Recurrence and Reactive Arthritis

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Not all clinically significant questions have been definitively answered by randomized double-blind placebo-controlled trials. The Hallway Consult by-line in the *Journal of the Canadian Rheumatology Association* will seek a consensus answer from rheumatologic experts for your difficult questions. Please forward questions for future issues to: mandiw@sta.ca.

Response:
For more than half of the individuals who developed true post dysenteric reactive arthritis, the disease has a monophasic course, with resolution usually within four months. A minority of people will have a course of flares and remissions often without a known microbiologic trigger which can last for years. Usually, this pattern is well set within the first year following the dysenteric infection and does not typically begin later.

The real question is one of susceptibility to the infection and the predisposition to develop the reactive arthritis complication. Animal models and some human work would suggest that individuals with human leukocyte antigen (HLA-B27) may be more susceptible to gram-negative bacterial infections. This may perhaps be due to the subclinical gut inflammation observed on colonoscopy studies of spondyloarthropathy patients. Individuals with HLA-B27 are more prone than HLA-B27 negative patients to develop sites of extra-articular inflammation with reactive arthritis (previously known as Reiter’s syndrome).

The majority of patients who develop post-Salmonella and post-Campylobacter reactive arthritis are HLA-B27 negative and development of the reactive arthritis may be related to the specific features of the infecting microorganism, more so than host characteristics. If this particular patient is HLA-B27 negative, and had a monophasic course of less than four months, he can be reassured that his risk of developing another dysenteric infection and reactive arthritis is unlikely to be significantly greater than that of the general public.

He should observe the usual appropriate hygiene while in a tropical region. Generally it is advisable not to drink water as a beverage or use ice in drinks. Avoid fresh vegetables or fruits that have been washed in water. It is always best to eat a vegetable or fruit that can be peeled.

Ciprofloxacin is still the broad-spectrum antibiotic of choice for travelers’ diarrhea. It would be reasonable for this patient to take this medication with him. It should not be used prophylactically, but on the first symptoms of cramping or loose stools, it can be administered. No study to date has demonstrated the benefit of antibiotic treatment improving synovitis after reactive arthritis is established.

Dr. Thomson is the Editor-in-Chief of the *Journal of the Canadian Rheumatology Association*.