

Definition: **Reiter's syndrome** from *Merriam-Webster's Collegiate(R) Dictionary*

 [pronunciation](#)

(ca. 1947) : a disease that is usu. initiated by infection in genetically predisposed individuals and is characterized usu. by recurrence of arthritis, conjunctivitis, and urethritis —called also *Reiter's disease*

Summary Article: **Reactive Arthritis**

From *Harvard Medical School Health Topics A-Z*

What Is It?

Reactive arthritis is an uncommon disease that causes inflammation of the joints and, in many cases, other areas, particularly the urinary tract and eyes. It is triggered by an infection, usually by a sexually transmitted organism or by certain gastrointestinal bacteria.

The most common infection causing reactive arthritis is the sexually transmitted disease (STD) chlamydia. Reactive arthritis can also be caused by gastrointestinal infection from bacteria such as salmonella, shigella, campylobacter or Yersinia, infections that can cause diarrhea and vomiting. These bacteria often are found in contaminated food or water. While these infections are common, reactive arthritis is not. Scientists believe that people who develop reactive arthritis have a certain genetic makeup. Supporting the theory that genetic makeup is a risk factor, about 50% of people with reactive arthritis carry a gene called HLA-B27, compared with 8% of the general population.

Reactive arthritis is thought to be an autoimmune disorder, which means the body's immune system mistakenly attacks its own tissues. In this case, the immune system is jolted into action by the infection but continues attacking after the infection is gone.

Reactive arthritis typically includes arthritis, eye inflammation (conjunctivitis or uveitis) and inflammation of the urethra (urethritis). However, some people develop only one or two of these. Reactive arthritis is most common in people between the ages of 20 and 40, with a prevalence of about 0.03% (30 per 100,000).

Symptoms

Symptoms usually appear within a few weeks after someone has had chlamydia or a diarrheal infection. Most people feel a little tired and have a slight fever, although a few have high fever, significant fatigue and weight loss. Other early symptoms include muscle aches, joint stiffness, and low back pain radiating into the buttocks or thighs. Back discomfort usually gets worse when you sit or lie still and gets better when you move around. Arthritis begins abruptly and usually affects one or several joints, especially the knees, ankles, feet or wrists. People often have pain at the back of an ankle or tenderness on the bottom of a heel (from inflammation at the spot where a tendon attaches to a bone).

Symptoms vary depending on what other areas of the body are inflamed:

Arthritis — Joint pain; swelling; limited motion, especially of the ankles, knees, feet and less commonly of the wrists, fingers or other joints; tendon pain; low back pain; swelling in a finger or toe

Conjunctivitis — Redness near an eyelid with sticky discharge from the eye, especially in the morning (usually mild and temporary)

Uveitis — Redness near the iris of the eye, pain (especially when exposed to light), blurred vision

Urethritis — Painful urination, a discharge from the penis or vagina

Dermatitis — Painless or painful sores in the mouth, a scaly rash on the soles of the feet, inflammation at the tip of the penis

Other symptoms are rarer, including inflammation of the prostate (prostatitis), bladder (cystitis) or heart lining (pericarditis) and leaking of the aortic valve.

Diagnosis

A doctor may suspect you have reactive arthritis when the typical symptoms develop after you had an infection. Your doctor will examine you and will order imaging tests, such as X-rays of the pelvis or lower spine. Your doctor may remove fluid from a painful joint with a needle so it can be examined in a laboratory. Fluid from an inflamed joint will contain a high number of white blood cells but there is no detectable infection in the joint.

There is no single test that can confirm the diagnosis. Your doctor will diagnose reactive arthritis based on your history of infection, your symptoms and the physical exam. Tests may be done to check for other conditions that can cause joint inflammation, such as an infection or gout.

Expected Duration

For reasons that are not yet known, reactive arthritis sometimes gets better on its own over a number of months or years. However, it is often chronic (long-lasting) and treatment may be needed long-term, even for a lifetime.

Prevention

There is no way to prevent reactive arthritis, but the infections that may trigger it can be prevented. You can help to prevent gastrointestinal infections by properly cooking food and washing your hands thoroughly after contact with animals and before preparing food. You can prevent STDs by practicing safe sex.

Treatment

The choice of treatment for reactive arthritis depends on your specific symptoms. If you still have the infection, your doctor will prescribe antibiotics, usually for seven to 10 days. Some physicians treat chlamydia infections with antibiotics for as long as three months. A limited number of studies have shown that this longer treatment helps to prevent reactive arthritis, but prolonged antibiotic treatment remains controversial. The sexual partners of a person with newly diagnosed chlamydia should also be treated.

