

POLYMYALGIA RHEUMATICA

Polymyalgia rheumatica is a clinical entity comprised of a myalgic syndrome which has a dramatic response to small doses of corticosteroids. This is usually associated with cranial arteritis. In some cases, this disease entity eventually evolves into rheumatoid arthritis.

The syndrome of polymyalgia rheumatica is predominantly an entity of the elderly. The primary features are pain and stiffness of the neck, pectoral, and pelvic girdle. Synovitis, especially of the knees, may be an accompanying feature. This syndrome is self limiting and can last 2-3 years. The main characteristic is the response to small doses of prednisone.

Serological studies are typically negative for autoantibodies. Rheumatoid factor and anti-nuclear antibodies are usually negative. It is usually associated with an elevated erythrocyte sedimentation rate.

Diagnosis of Polymyalgia Rheumatica is primarily clinical with a picture of myalgic syndrome involving the neck, shoulder and the pelvic girdles. There is morning stiffness. Although an elevated sedimentation rate is characteristic, this may not always be present. Fibromyalgia must be considered in the differential diagnosis. In Fibromyalgia, however, the sedimentation rate is usually normal. So called "tender points" are more commonly associated with fibromyalgia than Polymyalgia Rheumatica. Patients with Fibromyalgia have indifferent or inconstant effect of corticosteroids.