

• •



2015 .

ACR – American College of Rheumatology ()

CD8+ - -

HLA-B27 - 27 B -

IgG, , - G, ,

per os – ,

–

–

–

-

–

-

-

–

–

–

–

-

–

-

-

–

– -

–

-

	.....	4
	.....	7
10	.....	8
	.....	8
	.....	8
	.....	8
	.....	9
	.....	10
	.....	2
	.....	2
	.....	2
	.....	12
	.....	12
	.....	3
-	.....	17
	.....	20
	.....	21
	.....	21
	.....	21

-
-

()

().

(1-2)

(-)

(. 1) – good practice points (GPPs)

1.

--	--	--	--

<p>1</p> <p>,</p>	<p>,</p>	<p>,</p> <p>-</p> <p>.</p>	<p>,</p> <p>-</p>
<p>1</p> <p>,</p>	<p>,</p>	<p>(</p> <p>,</p> <p>),</p> <p>,</p> <p>.</p>	<p>,</p> <p>,</p> <p>),</p> <p>.</p>
<p>1</p> <p>,</p>	<p>,</p> <p>,</p>	<p>,</p> <p>,</p> <p>.</p> <p>.</p>	<p>,</p>
<p>2</p> <p>,</p>		<p>,</p> <p>.</p>	<p>.</p> <p>(</p> <p>),</p> <p>.</p>
<p>2</p> <p>,</p>	<p>,</p> <p>.</p>	<p>(</p> <p>,</p> <p>),</p> <p>-</p> <p>.</p> <p>),</p> <p>,</p>	<p>.</p>

2			
---	--	--	--

B27. HLA-

10
02

() 5-10% , 20% -
Salmonella typhimurium.
8-12 . , ,
;

. 1.

1.

-	<i>Clostridium difficile</i>
<i>Yersinia</i>	<i>Campylobacter lari</i>
<i>Salmonella</i>	<i>Chlamydia psittaci</i>
<i>Shigella</i>	<i>Chlamydia pneumoniae</i>
<i>Campylobacter jejuni</i>	
<i>Chlamydia trachomatis</i>	
<i>Ureaplasma urealyticum</i>	

<i>Mycoplasma genitalium</i> <i>Neisseria gonorrhoeae</i>	
--	--

HLA-B27. HLA-B28

(Yersinia, Salmonella, Shigella). HLA-B27

HLA-B27. HLA-B27

(CD8+) - (CD8+) -

HLA-B27.

kB

2-

HLA-B27,
HLA-B27

Yersinia Campylobacter, HLA-B27
60%.

(Yersinia, Salmonella, Shigella)

()

:

• ;

•

1-4

Shigella, (

) 48-72

7-21

3-4 . ,

: *Shigella flexneri*

c 2 2 () .

, *S. typhimurium* Salmonella enteritidis, 1-3

,

;

50% .

, *Yersinia enterocolitica*,

; 5 -

() 1/3 3

22 (6,5). HLA-B27 85% .

, *Chlamydia trachomatis*,

,

() .

, *C. pneumoniae*.

:

- ,
- ;
- ;
- , ;
- .

,

,

2 3 ,

.

;

- ,

.

HLA-B27

:

, , . , , . ;

, , , , .

.

.

— . , , , , . ;

.

, , , , .

.

(),

,

.

2/3

.

, — .

.

,

,

,

—

,

.

S. typhimurium.

:

,

,

(

,

) —

(80–100 /), (> 400 . 10⁹/),

IgA, IgM

Salmonella Yersinia,

HLA-B27.

(*greater trochanter*),

« »

.2.

ACR

(1999).

2.

[C. Selmi, M.E. Gershwin,

2014]

	1. , 2 3 : • • - •
	2. , 1 2 : • (3 6 1 ,) • (1 3- 6)
	:
	1. ,

	<ul style="list-style-type: none"> • / () <i>C. trachomatis</i> •
	2. , (<i>Chlamydia</i>)

:

, , , ,
, , , ,
, , , , , SAPHO- , , ,
, - ,
(,).

1. .
2. , 1

(2) 2- .

per os (2) 5-10 / .

(2): - 1 6 , - 1
4 .

HLA-B27 (2)
30-50 / (max 1,5-2,0) .

3-6 .

3-6 .

(2) 15 / 2 .

