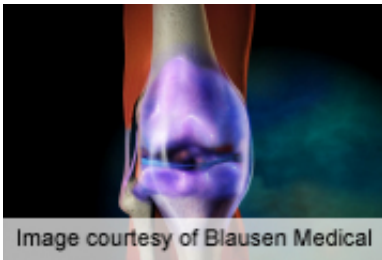


Ultrasound findings can improve classification of RA

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Compared to clinical diagnosis of synovitis, ultrasound-detected synovitis provides either improved sensitivity or specificity when used with the American College of Rheumatology/European League Against Rheumatism criteria for identifying patients with a disease requiring methotrexate treatment, according to research published in the April issue of *Arthritis & Rheumatism*.

(HealthDay)—Compared to clinical diagnosis of synovitis, ultrasound-detected synovitis provides either improved sensitivity or specificity when used with the American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) criteria for identifying patients with a disease requiring methotrexate (MTX) treatment, according to research published in the April issue of *Arthritis & Rheumatism*.

Daiki Nakagomi, M.D., of the Chiba University Hospital in Japan, and colleagues analyzed data from 193 patients with musculoskeletal symptoms for at least three years to determine if the accuracy of the

2010 ACR/EULAR in classifying rheumatoid arthritis can be improved using different definitions of synovitis detected by ultrasonography.

According to the researchers, for clinical synovitis (tenderness or swelling), the sensitivity and specificity of the 2010 ACR/EULAR criteria using different definitions of synovitis to identify patients who developed a disease requiring MTX were 58.5 and 79.4 percent, respectively. The sensitivity and specificity for [ultrasound](#)-detected synovitis with a gray-scale (GS) imaging score ≥ 1 were 78.0 and 79.4 percent, respectively; the sensitivity and specificity for GS ≥ 2 ultrasound synovitis or a synovial power Doppler signal score ≥ 1 were 56.1 and 93.7 percent, respectively.

"We demonstrated that criteria based on ultrasound findings may classify more accurately patients who subsequently require MTX treatment than do criteria not based on ultrasound findings," the authors write.

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