

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

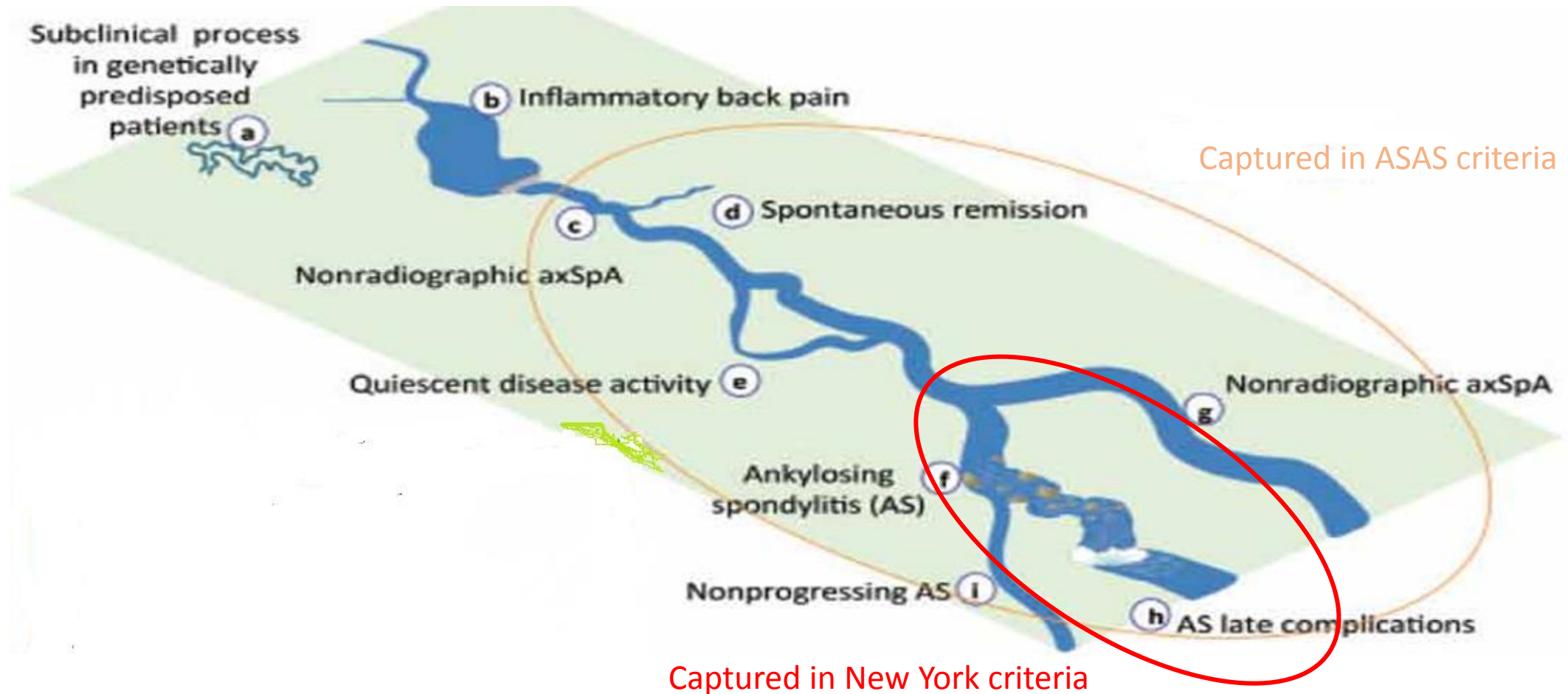
SPA

Spectrum and other features

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Sina Hospital



SPA; Spectrum and other features



SPA; Spectrum and other features

Asymptomatic
(Early)

Severe symptoms
(systemic and organ based)

