

REITER'S SYNDROME



BASIC INFORMATION

DESCRIPTION

A disorder that can include inflammation of the joints (arthritis), the urinary tract (urethritis), the eye (conjunctivitis), and may also involve the skin. Two forms are recognized:

- A sexually transmitted form (most often *Chlamydia* infection). It usually affects male adolescents and young adults (12 to 40 years).
- A form that follows an gastrointestinal bacterial infection (such as *Salmonella*, *Shigella*, *Yersinia* and *Campylobacter*). It affects men and women equally and can occur in children.

FREQUENT SIGNS AND SYMPTOMS

- Symptoms may or may not appear at the same time.
- Inflammation of the urethra (tube that takes urine from the bladder to the outside).
- Discharge from the penis or vagina. It often occurs 1 to 2 weeks after sexual contact.
- Pain or discomfort when urinating.
- Painful, swollen joints, especially in the knees, ankles, feet, and wrists.
- Stiffness and pain in the back and neck due to inflammation of the spine.
- Small ulcers (sores) inside the mouth, tongue, and on the penis tip.
- Red, itchy, burning and tearing of the eyes.
- Skin rash similar to psoriasis on the soles, palms, and around fingernails and toenails.
- Diarrhea may occur before other symptoms.
- General ill feeling.

CAUSES

Unknown. It appears to be a combination of genetic factors and various disease agents. A genetic marker (the HLA-B27 gene) is found in numerous patients.

RISK INCREASES WITH

- Recent gastrointestinal illness with diarrhea.
- Previous sexually transmitted infections.
- Family history of Reiter's syndrome.
- Weak immune system due to illness or drugs.
- Genetic factors.

PREVENTIVE MEASURES

Men can use rubber (latex) condoms during sexual intercourse or abstain from sex.

EXPECTED OUTCOMES

Symptoms may range from mild to severe. Arthritis symptoms may continue up to 4 months, others may clear up sooner. Most patients recover in 2 to 16 weeks. Many patients have recurrences over the years.

POSSIBLE COMPLICATIONS

- Chronic or recurrent symptoms that lead to disability.

- Heart, lung, or nervous system problems (rare).
- Severe eye disease that could lead to blindness.
- Ankylosing spondylitis (arthritis of the spine).
- Deformities of the feet.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms and activities. Medical tests may include blood studies (to look for the genetic marker) and a culture of the urethral discharge. X-rays may be done in some cases.
- There is no treatment to cure Reiter's. Symptoms are managed with drug therapy and physical therapy.
- Physical therapy is often recommended to help maintain range of motion of the joints.
- Usually, no treatment is needed for eye symptoms, unless they are severe or chronic.

MEDICATIONS

Your health care provider may prescribe:

- Nonsteroidal anti-inflammatory drugs for arthritis symptoms.
- Antibiotics, such as tetracyclines, for urethritis.
- Corticosteroid injections for painful joints.
- Corticosteroid eye drops if eye symptoms are severe.
- Topical corticosteroid drugs for skin symptoms.
- Drugs that suppress the immune system.
- Drugs called tumor-necrosis factor inhibitors that are used for other forms of arthritis.

ACTIVITY

- After inflammation improves, exercise the affected joints daily with stretching and strengthening routines. Follow medical instructions. Maintain good posture.
- To relieve foot pain, wear cushion pads and arch supports in your shoes.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of Reiter's syndrome.
- Symptoms recur or new symptoms develop.

Special notes:

More notes on the back of this page