SPONDYLOARTHROPATHIES

1. What are the spondyloarthropathies?
2. What are the general characteristics of spondyloarthropathies?
3. Ankylosing spondylitis affects whom most often?
4. AS is mainly localized to the ____, with ________ involvement in one third of patients.
5. What is the pathogenesis of synovial joints in ankylosing Spondylitis?
6. What is the pathogenesis of cartilaginous joints in equalizing Spondylitis?
7. What joints are most commonly affected in ankylosing Spondylitis?
8. How does ankylosing spondylitis present initially?
9. How does moderate to severe ankylosing spondylitis present?
10. What is enthesopathy?
11. What are the laboratory findings of AS?
12. What are the radiographic presentations of ankylosing Spondylitis?
13. What are the characteristics of ankylosing spondylitis in children?
14. What joints are spared in child ankylosing Spondylitis?
15. What disease is seen primarily in military populations?
16. Psoriatic arthritis occurs in _____% of psoriatic patients usually between _________ yrs old.
17. What is occurring in psoriasis?
18. Where does psoriasis usually present?
19. What is the pathogenesis of PSA?
20. What is the clinical presentation of Psoriasic Arthritis?
21. Is arthritis predisposition associated with PSA? PSA skin flares with arthritis?
22. How does PSA present clinically?
23. What are the laboratory findings of PSA?
24. What is the radiographic presentation of PSA?
25. Juvenile PSA commonly affects whom?
26. What are the characteristics of juvenile PSA?
27. Reiter syndrome involves a triad of _____, _____, & _____.
28. Reiter syndrome tends to affect whom?
29. Reiter syndrome onsets ____ weeks following ______ exposure or a bout of ______________.
30. Where do the rashes of Reiter’s syndrome tend to appear, and what may they progress to?
31. Reiter’s arthritis is asymmetrical and involves the _______, ______, ________, & _______.
32. What percent of Reiter syndrome patients developed progressive arthritis?
33. What are the results of lab tests in Reiter patients?
34. What are the radiographic findings of Reiter's syndrome?
35. How is Reiter syndrome treated?
36. Enteropathic arthritis is associated with _______ & __________.
37. Enteropathic arthritis tends to be _______ arthritis that usually subsides in ________.
38. What usually precedes an outbreak of enteropathic arthritis?
39. What is known aggravate enteropathic arthritis?
40. How does EA appear on a radiograph?

CRYSTAL DEPOSITION JOINT DISEASES

41. What is a group of diseases characterized by crystalline deposition throughout the body?
42. What are the gout crystals composed of?
43. What must be elevated in blood to predispose gout?
44. Gout, which is very common, affects which sex more often?
45. Which is more common secondary or primary gout?
46. What is a tophi?
47. Gout patients tend to have recurrent ______, remit at ______, and develop ___________.
48. How does podagra relate to gout?
49. Gout may affect ___joints at a time, and has the cardinal signs of ________.
50. Why is the pain at night with gout?
51. If untreated, when will gout resolve itself?
52. What does chronic gout demonstrate?
53. Gout may be induced by what stressors?
54. How is gout treated?
55. Calcium pyrophosphate dihydrate Crystal deposition, aka ______, may simulate what disorders?
56. CPPD tends to onset after ___ years, peaking at the age of _____, and presents with _______________.
57. What joints does CPPD effect? Where does CPPD deposit the crystals in the joints?
58. How does CPPD appear on a X-ray?
59. How is CPPD treated?

