

## **Rheumatoid Arthritis-Associated Swan Neck Deformity Improved with Adalimumab Therapy**

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**Rheumatoid arthritis (RA) primarily affects the synovial joints; it is a systemic autoimmune inflammatory disorder. Swan neck deformity (SND) is an articular manifestation of RA; its association with seropositive RA is well documented.**

**We present a thirty-nine-year-old Bahraini male with seropositive RA-associated SND. At the time of diagnosis in 2015, the patient presented with morning stiffness, 3<sup>rd</sup> and 4<sup>th</sup> metacarpophalangeal (MCP) joints pain, tenderness of the left hand and bilateral 3<sup>rd</sup> and 4<sup>th</sup> proximal interphalangeal (PIP) joint pain and swelling for two months. Laboratory investigations revealed positive rheumatoid factor (RF) and C-reactive protein (CRP) only. The patient was diagnosed as seropositive RA. The patient was treated with weekly 12.5 mg methotrexate (MTX) injection and folic acid 5 mg. The patient was lost for follow-up for two years and returned with hand deformity, prominent SND of 3<sup>rd</sup> and 4<sup>th</sup> fingers bilaterally. Laboratory investigations revealed: antinuclear antibody (ANA) (1:160), RF (64 IU), anti-cyclic citrullinated peptide (anti-CCP) (356) and CRP (13). The patient was started on Humira (Adalimumab) injection 40 mg SC every two weeks plus MTX 10 mg weekly. Humira therapy dramatically improved laboratory and clinical signs of SND.**

**In RA-associated SND, early detection and initiation of Humira biological therapy are essential in stopping the progression of the disease.**