One organ

Multi organ

Typical

Atypical

Self-limiting

Recurrent
attacks

Progressive

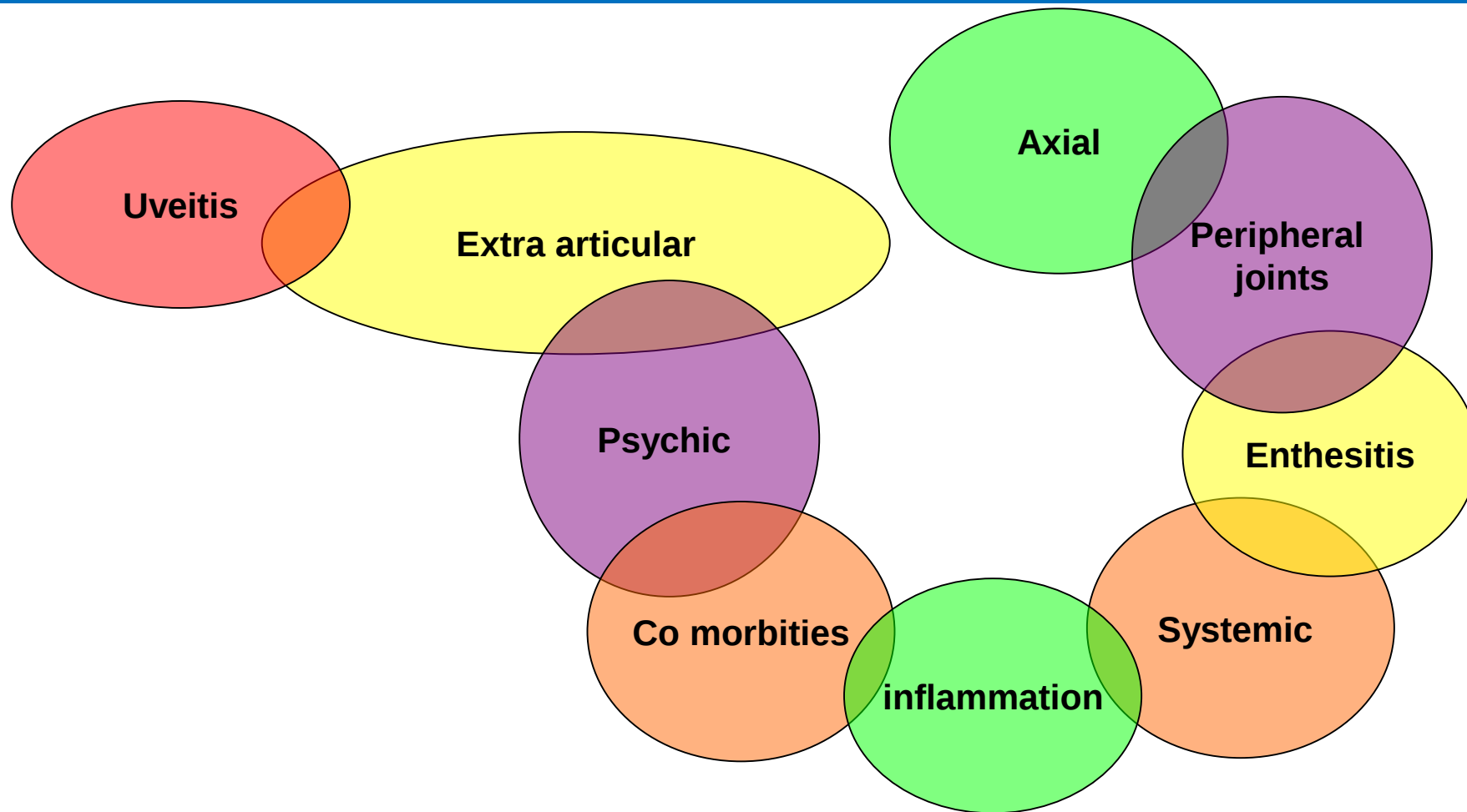


SPA; Spectrum and other features

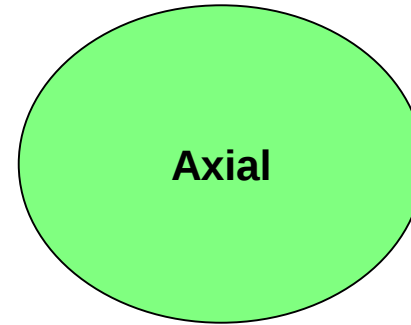
1. Classic AS with characteristic clinical and XR manifestations
2. Asymptomatic AS with characteristic radiographic findings
3. Asymptomatic AS with extra-articular features as the presenting manifestations
4. Symptomatic AS without radiographic supporting evidence



SPA; Spectrum and other features



SPA; Spectrum and other features



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Diffuse Idiopathic Skeletal Hyperostosis