SYSTEMIC JOINT CONDITIONS

60. What is Lyme disease also known as? Why?
61. What are the early symptoms of Lyme disease?
62. What are the late symptoms of Lyme disease?
63. What is the most common late symptom of Lyme disease?
64. Although movement is painful, there is minimal ____ damage, and pain may occur _____ after exposure.
65. What are the heart symptoms of Lyme disease?
66. What are the nervous system problems of Lyme disease?
67. What is the treatment for Lyme disease?
68. Systemic Lupus Erythematosus is a _______ disease primarily affecting ____, ____, and ____.
69. Who commonly gets SLE?
70. What is the etiology of SLE?
71. SLE is a deposition of ______ in _________, leading to ___________.
72. What are the effects of SLE on the skin?
73. Where may SLE skin effects appear?
74. What is the effect of SLE on the kidneys?
75. SLE clinically presents as a ______ with symptoms of ________________________.
76. What is a possible late symptom of SLE?
77. In SLE, joint involvement is _________, and likes to affect the _____________.
78. Like RA, SLE presents with _______ & ________.
79. What are two structural features of SLE?
80. How is SLE treated?

MUSCLE PATHOLOGY

81. What are the hallmarks of muscle diseases?
82. Differential diagnoses of neurological for muscular?
83. All muscular dystrophies have what five cellular characteristics?
84. What is the most severe of the muscular dystrophies?
85. Who gets Duchenne?
86. With Duchenne's what is observed in utero? At birth? Three to four years old?
87. When is creatine kinase seen?
88. What is the usual progression of Duchenne's muscular dystrophy?
89. What often occurs in D.M.D. patients, which raises false hopes?
90. What is rhabdomyolysis?
91. Etiology of rhabdomyolysis?
92. How may the lab work appear in rhabdomyolysis?
93. Rhabdomyolysis may result in ______ due to the ____________.
94. What may possibly induce rhabdomyolysis?
95. What are the signs and symptoms of rhabdomyolysis?
96. What are the inflammatory myopathies?
97. Inflammatory myopathies are generally _______, ________, and associated with _____________.
98. Who most commonly gets dermatomyositis? Prognosis?
99. What are the cellular events of dermatomyositis?
100. What can be grossly seen in dermatomyositis?
101. Polymyositis onsets _____________.
102. Polymyositis is due to _____________ in a _______________ distribution.
103. Does polymyositis involve vasculature? Does degeneration only occur in areas of inflammation?
104. Polymyositis has similar inflammation as seen in a _________ infection.
105. Who most commonly gets inclusion body myositis?
106. What is occurring at a cellular level in inclusion body myositis?
107. Inclusion body myositis has a mechanism similar to _______________.
108. What are the general characteristics of inflammatory myopathies?
109. How are inflammatory myopathies currently treated?
110. ________ presents w/ varying degrees and onsets of paralysis & mild weakness.
111. ________ is not hysterical in nature, but rather and inherited condition related to _______________.
112. Describe hypercalcemia periodic paralysis?
113. Describe hypokalemia periodic paralysis?
114. What type of periodic paralysis last days or even weeks during an attack?
115. How does a muscle biopsy present in between attacks of periodic paralysis?
116. What occurs at a cellular level during a periodic paralysis attack?

MYOSITIS OSSIFICANS

117. What are the three stages of MO? When does each occur?
118. What is myositis ossificans?
119. Myositis ossificans may occur in what tissues?
120. What occurs during the pseudo-sarcoma stage of myositis ossificans?
121. Myositis ossificans usually begins with what type of trauma?

122. During the pseudo-sarcoma, _____ invade the sarcolemma making the holes larger & adding to __________.
123. In MO, the greatest damage occurs where?
124. At about ___ weeks , damaged tissue is ______ and replaced with ______________.
125. The pseudo-sarcoma process of myositis ossificans may be aggravated by what?
126. Why is the first stage of myositis ossificans called the pseudosarcoma?
127. What do the mesenchymal cells differentiate into?
128. During differentiation, ____ cells remove debris, while the ______ mineralizes (opposite to a neoplasm).
129. Describe the maturation phase of myositis ossificans?
130. What is the fate of a myositis ossificans growth?
131. Myositis ossificans associated with neurologic diseases occurs _______ to the neurologic lesion.
132. Progressive myositis ossificans is ___(occurance)___, and usually involves _______ & _________.
133. Progressive MO develops by _____ and is generally disabling and fatal due to _________________.

MUSCLES

134. Muscles are covered in MusculoPathKRSExam3S.doc … I did not make this SG.