How Do You Know If You Have a Rheumatoid Arthritis Rash?

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Identifying a Rheumatoid Arthritis Rash

Rheumatoid arthritis (RA) is an autoimmune disease; on a very basic level, this means that the body attacks its own cells because it believes them to be invaders.

RA causes symptoms that mostly relate to joint problems. However, sometimes RA flares can cause additional symptoms, including rashes on the body resulting from inflammation.

RA Can Affect Other Organs

When initially diagnosing RA, it is probably a result of you going to your physician, complaining of joint pain. RA most commonly affects the small joints of the body, such as the hands, wrists, and feet, but can affect any joint of the body, even the jaw.

Symptoms in keeping with joint pain include joint stiffness and swelling for six weeks or longer. Morning stiffness occurs, and it lasts at least 30 minutes.

However, RA can also affect other organ systems. For example, you may have noticed fatigue, loss of appetite, and a general feeling of sickness, such as having the flu.

It may also affect larger body systems.

- **The skin** – It may cause lumps under the skin, called rheumatoid nodules. Other skin complications include rheumatoid arthritis bruising, rashes, blisters, and ulcers. Severe skin involvement typically indicates a serious form of RA.
- **The lungs and heart** – it can affect the lining of these organs. Symptoms may not occur, but for shortness of breath or chest pain, it is recommended that you call your physician.
- **The lower extremities** – it may cause decreased sensation, causing numbness and tingling. This is called peripheral neuropathy.

RA can also affect other organ systems.

What Is a Rheumatoid Arthritis Rash?

A rheumatoid arthritis rash is a result of a condition called rheumatoid vasculitis (RV). RV is a very rare complication of RA, but it can be treated.

According to the Vasculitis Foundation, RV tends to affect people who have had an RA for a long time, whose RA is severe and where inflammation affects small to medium blood vessels. When inflamed, the walls of the blood vessels thicken and narrow, causing a blockage.

The compromised blood supply can affect the organs. It is possible multiple organs may be affected, including the skin, eyes, heart, and lungs.

RV can be life-threatening if not treated adequately. Fortunately, the numbers of people with RV are decreasing due to the development of new drug therapies for treating RA that halt the immune system's overreactive responses.

Risk Factors and Causes

According to the Cleveland Clinic, RV tends to affect people who have had severe RA for at least ten years. People with RV also have many affected joints, firm bumps under the skin called rheumatoid nodules, and high levels of rheumatoid factor in the blood.

Rheumatoid factors are proteins produced by the immune system. These proteins attack healthy tissues throughout the body.

The exact cause of RV is unknown. The only thing researchers know for sure is that having very active immune system plays a role in blood vessel inflammation.

Some of the medications for treating RA also cause skin problems or a rheumatoid arthritis rash. But those rashes are generally an allergic reaction or an RA medication side effect, rather than RV or other serious skin complication.

Symptoms of Rheumatoid Vasculitis

RV has many symptoms that may involve different organs, including the skin, nerves, and arteries in the hands, fingers, feet and toes, and the eyes. RV most often occurs on the legs.

Symptoms range from red, inflamed skin (rash) to ulcers on the skin due to lack of blood flow. Other symptoms include:

- Fever
- Loss of appetite and weight loss
- Malaise (general feeling of sickness)
- Lack of energy
- Numbness and tingling of hands or feet
- A cough or shortness of breath
- Chest pain
- Stroke symptoms

Sometimes, RV makes the hands red, appear rash-like, and can cause them to be warm. This symptom rarely affects both hands, and it is not painful or itchy.

RV also may also cause rashes called papules that cause red plagues similar those seen in eczema (an itchy inflammation of the skin). This type of rash is itchy, but incidences are low in people with RA.

Diagnosis

Your doctor will make a diagnosis of RV based on your symptoms.

Electrical nerve function tests may be done to study numbness and tingling in your arms and legs. Your doctor also may also consider a skin biopsy and/or biopsy of another organ in diagnosing RV.

Complications

RV can cause complications far worse than skin problems.

Severe RV may cause:

- Numbness and tingling in the nerves of the hands and feet
- Tissue death (necrosis) due to compromised blood flow
- Impeded blood flow to the brain or heart could lead to stroke or heart attack

Most of the complications of RV are rare. But because rashes associated with RA can be a sign of something more serious, it is important to discuss any possible signs of RV with your doctor.

Treatment of Rheumatoid Vasculitis

Rheumatoid vasculitis is a serious condition and must be treated aggressively because it can lead to serious complications, depending on the location of the vasculitis. For example, for vasculitis directly on joints, ulcers can form that are difficult to heal. In addition, rheumatoid vasculitis can progress and cause nerve damage.

Treatment is dependent on the severity of the rheumatoid vasculitis. Prednisone, a steroid, is often the first-line treatment.

Controlling RA, in general, is also indicated, so medications that treat RA such as methotrexate and tumor necrosis factor inhibitors are prescribed. If rheumatoid vasculitis has progressed to major organs or has caused a skin ulcer, cyclophosphamide, a chemotherapy medication, may be prescribed.

According to Johns Hopkins, the incidence of rheumatoid vasculitis has declined in recent years. It is possible that better treatment options for RA have led to the decline.

Treatment of Rheumatoid Nodules

Rheumatoid nodules are not known to be painful, so they typically are not treated aggressively. However, the nodules can become infected at the surface; at that time, aggressive treatment of the infection is suggested.

Occasionally, nodules may become painful if they are in sensitive locations or are putting pressure on nerves. In this case, the nodules may be aggressively treated.

Research shows that DMARDs (disease-modifying antirheumatic drugs) may reduce the size of the nodules. However, a certain DMARD, methotrexate, may increase the size of the nodules. Steroid injections can also shrink the nodule.

For nodules that cause severe pain, surgery may be indicated to remove the nodule fully.

Unfortunately, nodules that reduce or even go away due to aggressive therapy may come back; RA by nature is a disease that “comes and goes,” so nodules may do the same.

Treatment of Rashes Because of RA Medications

For a rash that occurs due to medication, you should let your physician know what has occurred. The dose may need to be decreased, or the medication may need to be changed.

Treatment may include antihistamines or corticosteroids to stop the reaction.

Outlook

There are no lasting ways to prevent RA flares and RV. However, your doctor can prescribe a combination of

therapies to manage both RA and RV, and these treatments can help to manage symptoms, reduce inflammation and minimize joint damage.

It is also important that you take the steps necessary to live a healthy lifestyle. A healthy lifestyle includes:

- Getting plenty of rest
- Staying active
- Coping with stress
- Eating a healthy diet
- Following your treatment plan

Just like RA, there is no cure for RV, and RV is one of the most serious complications of RA. But the good news is that RV is becoming less common due new approaches for treating RA and rheumatoid arthritis rashes.