SPA; S

features

One or
Axia

Atypical

- Without sacroiliac involvement
- Lumbar pain

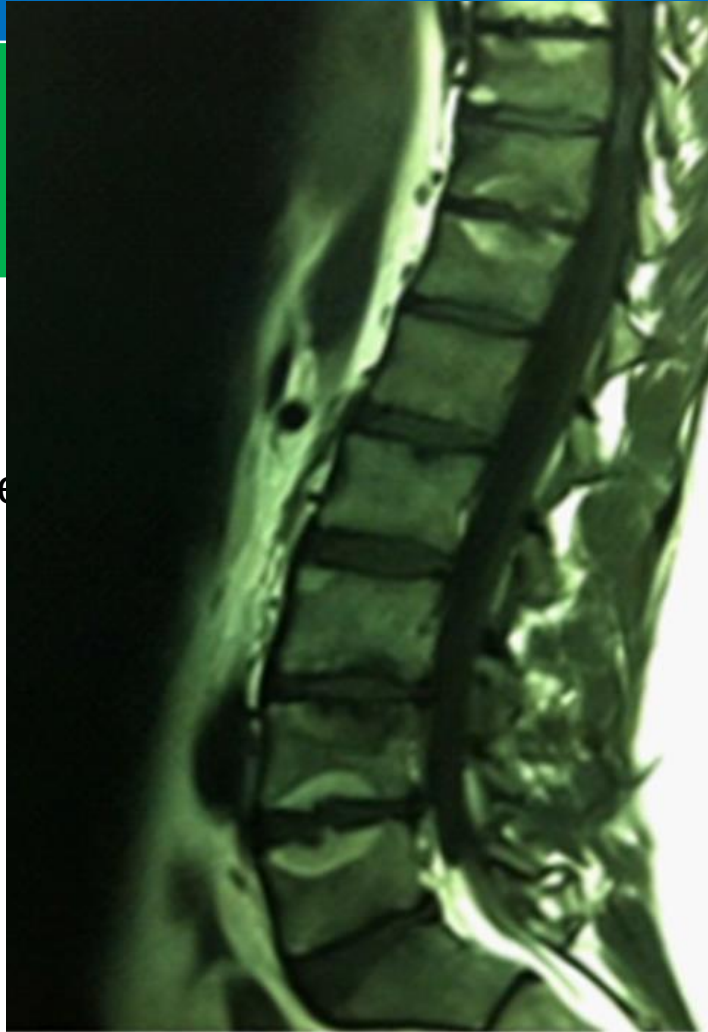


SPA; Spectrum and other features

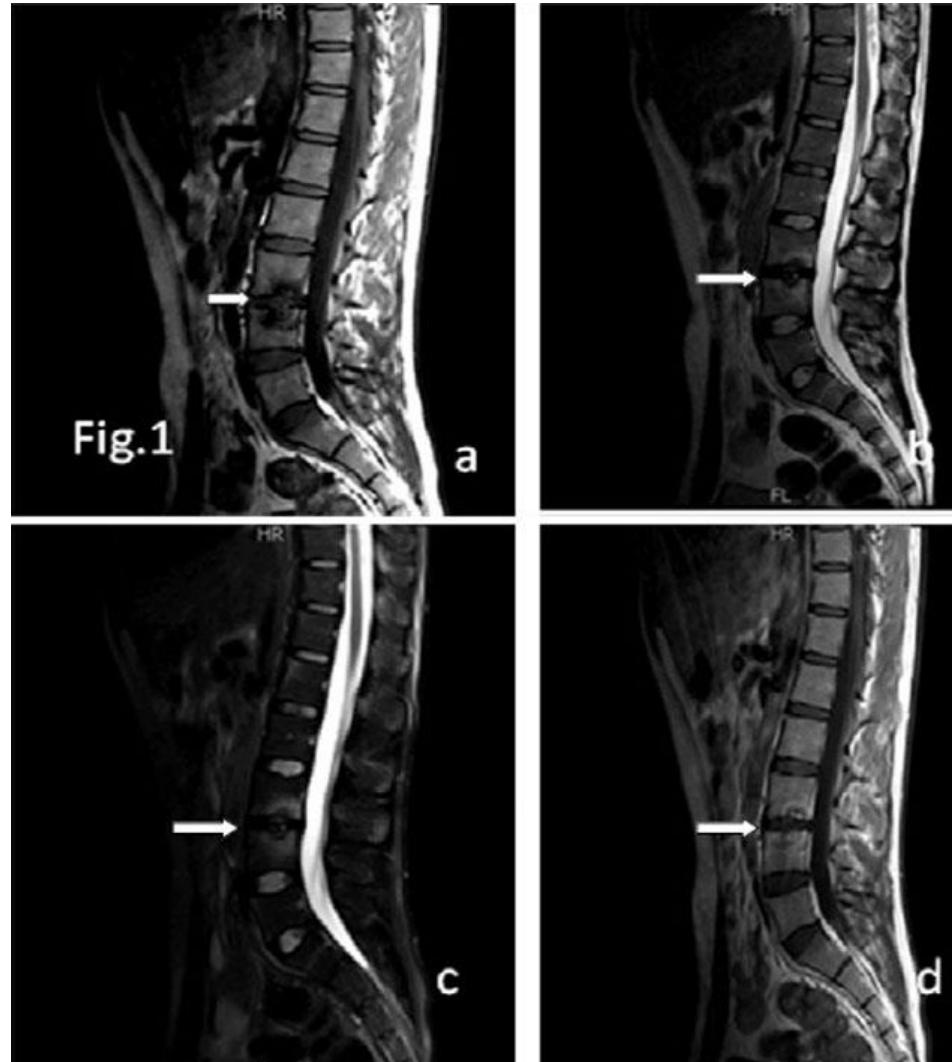
One organ
Axial

Atypical

- Without sacroiliac involvement
- Lumbar pain
 - Inflammatory Schmorl's node



Inflammatory Schmorl's node



Inflammatory Schmorl's node



SPA; Spectrum and other features

One organ
Axial

Atypical

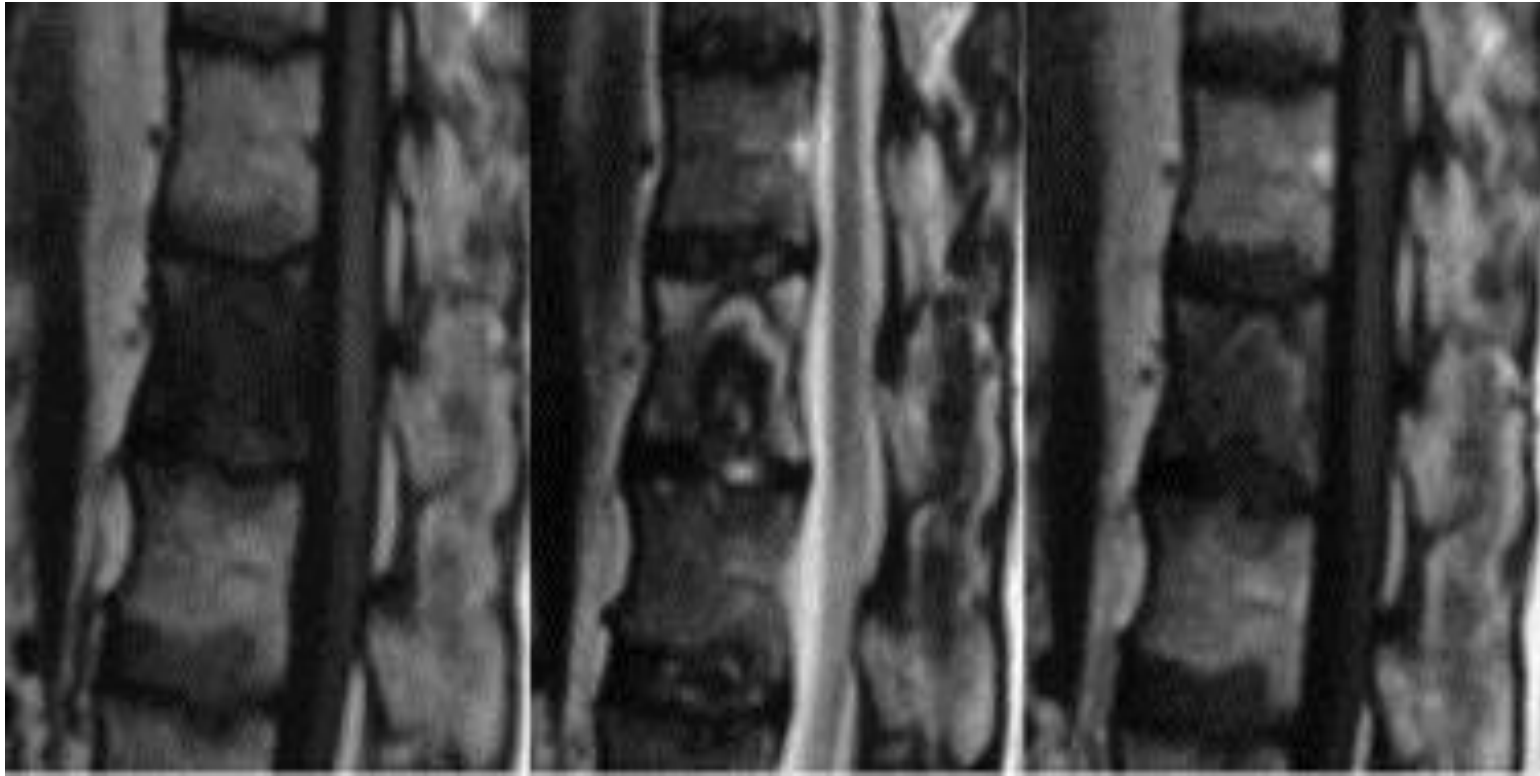
- Without sacroiliac involvement
- Dorsal pain



