

Similarities and Differences Among Inflammatory Joint Diseases

Disease	Pattern of Joint Involvement	Symmetrical	Axial Involvement	Key Radiographic Findings	Laboratory Findings	Extra-Articular Manifestations	Female-to-Male Ratio
Rheumatoid arthritis	Small and large joints	Yes	Cervical	Bone erosion, soft tissue swelling, joint space narrowing, marginal erosions	75%-80% RF+, 90% ACPA+	Subcutaneous nodules, carpal tunnel syndrome	3:1 to 4:1
Osteoarthritis	Lower extremity, proximal and DIP, 1st CMC joint	Variably	Cervical and lumbar	Joint space narrowing, sclerosis, osteophytosis	Normal RF and ACPA	None	1:1 to 2:1
Fibromyalgia	Diffuse	Yes	Yes	None	Normal RF and ACPA	Myalgias, tender points, IBS	9:1
PsA	Large and small	Variably	Yes and no	Bone erosion and new bone growth, enthesitis	13% RF+, 13% ACPA+	PsO, dactylitis, tendonitis, onychodystrophy	1:1
Gout	Classically MTP joint/ podagra may involve joints of any size; Increased risk in patients with concurrent PsO and PsA	No	Atypical	Tophi, bone erosion	Normal RF and ACPA	Rarely dermatologic manifestations secondary to tophi eruption, eye involvement, manifestations mimicking tumor or infection	1:5 to 1:10

ACPA = anti-cyclic citrullinated peptide antibody; CMC = carpometacarpal; DIP = distal interphalangeal; IBS = irritable bowel syndrome; MTP = metatarsophalangeal; PsA = psoriatic arthritis; PsO = psoriasis; RF = rheumatoid factor
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