Reumatol Clin. 2012;8(3):156–157

Reumatología Clínica

www.reumatologiaclinica.org

Images in Clinical Rheumatology

Remitting Symmetric Seronegative Synovitis With Pitting Edema (RS3PE)☆

Sinovitis simétrica seronegativa remitente con edema con fóvea (RS3PE)

Betsabé Serrano Ostoa,[a] Everardo Álvarez Hernández[b,*]

[a] Servicio de Reumatología, Hospital General de México, Delegación Cuauhtémoc, Mexico City, Mexico
[b] Servicio de Reumatología, Hospital General de México, Mexico

ARTICLE INFO

Article history:
Received 21 February 2011
Accepted 4 May 2011
Available online 1 October 2011

Clinical Case

A 47-year-old female patient came to the clinic due to a month-long case of edema and hand and feet pain, as well as peripheral joint and muscle pain, fatigue and a class IV functionality with normal vital signs. Upon physical examination a bland, painful edema of the lower limbs reaching the middle third, pitting hand edema and limitation for gripping, with important synovitis was seen (Fig. 1).

Fig. 1. Pitting edema of the hands, synovitis and failure to grip.

Diagnosis and Progression

Treatment was started with diuretics and anti-inflammatory drugs, with reduction of the lower limb edema, but persisted with joint pain, synovitis and pitting hand edema.

Laboratory tests showed normocytic, normochromic anemia, with a 10.2 g/dl hemoglobin, an ESR of 55 mm/h, C reactive protein of 12.5 mg/dl; negative rheumatoid factor and ANA. Hand X-rays only showed an increase in soft tissue density and the chest X-ray was normal.

Remitting seronegative symmetric synovitis with pitting edema (RS3PE) was diagnosed, starting treatment with prednisone 15 mg daily for 6 weeks and later reduction, being discharged after 3 days with evident improvement. After 6 months she came to the clinic showing important improvement and no hand edema or synovitis (Fig. 2).

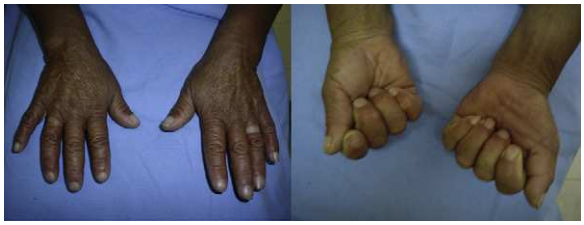

Fig. 2. Recovery 6 months after treatment with prednisone.

Discussion

RS3PE is a symmetrical synovitis of rapid installation, with pitting edema on the back of the hands, no joint destruction and the absence of rheumatoid factor, predominantly found in men over 50.[1–6] It normally responds to steroid treatment. The term synovitis is used due to the symmetric polysynovitis of the joints and tendon sheaths of the fingers, associated to edema. Its etiology is unknown but Olivieri et al. suggest that the extensor tenosynovitis may be the origin of subcutaneous and peritendinous edema.[5] The syndrome is rare and often undiagnosed; signs and symptoms are frequently confused with other seronegative polyarthritis.[6,7] It commonly has a benign course leading to remission but in some cases has been

☆ Please cite this article as: Serrano Ostoa B, Álvarez Hernández E. Sinovitis simétrica seronegativa remitente con edema con fóvea (RS3PE). Reumatol Clin. 2012;8:156–7.

* Corresponding author.
E-mail address: everalvh@yahoo.com.mx (E. Álvarez Hernández).

associated to neoplasia and hematologic alterations.[6–8] In this case, what called for our attention was the fact that it was present in a woman under 50, but both the clinical picture and the response to treatment support the diagnosis.

References

1. McCarty DJ, O'Duffy JD, Pearson L, Hunter JB. Remitting seronegative symmetrical synovitis with pitting edema: RS3PE syndrome. JAMA. 1985;254:2763–7.
2. Bucaloiu ID, Olenginski TP, Harrington TM. Remitting seronegative symmetrical synovitis with pitting edema syndrome in a rural tertiary care practice: a retrospective analysis. Mayo Clinic Proc. 2007;82:1510–5.
3. Kundu AK. Syndrome of remitting seronegative symmetrical synovitis with pitting o edema (RS3PE). J Assoc Physicians India. 2007;55:227–30.
4. Russell EB, Hunter JB, Pearson L, McCarty DJ. Remitting seronegative symmetrical synovitis with pitting edema—13 additional cases. J Rheumatol. 1990;17:633–9.
5. Olivieri I, Salvarani C, Cantini F. RS3PE syndrome: an overview. Clin Exp Rheumatol. 2000;18 Suppl. 20:S53–5.
6. Olivé A, Del Blanco J, Pons M, Vaquero M, Tena X. The clinical spectrum of remitting seronegative symmetrical synovitis with pitting edema. J Rheumatol. 1997;24:333–6.
7. Schaeverbeke T, Fatout E, Marcé S, Vernhes JP, Hallé O, Antoine JF, et al. Remitting seronegative symmetrical synovitis with pitting oedema: disease or syndrome? Ann Rheum Dis. 1995;54:681–4.
8. Sekhon L. Remitting seronegative symmetrical synovitis with pitting edema. JAAPA. 2010;23:38–43.