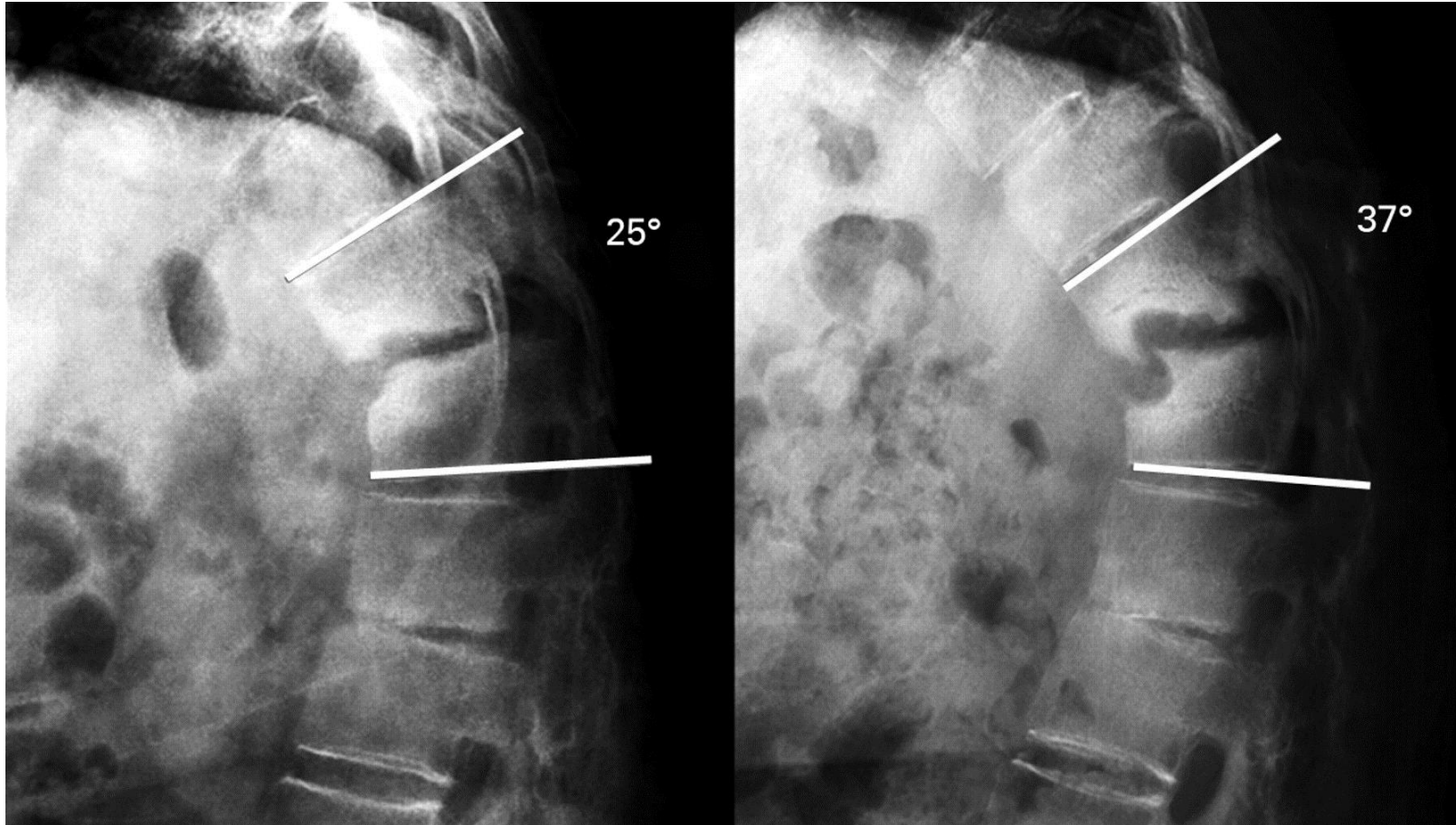
Inflammatory Schmorl's node



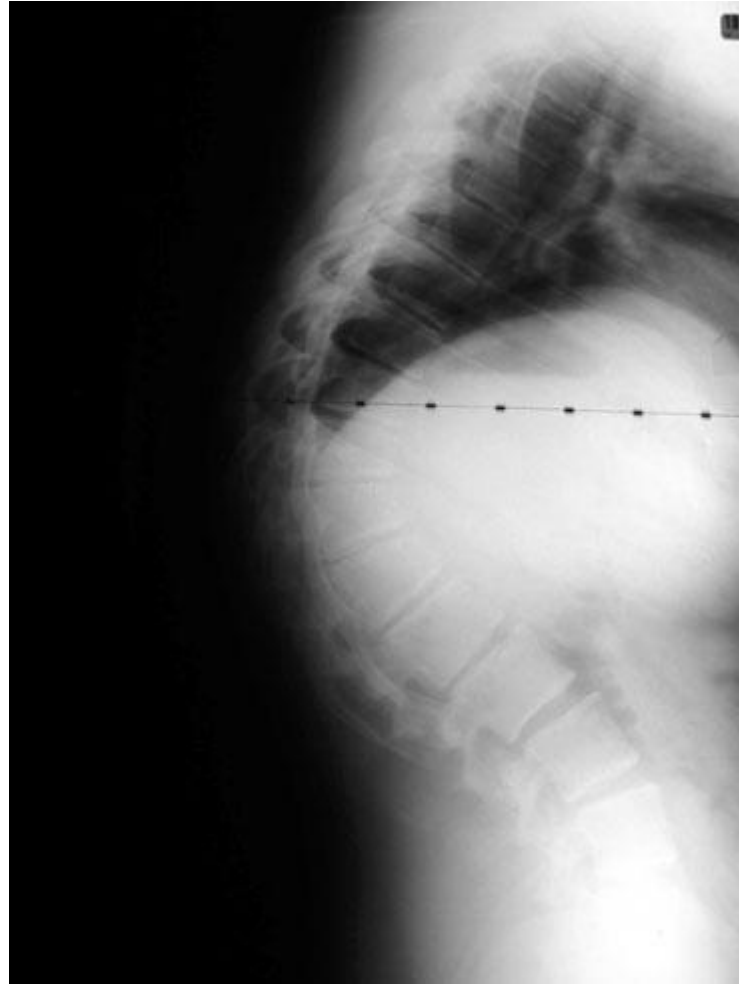
Acute Schmorl's node



Andersson lesions



Scheuermann's disease.



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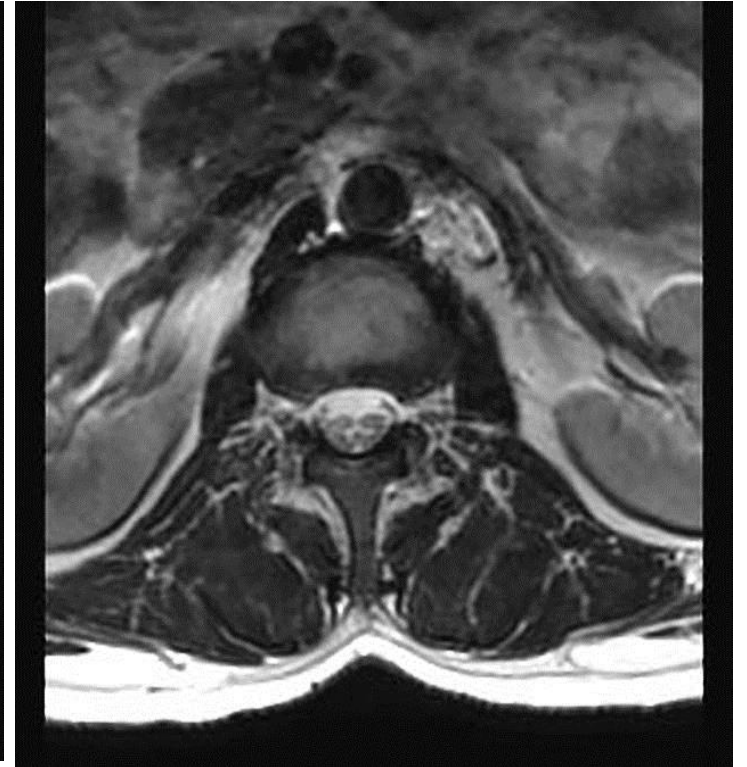
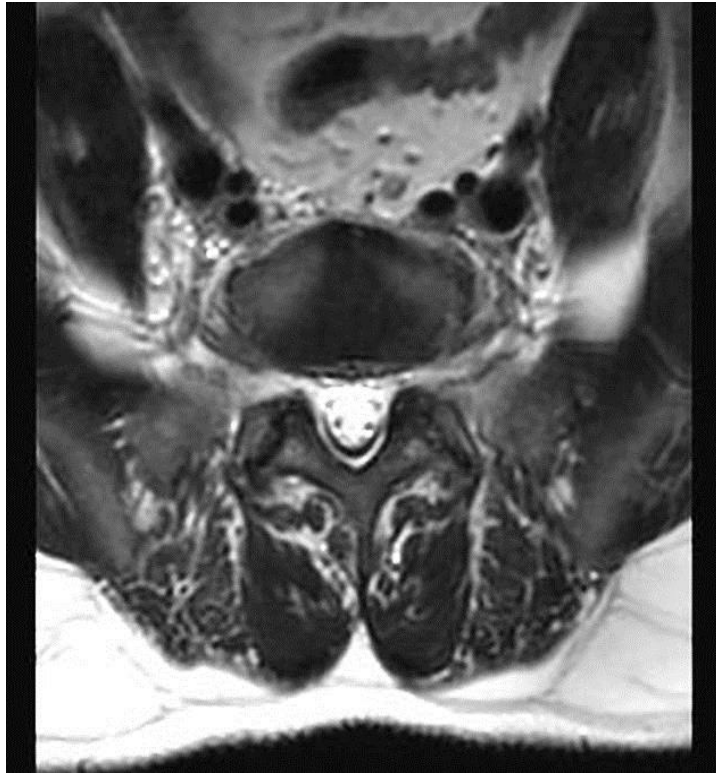
One organ
Axial

