

acquired reactive arthritis)

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Reiter's disease is an autoimmune disease characterised by the triad of urethritis, conjunctivitis and polyarthritis. Common triggers include chlamydial urethritis, less commonly gonococcal urethritis and diarrhoea secondary to *Salmonella*, *Shigella* or *Campylobacter*. It is an HLA-B27-associated condition. The conjunctivitis (present in around 50%) and arthritis typically occur 1-3 weeks after the primary infection. Diagnosis is made on clinical grounds and treatment is largely symptomatic, although antibiotic treatment of the precipitating infection is important. The urethritis and conjunctivitis frequently subside after a few weeks, but the arthritis may persist for months. Severe anterior uveitis and frequently recurrent attacks suggest a poor outlook.

Figure 85.26 (a) Periurethral abscess with pinpointing at the peno scrotal junction. (b) Retrograde urethrogram of a periurethral abscess. (c) Magnetic resonance imaging (MRI) in a patient with a periurethral abscess.

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