

ANKYLOSING SPONDYLITIS MEDIMAPS.CO.UK | 5TH OCT 2024

- Spondyloarthropathy/spondyloarthrosis = any joint disease of the vertebral column. - Spondylopathy = disease of the vertebra itself. Ankylosing spondylitis Disclaimer: - Spondyloarthropathy with inflammation is called axial spondyloarthritis. Read the disclaimer at medimaps.co.uk/disclaimer - Spondyloarthropathy term is often used for a specific group of disorders with (AS) certain common features and often called seronegative spondylarthropathies References: e.g. HLA-B27, RF -ve, ANA -ve. 1. Rheumatology consultant lecture, Nov 2016. 2. BMJ Webinar Sept 2017. 3. Dr Louise Warburton PULSE Sept 2020. - HLA = Human leukocyte antigen. - HLA presents antigenic peptides to T cells. - Morning stiffness > 1 hr. - AS is one of the spondyloarthropathies. - Insidious onset. - Age < 40y. only think AS if > 3/12 - Nocturnal back pain. of symptoms - Alternating buttock pain. - Pain better with exercise. Prefer to keep moving. - Enthesitis. https://www.physiotutors.com/wiki/modified-modified-Schober-test/ · Young adults having limited ROM is abnormal. Modfied Modified Schober test: Asess spinal ROM -- Assess side bend, and rotation. - Mark at the Posterior Superior Iliac Spine - ESR, CRP - Asses forward flexion using modified - Mark 15cm up. HLA-B27 modified Schobers test. - Touch toes. - Xray SIJ -- The line should now be ≥ 20 cm if normal flexion. - Can be normal. May show on MRI. Termed 'non radiographic spondyloarthropathy'

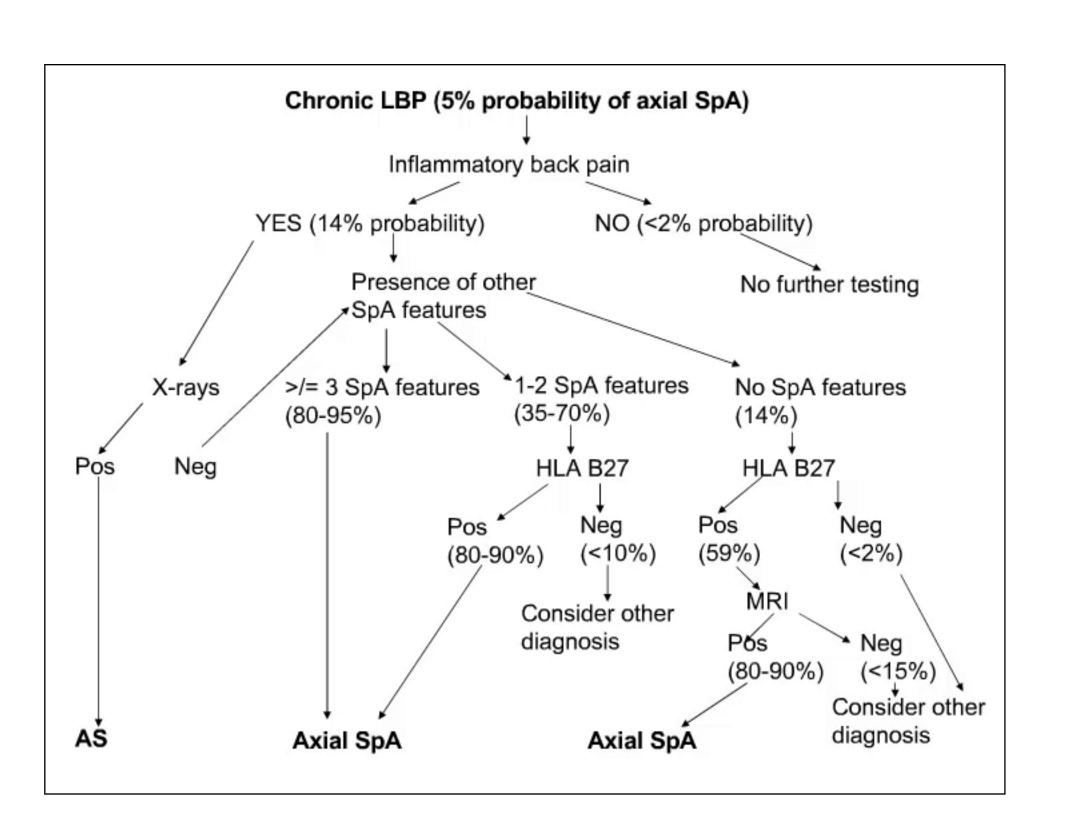
- Physiotherapy.

- Refer to rheumatologist

- NSAIDs

Management

MediMaps



Alternative way to Dx = modified New York criteria.

Sacroiliitis on X-ray and at least one of the following 3 clinical signs:
- low back pain >3/12 which improves with exercise, and not with rest

- limitation of lumbar spine e.g. Modified Schober's test = line 5cm below iliac crest and 10cm above, should lengthen to at least 20cm on flexion

http://www.youtube.com/watch?v=B9RaFB5BwrQ&feature=relmfu - limitation of chest expansion

http://www.youtube.com/watch?v=SumtVr5c1Qg&NR=1&feature=endscreen

Remember, it could still be AS, if only sacroiliitis OR if only clinical signs.

What's normal chest expansion? Use this chart from the Australian Government: http://www.medicareaustralia.gov.au/provider/pbs/drugs1/files/ma_chest_expansion_normal.pdf

Once diagnosed = Routine referral to rheumatologist.