Atypical

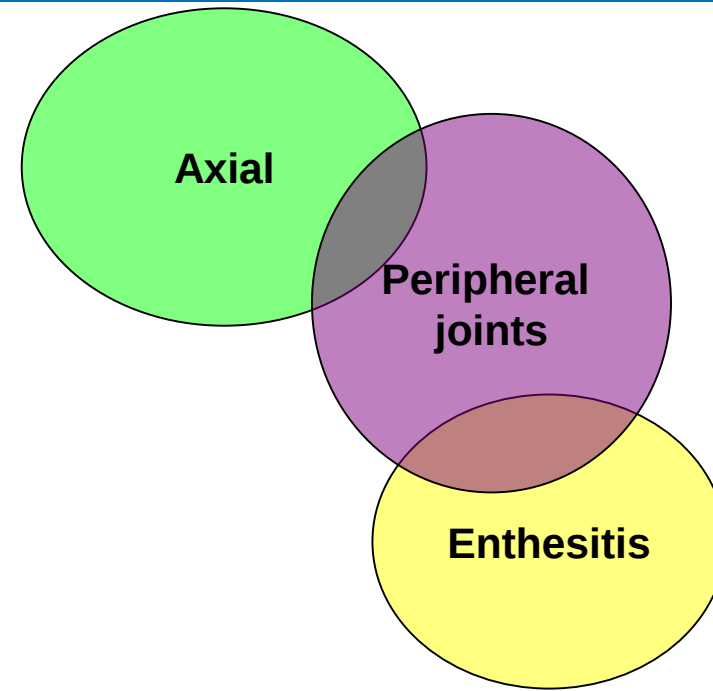
- Without sacroiliac involvement
- Cervical pain
 - Esp. in female
- TMJ arthritis