For mild arthritis, a non-steroidal anti-inflammatory drug (NSAID) with or without a pain reliever such as acetaminophen (Tylenol and other brand names) may be enough. For more severe arthritis, injections of corticosteroids into the inflamed joint can relieve pain, although the relief is often temporary. Other medications that may be helpful include those used to treat rheumatoid arthritis, such as sulfasalazine, hydroxychloroquine or methotrexate (all sold as generics). Doctors usually do not prescribe medicines

called oral corticosteroids, which are used to treat rheumatoid arthritis, because they usually do not work as well for reactive arthritis. Newer medications used to treat rheumatoid arthritis may also be used, including injectable adalimumab (Humira), etanercept (Enbrel) or infliximab (Remicade). Surgery to replace a joint may help severe arthritis that does not respond to medications.

It's important to balance rest and exercise. Biking and swimming, for example, can help to reduce stiffness and keep the joint moving. Your doctor may refer you to a physical therapist, occupational therapist or podiatrist. Splints, shoe inserts or braces can provide relief in ways that medications cannot.

For the other manifestations of disease, treatment options include:

- Corticosteroid cream or ointment for rash; supervision by a dermatologist is important, especially if the rash involves the penis or face

- Corticosteroid drops, injections or pills for uveitis

- NSAIDs or other pain relievers for urinary tract inflammation (urethritis)

The care of people with reactive arthritis should be coordinated by their primary care physician with regular monitoring by appropriate specialists, which may include a dermatologist, ophthalmologist, rheumatologist or urologist.

When To Call a Professional

Call your doctor if you have symptoms of reactive arthritis such as joint pain, swelling, limited motion, red or painful eyes, or painful urination. If you notice pain or burning with urination, or a discharge from the penis or vagina, call your doctor right away. Let your doctor know if you have diarrhea that is persistent, bloody or associated with pain.

Prognosis

With therapy, the outlook for reactive arthritis is good, although the condition is quite variable. Severe cases may be associated with significant joint damage, vision problems and other disabling manifestations, whereas other cases are much milder and only intermittently bothersome. Risk factors for more severe disease include one or more of the following:

- Male gender

- Venereal infection (rather than intestinal infection)

- Sacroiliac or hip joint involvement

- Swelling of a finger or toe

- Blood tests showing evidence of marked body-wide inflammation

- Presence of gene marker, HLA-B27

- Poor response to initial therapy

Additional Info

American College of Rheumatology

1800 Century Place
Suite 250
Atlanta, GA 30345-4300
Phone: 404-633-3777
Fax: 404-633-1870

<http://www.rheumatology.org/>

Arthritis Foundation

P.O. Box 7669
Atlanta, GA 30357-0669
Phone: 404-872-7100
Toll-Free: 1-800-283-7800

<http://www.arthritis.org/>

Spondylitis Association of America

P. O. Box 5872
Sherman Oaks, CA 91413
Toll-Free: 1-800-777-8189

<http://www.spondylitis.org>

Related Articles

Arthritis Associated With Inflammatory Bowel Disease, Infectious Arthritis, Foot Sprain, Osteoarthritis, Rheumatoid Arthritis

Medical content created by the Faculty of the Harvard Medical School. Copyright by Harvard University. Selected illustrations copyright Harvard University, Krames, and the StayWell Company. Content Licensing by Belvoir Media Group. All rights reserved

WARNING:

The information contained in this Harvard Health Publication may not be considered current medical content and should only be used for research and reference purposes. As new scientific information becomes available, recommended protocols and treatments may undergo changes. Any practice described in this publication should be applied by the reader in accordance with professional standards of care used in regard to the unique circumstances that may apply in each situation and should not be used as a substitute for a medical professional's judgment.

APA

Chicago

Harvard

MLA

Shmerling, R. H. (2017). Reactive arthritis. In Harvard Medical School (Ed.), *Health reference series: Harvard Medical School health topics A-Z*. Boston, MA: Harvard Health Publications. Retrieved from https://search.credoreference.com/content/topic/reactive_arthritis



Copyright 2016 Harvard Health Publications



Copyright 2016 Harvard Health Publications

APA

Shmerling, R. H. (2017). Reactive arthritis. In Harvard Medical School (Ed.), *Health reference series: Harvard Medical School health topics A-Z*. Boston, MA: Harvard Health Publications. Retrieved from https://search.credoreference.com/content/topic/reactive_arthritis

Chicago

Shmerling, Robert H. "Reactive Arthritis." In *Harvard Medical School Health Topics A-Z*, edited by Harvard Medical School. Harvard Health Publications, 2017.

https://search.credoreference.com/content/topic/reactive_arthritis

Harvard

Shmerling, R.H. (2017). Reactive arthritis. In Harvard Medical School (Ed.), *Health reference series: Harvard Medical School health topics A-Z*. [Online]. Boston: Harvard Health Publications. Available from:

https://search.credoreference.com/content/topic/reactive_arthritis [Accessed 22 October 2019].

MLA

Shmerling, Robert H. "Reactive Arthritis." *Harvard Medical School Health Topics A-Z*, edited by Harvard Medical School, Harvard Health Publications, 2017. *Credo Reference*,

https://search.credoreference.com/content/topic/reactive_arthritis. Accessed 22 Oct. 2019.