Jaccoud's arthropathy

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See Online for video

A 20-year-old man was referred to us for assessment of a 1 year history of dyspnoea on exertion. At the age of 9 years, he had had two episodes of migratory polyarthritis suggestive of rheumatic fever. Cardiovascular examination showed a grade III/VI pansystolic murmur at the apex (see video). We noticed he had painless, correctable deformities of his hands and feet (figure A and B). He did not know his hands were deformed. His joints were enlarged but there was no evidence of active joint inflammation or functional impairment, and no subcutaneous nodules. The erythrocyte sedimentation rate (68 mm at 1 h) and C-reactive protein concentrations were elevated (120 mg/L). The quantitative assays for antistreptolysin antibodies, rheumatoid factor, antinuclear antibodies, and anticyclic citrullinated peptide antibodies, were negative. Our patient was managed conservatively with oral diuretics because of moderate pulmonary hypertension and normal left ventricular dimensions. Jaccoud's arthropathy is a benign chronic arthropathy without functional impairment and needs to be differentiated from fixed and non-correctable deformities of rheumatoid arthritis or systemic lupus erythematosus.

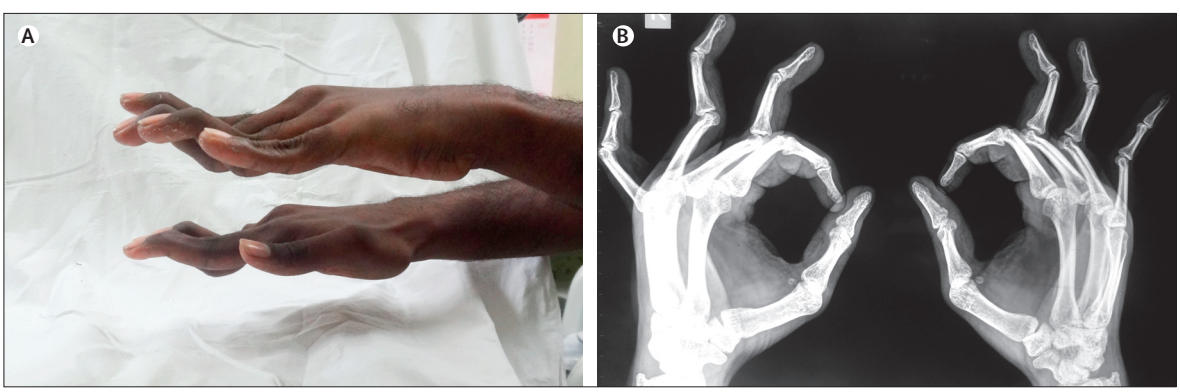

Figure: **Jaccoud's arthropathy**
(A) Photograph and (B) radiograph of both hands of our patient showing flexion deformities at the metacarpophalangeal and distal interphalangeal joints and a hyperextension deformity at the proximal interphalangeal joints of the second, third, fourth, and fifth digits of both hands. There was no evidence of any erosion in the articular surface of any joint.