Multi-level bilateral apophyseal joint arthritis



SPA; Spectrum and other features



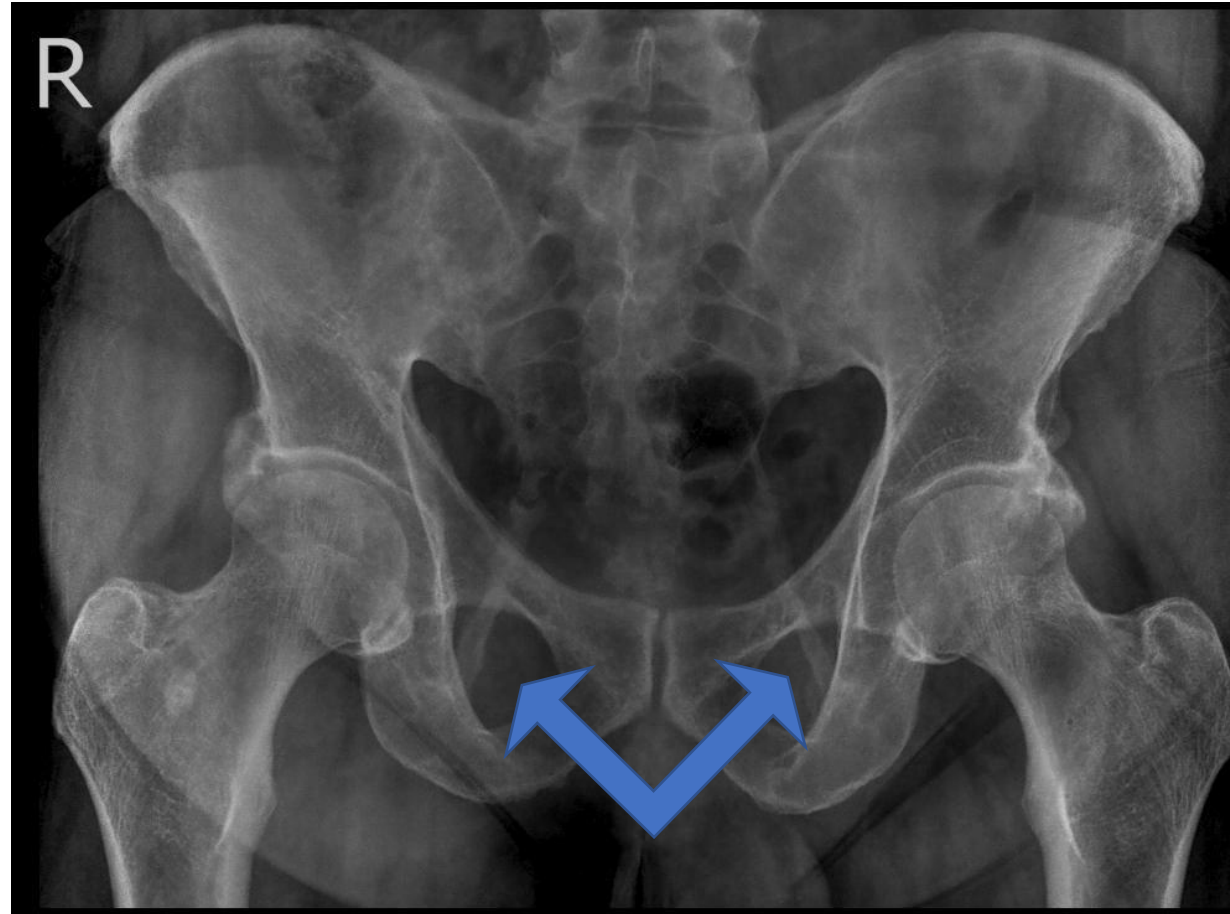
Inflammatory heel pain



Isolated patellar tendon enthesisitis



Calcified sacrotuberous ligament



Perineal pain. HLA B27 positive,



Greater trochanters enthesitis



Hatchet sign

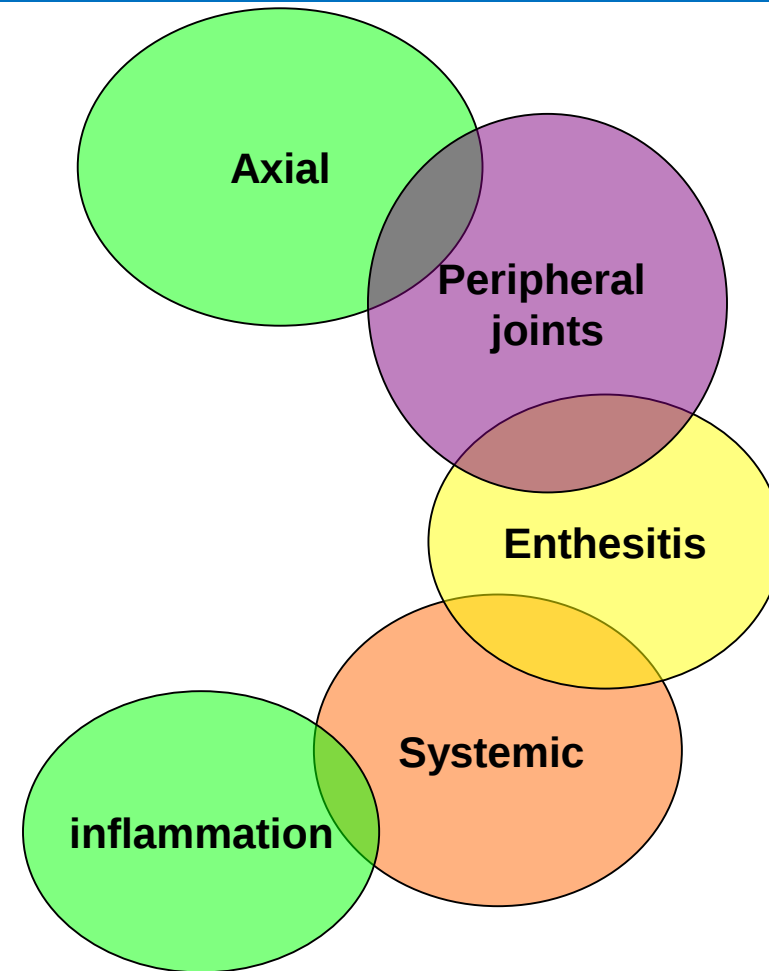


Enthesitis

- Common tender sites are the
 - heels (Achilles tendinitis or plantar fasciitis)
 - tibial tubercles
 - ischial tuberosities
 - iliac crests
 - coxodynia
 - greater trochanters
 - costosternal junctions
 - shoulder tuberosity



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Inflammation

- In a subset of patient, the disease may be presented by prominent systemic symptoms



Inflammation laboratory findings

- generally nonspecific
- elevated ESR and elevated CRP in 50 to 70 percent of patients with active disease,
- elevated in 30% of patients with nr-axSpA
- high-sensitivity CRP and low-grade inflammation?

normal ESR and CRP do not active disease vice versa



Inflammation laboratory findings

- generally nonspecific
- elevated ESR and elevated CRP in 50 to 70 percent of patients with active disease,
- elevated in 30% of patients with nr-axSpA
- high-sensitivity CRP and low-grade inflammation?
- normochromic normocytic anemia is occasionally seen, most typically in patients with very active disease



Inflammation laboratory findings

- level of serum bone-specific alkaline phosphatase may be elevated (active ossification rather than active disease)
 - one study found that mildly elevated serum alkaline phosphatase levels were present in 13 percent of patients with axSpA and associated with high disease activity, greater structural damage in the SIJ and spine, and lower BMD
- Creatine kinase (CK) is occasionally elevated but is not associated with muscle weakness
- Serum levels of IgA are also commonly elevated

