Brucellosis reactive arthritis

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Reactive arthritis most commonly occurs between the ages of 20 and 40. Men are much more likely than women to develop reactive arthritis associated with sexually transmitted infections (chlamydia or gonorrhea). With foodborne infections, reactive arthritis is equally common in men and women. Reactive arthritis caused by other infections (brucellosis, toxoplasmosis, Epstein Bar virus) can manifest itself at the time of acute infection and in the long-term periods of the chronic state of infection. And, as a rule, young people also suffer from it. Very often, doctors do not think about an infection such as brucellosis and do not associate arthritis with this infection. Infection in a child or teenager can pass as a "cold", "sunstroke", "flu". The consequences can overtake a person much later, and, of course, neither patients,

Brucellosis - zoonotic infection transmitted from sick animals a person, characterized by multiple lesions of organs and systems of the human body. The causative agent of the disease is a group of microorganisms of the genus Brucella. The source of Brucella dangerous to humans is mainly goats, sheep (B. melitensis), cows (B. abortus) and pigs (B. suis), which excrete the pathogen with milk, urine, and amniotic fluid. Human infection occurs through direct contact with animal carriers or by eating contaminated foods - raw milk, cheese made from unpasteurized milk.

Genetic predisposition also plays a role in the development of the disease (most people with reactive arthritis have the HLA-B27 gene).

Since there are no specific features for reactive arthritis, most often this diagnosis is made by excluding other causes of joint inflammation.

Diagnostic signs:

- the development of the disease in young people (up to 30-40 years), mainly men;
- chronological relationship with urogenital or intestinal infection (during or after 2-6 weeks);
- nonsuppurative arthritis with a preferred localization in the joints of the lower extremities, with frequent involvement of the tendon-ligamentous apparatus and burs in the process (achillobursitis, heel bursitis, etc.);
- extra-articular manifestations (damage to the skin, mouth, genitals);

- seronegativeness (absence of rheumatoid factor in blood serum);
- frequent association of arthritis with the presence of HLA-B27 antigen in patients;
- frequent involvement in the inflammatory process of the sacroiliac joints and the spine;

- identification by bacteriological, serological and immunological methods of microorganisms responsible for the development of reactive arthritis or their antigens.

The autonomic resonance test (ART) method is of great help in diagnosis, especially in cases of rare infections such as brucellosis. In our Center, brucellosis reactive arthritis was diagnosed in only 5 cases. But we believe that with ART, without being alert to infections such as brucellosis, toxoplasmosis, tularemia, doctors can skip or not test these infections.

Clinical case

Patient S., 31 years old. I turned to the Eliseeva Medical Center with complaints of severe stiffness and soreness, even with a slight load, in the ankle joints. He also noted sweating, the presence of erythema nodosum on the anterior surface of the legs. I felt constant weakness, drowsiness. The patient was examined and treated by a rheumatologist for two years, took Metypred for about 3 months. Due to the lack of effect in the treatment, he independently canceled the drug and came to our Center for examination.

The young man is a professional athlete, but due to the limitation of the range of motion in the ankle joints and a decrease in working capacity, he was forced to leave for coaching.

From the anamnesis, we found out that in childhood he went to the village in the summer and drank fresh cow's milk. At times, the submandibular and inguinal lymph nodes increased.

When examining by the ART method, it was determined: an extremely high degree of tension of the immune system, indicating autoimmune processes in the myocardium, liver, synovial membranes, kidneys, pancreas, and skin.

Revealed: brucellosis D12, chlamydia D26.

Drainage homeopathic remedies were selected for the patient, nosodes of identified pathogens, bioresonance therapy (BRT) along the selected meridians once a week, and resonance frequency therapy of tested infections (recording on magnetic insoles) were prescribed.

Reappointment - in 1.5 months. According to the patient, he feels much better, notes a surge of energy, less sweating, drowsiness. Slight stiffness in the ankle joints is felt only at the beginning of the movement. On the anterior surface of the legs, areas of skin hyperpigmentation were significantly reduced.

Results of repeated ART examination: an indicator of autoimmune processes is not tested, brucellosis D60, chlamydia D200 are determined.

It was recommended to continue treatment.

Control diagnostics using the ART method after 2 months: previously identified causative agents of reactive inflammation of the joints are not tested. The patient feels good, does not notice stiffness in the joints, there are no skin rashes.

Conclusions:

1. Reactive arthritis is possible with a rare infection such as brucellosis.

2. ART and BRT are invaluable in diagnosis and treatment reactive arthritis.

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