/ / 7-10 ; - 4-6 / / 7-14) ,
 ; (— 1
 2 10 / 1 , 5
 / / 6-9 .; 30-50 / /
 10 .; 5-8 / /
 10 .; () 1,5 /10 / 2-3 20 ;
 0,75 ME 2-4 10-20 ; 0,375 ME 2-4
 10 10 .), (4 /
 1 , 2 / , 7-10 (8
 50), 200 / 1-2 1 , 100
 7-10 (50)) - ,

:
 • ()
 ;
 • ;
 • , -
 • ;
 - ,
 « » ,

2009 . 415 , 26 2011 . 1644 , 23 2010 . 541).

- ()
- .
- ((), ,)—1 10 ().
- (, , , , ,)—1 10 ().
- (, ,) — 1 (—).
- (, , , , , , , , ,) — 1-2 (—).
- —1 10 .
- *Helicobacter pylori*
- .
- —1 ().
- , , — 1 ().
- .
- ().
- - , , , .().
- () / - :
- ;
- ;
- ;
- .

• (>5), /

, / ;

— ;

• ;

— ;

— ;

• ;

— ; 3-

— ;

• ((),

• , ()—1 14 ().

• (, , , , , ,)—

1 14 ().

• (, , G, ,) — 1

• (—1 14 .

• *H. Pylori* (6 ,

—) (1

• , (1) .

• —1 (—1 (

- —1 3 .
- - , , , .() .

-
-

-28

-14

- -
- - ,
- « » ,
- (7
- 2009 . 415 ,
- 26 2011 . 1644 , 23 2010 .
- 541).

- ,
- - —1 3 .
- (, ,) — 1 3 () .

- (, , , , , ,) — 1 3 () .

- (Ig A, M, G; , , [] — 1 6 ()) .

- —1 3 () .

- 1 6 .

- , , —1 .

-
-

• —1 3 .
 • (,)—1 2 :
 — 5-7 .
 —
 • (, , , ,)—1 2 :
 — , , ,
 — 5-7 .
 • (Ig A, M, G; , ,
 [])—1 3 .
 • —1 2 .
 • 1 3 .
 • , , —1 6 .
 • 1
 — .
 • .
 • .
 • .
 • .
 • ,
 • :
 — ;
 — ;
 — ();
 — ;
 — ();
 — ;
 — ;
 —

- 1.
- 2.
- 3.
- 4.
- 5.

3-

Yersinia Campylobacter, 1

Chlamydia Yersinia,

Shigella Salmonella.

1. Ajene A.N., Fischer Walker C.L., Black R.E. Enteric pathogens and reactive arthritis: a systematic review of Campylobacter, salmonella and Shigella-associated reactive arthritis. *J Health Popul Nutr.* 2013; 31: 299–307.
2. Cassidy J.T. Textbook of pediatric rheumatology. 6th ed. *Philadelphia: Saunders* 2011.
3. Kvien T.K., Glennas A., Melby K., et al. Reactive arthritis: incidence, triggering agents and clinical presentation. *J Rheumatol.* 1994; 21: 115–22.
4. Lacoste M.G., Cargnelutti D.E., Tamashiro H., et al. Reactive arthritis with conjunctivitis, urethritis and diarrhea in a child: immunological study of potential bacterial trigger. *Clin Exp Rheumatol.* 2008; 26: 381–2.
5. Manimegalai N., Rajamurugan P.S.A., Rajendran C.P., et al. Childhood reactive arthritis. *J Clin Rheumatol.* 2008; 14: 292–3.
6. Moorthy L.N., Gaur S., Peterson M.G., et al. Poststreptococcal reactive arthritis in children: a retrospective study. *Clin Pediatr (Phila).* 2009; 48: 174–82.

7. Pacheco-Tena C., Burgos-Vargas R., Vazquez-Mellado J., et al. A proposal for the classification of patients for clinical and experimental studies on reactive arthritis. *J Rheumatol.* 1999; 26: 1338–46.
8. Plesca D.A., Luminos M., Spatariu L., et al. Postinfectious arthritis in pediatric practice. *Maedica (Buchar).* 2013; 8: 164–9.
9. Sarakbi H.A., Hammoudeh M., Kanjar I., et al. Poststreptococcal reactive arthritis and the association with tendonitis, tenosynovitis, and enthesitis. *J Clin Rheumatol.* 2010; 16: 3–6.
10. Selmi C., Gershwin M.E. Diagnosis and classification of reactive arthritis. *Autoimmun Rev* 2014; 13: 546–9.
11. Sieper J., Braun J., Kingsley G.H. Report on the Fourth International Workshop on Reactive Arthritis. *Arthritis Rheum.* 2000; 43:720–34.
12. Wu I.B., Schwartz R.A. Reiter's syndrome: the classic triad and more. *J Am Acad Dermatol.* 2008; 59: 113–21.