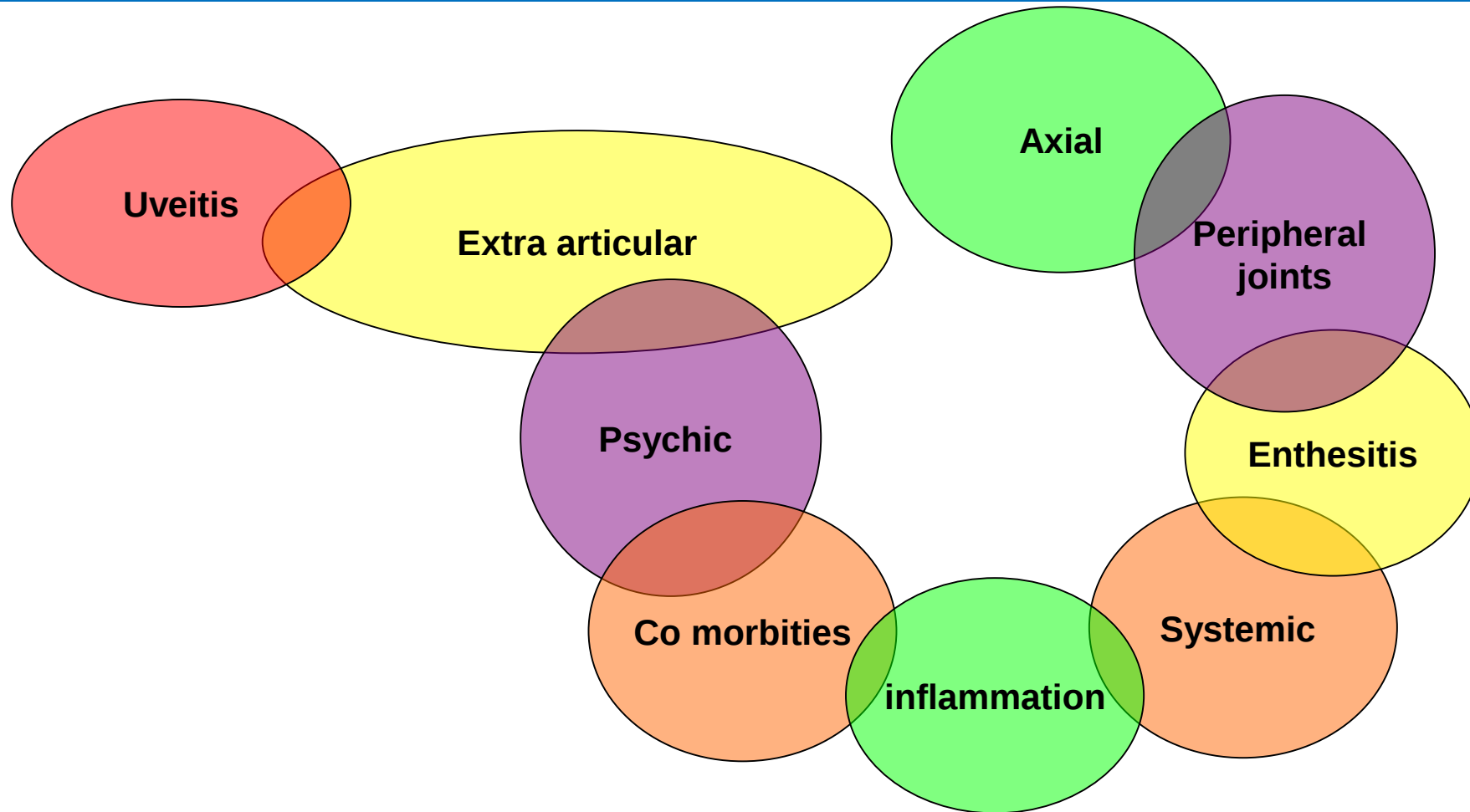


HLA-B27 testing

- The frequency of HLA-B27 in nr-axSpA may be slightly lower than in AS
- HLA-B27 to increase the confidence of a diagnosis of axSpA
 - plain radiographs or MRI exhibit abnormalities consistent with axSpA.
- More importantly, a negative test for HLA-B27 in these borderline cases reduces the probability of axSpA to a very low level.
- The probability of axSpA goes up
 - from 5 to about 30 percent in chronic back pain patients
 - from 14 to about 60 percent in patients with IBP if HLA-B27 is positive



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HLA-B27 associated uveitis

- may be first manifestation
- may be more severe, more extensive, recurrent, persistent and worse visual prognosis than idiopathic anterior uveitis
- require more aggressive therapy to prevent potential sight-threatening consequences.
- NSAIDs are the first line systemic drugs and often the mainstay of treatment in this group of patients
- over 20% may require the addition of immunosuppressive agents



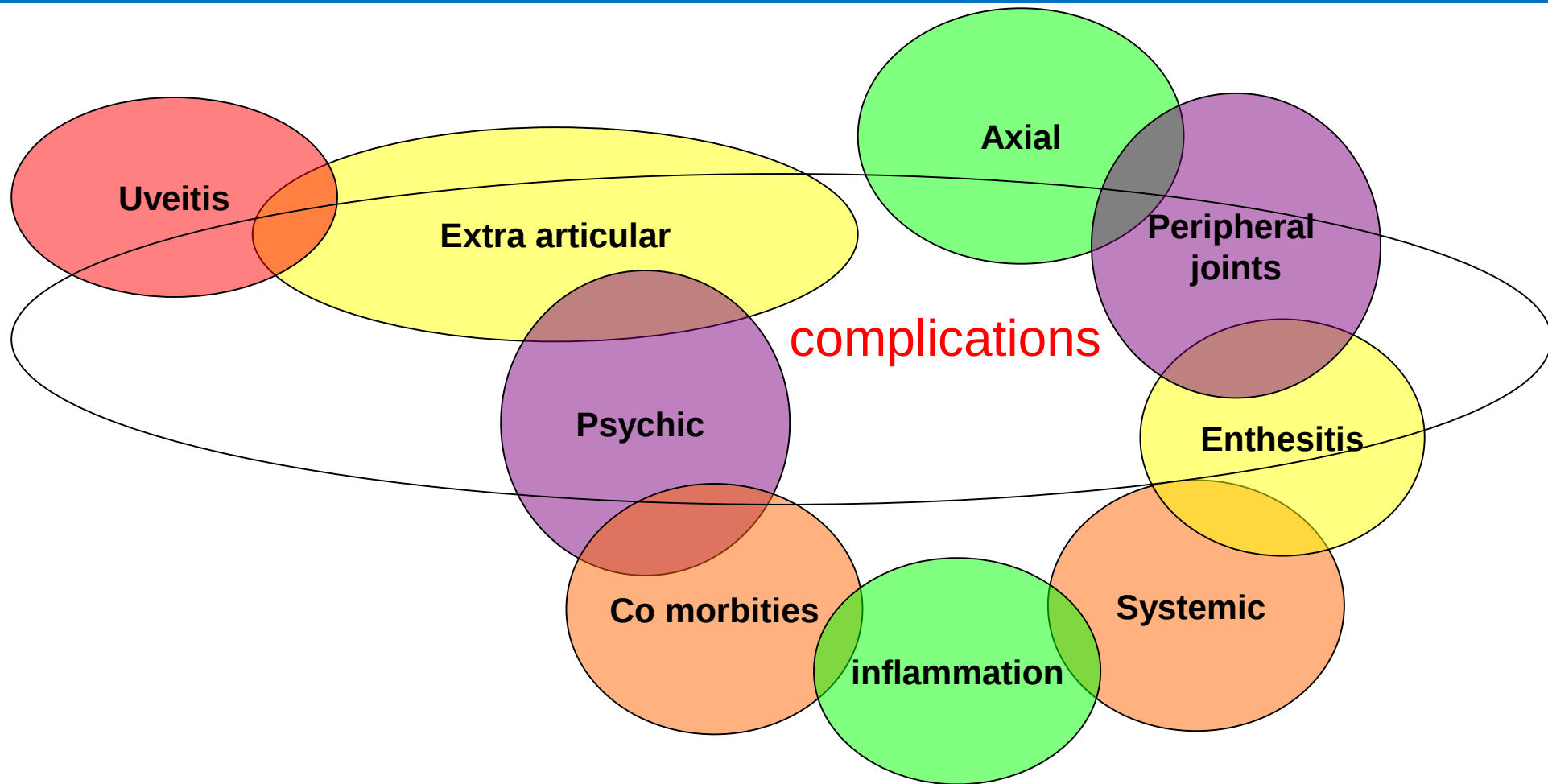
HLA-B27 associated uveitis

- about 50 percent of patients with acute recurrent unilateral anterior uveitis have a form of SpA
- testing for this disease is thus important

