence of women and the frequency of the damage of the larger joints (40%), which may lead to a differential diagnosis with other common rheumatic diseases in the elderly, particularly psoriatic arthritis (PA). We report an original case where RA and PA coexisted in the same patient.

**Case report:** A 67-year-old patient having RA for 5 years (bilateral, symmetrical and distal rheumatoid arthritis; positive rheumatoid factor; positive anti-CCP antibodies and bilateral carpal fusion on the hands' x-rays) treated with methotrexate and low doses of oral corticosteroids with initial stabilization. The evolution was marked later by the reappearance of peripheral and axial arthralgia with synovitis of the hands and wrists as well as white squamous lesions on the extension faces of the elbows and knees and in retro-auriculars. The diagnosis of psoriasis with psoriatic arthritis was retained. The patient was treated by biotherapy with a favorable evolution.

**Discussion and conclusion:** RA is one of the most common rheumatic disorders in the elderly, but is often underestimated and under diagnosed. Early-onset forms of RA are defined by a beginning after the age of 55 and may account for up to 26% of RA cases. The association of these two rheumatisms is exceptional: theoretical prevalence estimated at 0.03-0.15 / 10,000 H (Mazzucchelli R 1992). In the large series of 286,601 patients with PA of Simon TA et al, the frequency of RA was significantly higher compared to the related control population: 3.2% versus only 0.4% (Simon TA 2017). This association is often not taken into consideration in the elderly.