

TYPE AND FREQUENCY OF SOMATIC PATHOLOGIES IN PATIENTS

WITH SEXUALLY ACQUIRED REACTIVE ARTHRITIS

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| Heading | CLINICAL CASES |
| Type of article | Scientific Article |
| Annotation | <p>Purpose. To study the type and frequency of somatic pathology in reactive arthritis caused by sexually transmitted infections.</p> <p>Materials and methods. A clinical and laboratory examination was conducted on 203 patients with sexually acquired reactive arthritis (RA) treated in the Venereology Department of the Institute of Dermatology and Venereology of the National Academy of Medical Sciences of Ukraine. All patients were consulted and attended by medical specialists to identify and treat associated pathologies (cardiologist, nephropathologist, gastroenterologist, pulmonologist, endocrinologist and neurologist).</p> <p>Results. Associated somatic pathology was identified in 136 patients (67%). Damage to the intestinal tract in RA was the most common visceral manifestation of illness (40.4% of all common illnesses). Neurological damage in RA occurred in 36% of all patients. Pathology of the cardiovascular system was diagnosed in 27.6% of patients. Damage to the endocrine system was detected in 17.7% of patients. Pathology of respiratory organs occurred in 2.5% of all patients. Skin diseases were represented by widespread psoriasis, which occurred in 1.5% of patients.</p> <p>Conclusions. Thus, in sexually acquired reactive arthritis pathology of internal organs was detected in 67% of patients. Basically, this pathology is an ignition process of a different level of intensity. The significance of the descriptions of changes in the pathogenesis of RA and the reason for their identification will require further study. Considering that in RA there is a risk of multiple organ pathology, which will require a variety of therapy, when treating it is necessary to cover the type of somatic pathology.</p> |
| Tags | <i>sexually acquired reactive arthritis, Reiter's disease, reactive arthritis, Chlamydia trachomatis, Ureaplasma urealyticum, physical pathology.</i> |
| Bibliography | <ol style="list-style-type: none">1. Bondarenko H. M., Nikitenko I. M., Bezruchenko O. O. Seksual'no nabuty reaktivnyy aryt: etiologichni faktory ta kliniko epidemiologichni osoblyvosti [Sexually acquired reactive arthritis: etiological factors and clinical epidemiological features]. Dermatolohiya ta venerolohiya. 2025;2:23–25. doi:10.33743/2308–1066–2025–2–23–252. Adizie T, Barker R, Kyle P. Sexually acquired reactive arthritis: a review. Rheumatology (Oxford). 2018 Jan 1;57(1):8–14.3. Generali E., Selmi C. Geoeidemiology of Autoimmune Diseases. Mosaic of Autoimmunity. The Novel Factors of Autoimmune Diseases. 2019:217–227. doi: 1016/B978–0–12–814307–0.00022–0.4. Mathew A. J., Ravindran V., Mathew A., Ravindran V. Infections and arthritis. Best Practice & Research Clinical Rheumatology. 2015;28: 935–959. doi: 10.1016/j.berh.2015.04.009.5. Jubber A., Moorthy A. Reactive Arthritis: A Clinical Review. Journal of the Royal College of Physicians of Edinburgh. 2021; 51: 288–297. doi:10.4997/JRCPE.2021.319.6. Bentaleb I., Abdelghani K., Rostom S., Amine B., Laatar A., Bahiri R. Reactive Arthritis: Update. Current Clinical Microbiology Reports. 2020;7:124–132. doi: 10.1007/s40588–020–00152–67. Sidhwa K. Syndromic Approach: Reactive Arthritis. Private Practice Infectious Disease. 2024;4:9. doi:10.55636/PPID4040009.8. Denison H., Curtis E., Clynes M., Bromhead C., Dennison E., Grainger R. The incidence of sexually acquired reactive arthritis: a systematic literature review. Clinical Rheumatology. 2016;35: 2639–2648. doi: 10.1007/s10067–016–3364–0. |

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