6. BÖLÜM

PSÖRİATİK ARTRİT

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Giriş

Psöriatik artrit (PsA), psöriazisle ilişkili olan inflamatuar bir kas-iskelet sistemi hastalığıdır. Histopatolojik, klinik özellikleri ve insan lökosit antijeni (HLA:Human leukocyte antigen) ile ilişkisi nedeniyle seronegatif spondiloartropati (SpA) olarak sınıflandırılır. PsA hastaları, psöriazis, tırnak psöriazisi, periferik eklem hastalığı, spondilit, entezit ve daktilit dahil olmak üzere heterojen klinik bulgulara sahiptir. Hastalığın klinik heterojenitesi nedeniyle hastalarda sıklıkla işlev bozukluğuna ve yaşam kalitesinin düşmesine neden olduğu kabul edilmektedir (1). Bu bölümde PsA'nın klinik bulguları, tanısı ve tedavisi tartışılacaktır.

Epidemiyoloji

Psöriatik Artrit Prevalansı ve İnsidansı

PsA'da kadın ve erkek eşit olarak etkilenir. Genel popülasyonda insidans yılda her 100,000 kişide yaklaşık 6 kişidir. Dünyada yapılan prevalans çalışmaları incelendiğinde Amerika Birleşik Devletleri'nde PsA prevalansı %0,06-0,25, Avrupa ülkelerinde %0,21-0,5, Çin'de %0,02 oranlarındadır (2-6). PsA prevalansı genel popülasyonda düşük olmasına rağmen, psöriazisli hastalarda daha yaygındır. Psöriazis olan hastalarda PsA prevalansı %4-30 aralığında değişmektedir. 2019 yılında yapılan bir meta-analizde psöriazis olanlarda PsA prevalansı %19,7 iken, orta ve şiddetli psöriazis hastalarında %24,6 olarak bildirilmiştir. (7). Avrupa'da yapılan çok merkezli 1560 psöriazis hastası içeren bir çalışmada, 30 yıldan sonra psöriazisli hastaların %31'inde PsA geliştiği ve zamanla PsA gelişme riskinin azalmadığı gösterilmiştir (8).

PsA hastaların %70'inde psöriazis, artrit başlangıcından önce mevcuttur, %20'sinde cilt ve eklem bulguları birlikte başlarken, daha nadiren %10'unda eklem bulguları cilt tutulumundan önce gelişir (9). Psöriazis tanısını takiben artrit başlangıcı arasındaki zaman aralığı 15 yıldan fazla ve bazı hastalarda 40 yıla kadar yüksek olabilmektedir (10). Psöriazisin şiddeti ile eklem tutulumu arasında zayıf ilişki vardır (11).

Sınıflandırma Kriterleri

PsA için ilk sınıflandırma kriterleri 1973 yılında Moll ve arkadaşları tarafından önerilmiştir (12). 2006 yılında Psöriatik Artrit Sınıflandırma Kriterleri (CASPAR) geliştirilmiştir (Tablo 1). Bu kriterlerin özgüllüğü %98,7 ve duyarlılığı %91,4 olarak bildirilmiştir (13). Günümüzde hastaları klinik çalışmalara kaydetmek ve klinisyenlere rehberlik etmek amacıyla kullanılmaktadır.

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lığı, oto-immun hastalıkların indüklenmesi ve paradoksal durumlar gibi yan etkiler gözlenebilir (77). Farmakoterapiye ek olarak, inflamasyonu kontrol etmenin önemi hakkında hastanın eğitimi de önemlidir. Sigara bırakma, kilo verme, fiziksel aktivite ve stres yönetimi PsA tedavisinde önemli unsurlardır (36). PsA'da kullanılan tedaviler tabloda sunulmuştur (Tablo 2).

SONUÇ

PsA insidansı ve prevalansı dünya çapında değişiklik göstermektedir. PsA için erken tanı ve tedavi önemlidir. Psöriazis olan bir hastada artrit olduğunda mutlaka bir romatoloğa danışılmalıdır. PsA tedavisinin kararı, klinik belirtiler, komorbidite ve eklem fonksiyonunun sürdürülmesi de dahil olmak üzere hastalığın tüm yönleri ile verilmelidir.

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