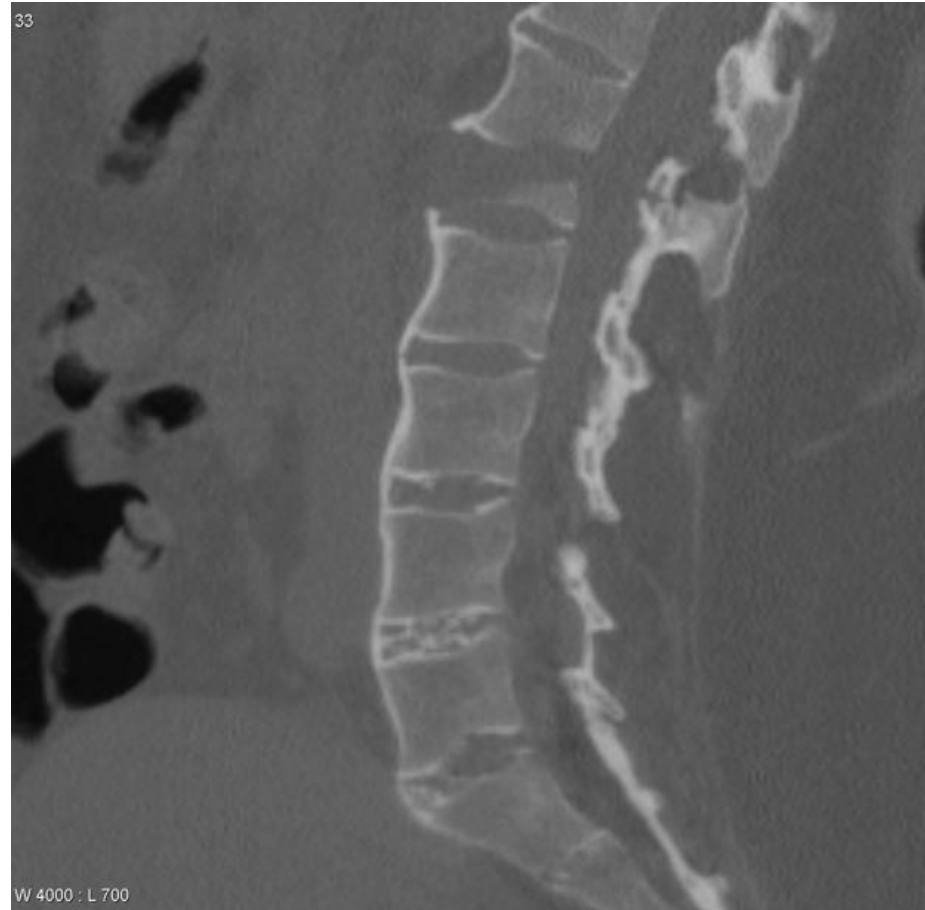
An opportunity for earlier Dx of SPA



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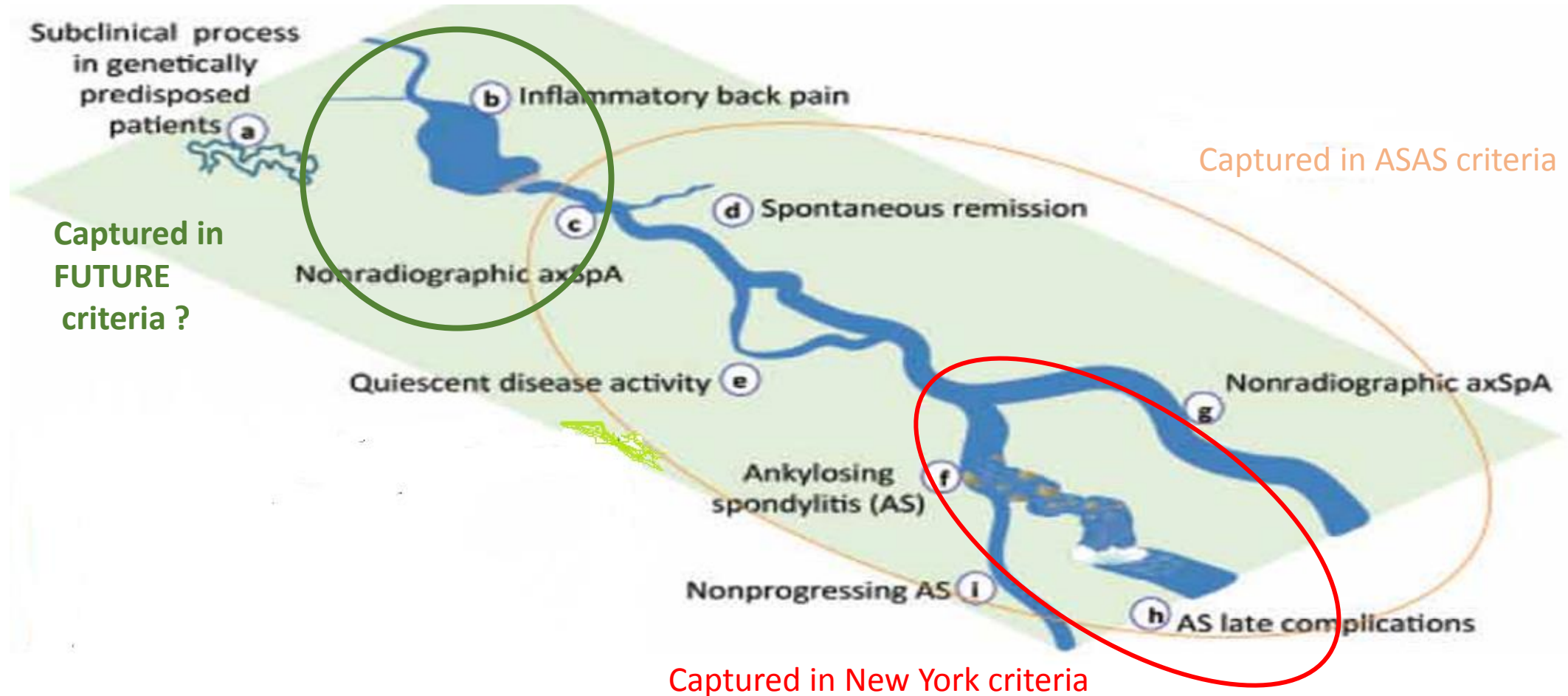
Chalk stick fracture



the fracture occurs as in a long-bone fracture



SPA; Spectrum and other features



بیچ نامی بی حقیقت دیدہ ای

یا ز کاف و لام گل گل چیدہ ای

اسم خواندی رو مسمی را بجو

مہ بہ بالادان نہ اندر آب جو

با سپاس از بذل توجه

