Polymyalgia Rheumatica



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General Characteristics

Proximal Muscle Pain
Pain-bolts over Proximal Muscles
Polymyalgia rheumatica is an inflammatory condition characterized by pain localized to the proximal muscles such as the shoulders, neck, and pelvic girdle.

Normal Muscle Strength
Guy with Bulging Muscles Climbing
An important distinguishing factor in polymyalgia rheumatica is that although patients experience pain in the proximal muscles, they do not experience diminished strength. This is important in differentiating this condition from various myopathies and neurodegenerative conditions.

Morning Stiffness
Stiff-board with Morning-sun
Stiffness with inactivity is one of the hallmarks of synovitis in rheumatologic diseases in general. However in polymyalgia rheumatica, this can be especially severe, and its absence rules against the diagnosis of polymyalgia rheumatica. Any prolonged period of inactivity, such as a long car ride, can cause stiffness to worsen.

Age Over 50
Greater-than-sign 50-cent
Polymyalgia rheumatica occurs almost exclusively in patients over the age of fifty. Similar symptoms in younger patients should warrant suspicion for a different rheumatologic diagnosis, such as rheumatoid arthritis.

Associated With Temporal Arteritis
Temple-arteries
Polymyalgia rheumatica is two to three times more common than temporal arteritis, and approximately half of patients with temporal arteritis also develop or have polymyalgia rheumatica. This association is thought to be due to a shared pathogenesis related to specific shared alleles of HLA-DR4.

Diagnosis

Elevated ESR, CRP
Up-arrow ESR-test tubes and C-protein shake
Patients with polymyalgia rheumatica characteristically have elevated ESR and CRP due to inflammation. This is important in distinguishing polymyalgia rheumatica from fibromyalgia, which is a condition characterized by pain but without elevated inflammatory labs.

Normal CK
Calvin-klein Model Holding Normal-sign
A lab finding of normal CK is consistent with polymyalgia rheumatica. This finding indicates that there is not active muscle breakdown, which may be seen in other conditions such as rhabdomyolysis or certain myopathies.

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Management

Corticosteroids

Quarter-on-steroids

Treatment for polymyalgia rheumatica consists of low-dose steroids, to which patients typically see a rapid improvement in symptoms.

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