

Diseases	Similarities
1 - Ankylosing spondylitis 2 - Psoriatic arthritis 3 - Reactive arthritis 4 - Enteropathic arthropathy PAIN → Psoriatic, Ankylosing, IBD related, Reactive or Reiter	HLA-B 27 (CMH I) Spine predilection, Sacroiliac joint involvement Men < 40 y Extra articular manifestations No specific blood test (serology) All treated with NSAIDs. CCS (Corticosteroids) do not work.

Ankylosing spondylitis

- Chronic inflammatory disease affecting:
- Primarily axial skeleton: vertebral joints making spine very stiff
 - And peripheral joints

Unknown etiology

Auto-immune process → vertebral joints inflammation

- intervertebral discs
- facet joints
- Collagen type I + II

- Auto-immune process: break of tolerance in HLA B 27

- Vertebral joints inflammation: intervertebral discs + facet joints made of type I + II collagen

- Joint destruction by the inflammatory process

- Fibroblasts: replacement of destroyed joint by fibrous tissue

- Activated osteoblasts: Ossification of fibrous tissue → bone ← x Ray: Bamboo

→ The spine becomes stiff and immobile.

♂ > ♀ by 3-4x

age: 20-30 (rare after 40) y

90% of patients are positive: HLA B 27

Clinical presentation:

Hx

Young man (20-30y)

Chronic lower back pain with:

Morning stiffness - last > 1h

- improves with exercise

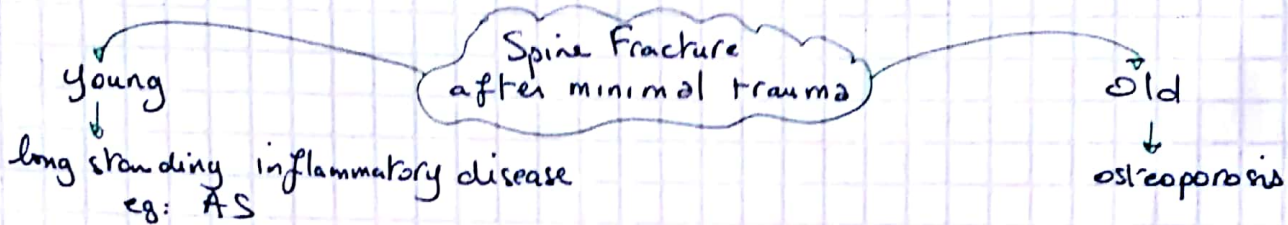
- increases with rest

PE: Flattening of the normal lumbar curvature (lordosis) possible.
↓ chest expansion
Schober test ⊕ → ↓ spine mobility

Extra articular: Anterior uveitis
Cardio: 3rd degree heart block, aortic insufficiency
Respiratory: Restrictive lung disease
Enthesopathy: Achilles tendon

5 Syndromes

1. Axial → Lumbar spine, Cervical rarely and only late
2. Peripheral → Transient: hips, knee, shoulders
3. Eye → Anterior uveitis
4. Cardio Respiratory → AoI, 3rd HB, Restrictive lung disease
5. Enthesopathy → Achilles Tendon



Investigations:

Best initial: xRays:
↳ early → sacroiliac joint narrowing
↳ late → Bamboo spine

Most accurate: MRI of sacroiliac joint detecting edematous, inflammatory changes years before an x ray.

ESR ↑ in 85%

Treatment:

Sterooids don't work

MTX doesn't work well on the spine / SI joint → Sulfasalazine

- NSAIDs + physical therapy + exercise
- TNF blockers: → infliximab
→ adalimumab
→ etanercept