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### ****6348****

### ****Abstract Title****

**Sternocostal Arthritis and Multilevel Spondylitis: Late-Onset Revelation of Psoriatic Arthritis**

### ****Introduction****

### Psoriatic arthritis is an inflammatory spondyloarthritis that can involve both axial and peripheral joints. We report the case of a 66-year-old patient presenting with multilevel spondylitis and sternocostal arthritis, revealing this condition.

### ****Objective****

To highlight the diagnostic challenge of an atypical presentation of psoriatic arthritis, combining multilevel spondylitis and sternocostal arthritis.

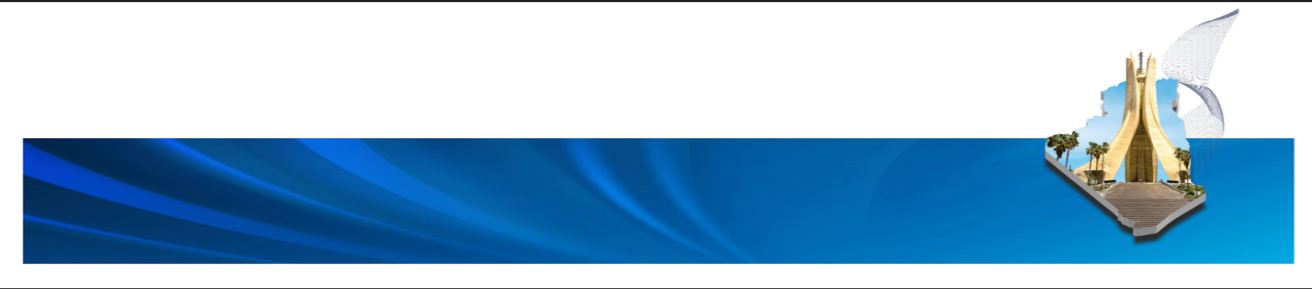
### ****Case Report****

The symptoms began two years ago with inflammatory spinal and thoracic pain, unresponsive to non steroidal anti-inflammatory drugs (NSAIDs). Clinical examination revealed arthritis of the left 4th distal interphalangeal (DIP) joint and the right great toe DIP joint, tenderness over the spinous processes, and restricted lumbar spine movement. The patient also had palmar-plantar psoriasis with nail involvement, confirmed by an expert. Biological tests showed chronic inflammatory syndrome. CT imaging revealed right sternocostal arthritis (1st rib) with multilevel spondylitis at D7, L4, S1, L2, and L3. A diagnosis of psoriatic arthritis was confirmed in its axial and peripheral forms, with characteristic Bauer’s finger deformity in the left 4th digit and onycho-pachydermo-periostitis (OP3GO) of the right great toe, along with cutaneous and nail involvement. The patient was started on anti-TNFα therapy (etanercept 50 mg/week).

### ****Discussion****

This case describes a 66-year-old patient presenting with multilevel spondylitis and sternocostal arthritis, revealing psoriatic arthritis. The diagnosis was based on clinical findings, imaging, and confirmed cutaneous-nail involvement. The exclusion of an infectious etiology allowed for the initiation of anti-TNFα therapy, emphasizing the importance of early and appropriate management.

### ****Conclusion****

This case highlights the diagnostic challenge of atypical psoriatic arthritis. Early identification enables appropriate management and prevents complications.