Rheumatoid nodule = رﺜواﻨﻴﺔ ﻋﻘﻴدﺔ
Rheumatoid nodules are deeply seated firm masses that occur in patients with rheumatoid arthritis, particularly over involved joints.
The term rheumatoid nodulosis has been proposed for the clinical presentation of multiple nodules on the hands/elbows. This condition is seen in patients with rheumatoid arthritis. In addition, rheumatoid nodules also occur in occasional patients with systemic lupus erythematosus who do not exhibit rheumatoid arthritis.
Pseudorheumatoid nodule is a term that has been applied to nodules in the subcutis that mimic rheumatoid nodules histologically but that develop in the absence of rheumatoid arthritis. The term has been largely abandoned in favor of more specific diagnoses, such as granuloma annulare, which is a subcutaneous variant of granuloma annulare. The nodules of granuloma annulare are usually asymptomatic and resolve spontaneously.
Rheumatoid nodule = رﺜواﻨﻴﺔ ﻋﻘﻴدﺔ

Histopathology
Rheumatoid nodules occur in the subcutis and deep dermis. They exhibit one or more areas of fibrinoid degeneration of collagen fibers. A high proportion of biopsies (50%) show this feature. In the surrounding stroma, there is a proliferation of blood vessels associated with fibrosis. A sparse infiltrate of other inflammatory cells is associated with the histiocytes and surrounding stroma. Lymphocytes, plasma cells, and eosinophils may be present. Occasionally, lipid is seen. Vasculitis has been described but is...
Rheumatoid nodule = رﺜواﻨﻴﺔ ﻋﻘﻴدﺔ

not usually encountered. In perforating rheumatoid nodules, the central fibrinoid material connects to the

Pathogenesis. Factors that have been implicated in the formation of rheu
**Differential Diagnosis.** The principal differential diagnosis is subcutaneous granuloma annulare, which was discussed in the section on granuloma annulare. A distinction should be made from epithelioid sarcoma, which was also covered in that section. Nonabsorbable sutures or other foreign material may produce periarticular palisaded granulomas like those of rheumatoid nodule; in such instances, there should be a history of previous surgery or trauma, and birefringent material may be visible under polarized light. Rheumatic fever produces nodules (rheumatic nodules), especially over the elbows, knees, scalp, knuckles, ankles, and spine, which were confused with rheumatoid nodules in the early part of the 20th century.

Histologically, a rheumatic fever nodule is less likely to show central, homogeneous fibrinoid necrosis. A palisade of histiocytes is usually not as well developed, and fibrosis is minimal or absent. Rarely, an infectious process, such as cryptococcosis, can produce a deep, palisaded granuloma. It can be differentiated from rheumatoid nodule because the palisade surrounds primarily necrotic debris and organisms rather than fibrinoid material.