

ANKYLOSING SPONDYLITIS

- Spondyloarthropathy/spondyloarthritis = any joint disease of the vertebral column.
 - Spondylopathy = disease of the vertebra itself.
 - Spondyloarthropathy with inflammation is called axial spondyloarthritis.
 - Spondyloarthropathy term is often used for a specific group of disorders with certain common features and often called seronegative spondylarthropathies e.g. HLA-B27, RF -ve, ANA -ve.

Ankylosing spondylitis (AS)

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
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.
 - AS is one of the spondyloarthropathies.

Symptoms

only think AS if > 3/12 of symptoms

- Morning stiffness > 1 hr.
 - Insidious onset.
 - Age < 40y.
 - Nocturnal back pain.
 - Alternating buttock pain.
 - Pain better with exercise. Prefer to keep moving.
 - Enthesitis.

Investigations

- Assess spinal ROM
 - ESR, CRP
 - HLA-B27
 - Xray SIJ

- Young adults having limited ROM is abnormal.
 - Assess side bend, and rotation.
 - Assess forward flexion using modified modified Schobers test.

<https://www.physiotutors.com/wiki/modified-modified-Schober-test/>

Modified Modified Schober test:
 - Mark at the Posterior Superior Iliac Spine
 - Mark 15cm up.
 - Touch toes.
 - The line should now be ≥ 20cm if normal flexion.

- Can be normal.
 - May show on MRI.
 - Termed 'non radiographic spondyloarthropathy'

Management

- Physiotherapy.
 - NSAIDs
 - Refer to rheumatologist

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.

