The new patient group consisted of 34 patients; all had been referred for inflammatory arthritis. Of these, at ultrasound 17 (50%) had osteophytes, 16 (47%) had grey-scale synovitis, with 15 (44%) power Doppler. In one (3%) no abnormality was detected. This resulted in change in final diagnosis in 22 (65%) new patients and a confirmed diagnosis of active inflammatory arthritis in 12 (35%) patients. Overall, management of new patients directly influenced by ultrasound scan resulted in the discharge of 50% of patients. Of the 17/34 new patients who had a confirmed diagnosis of inflammatory arthritis, 14 (82%) started combination disease modifying anti-rheumatic agents at first visit. There were 28 patients in the follow-up group who were referred for diagnostic uncertainty. RA, PsA, CTD accounted for the majority, with 17 (61%), 5 (18%), 4 (14%) and 3 (11%) patients, respectively. The impact of MSUS on the follow-up group influenced change in treatment in 13/28 (47%) of patients. Specifically, all RA patients underwent scanning for disease assessment. In 15/17 (88%) patients, treatment escalation was directly influenced by MSUS findings; co-existing pathology was detected in 3/17 (18%) which included findings of gout and OA. US remission was identified in 5/17 (30%) with 2/17 (12%) started on neumromodulators for pain management.

Conclusion: These data show the positive impact of MSUS in the rheumatology clinic, specifically highlighting multiple benefits in daily practice of reduced visits, discharge at first encounter, immediate management decisions. Our survey shows the importance of integrating MSUS service in a one-stop clinic.

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