CURRENT

REVIEW:SPONDYLOARTHRITIS

DR.K SHANMUGANANDAN

DR.KAVURU NAGA SIRI

DEPARTMENT OF GENERAL MEDICINE ,

SREE BALAJI MEDICAL SCIENCES AND HOSPITAL.

#7,WORKS ROAD, NEW COLONY, CHROMEPET,

CHENNAI-600044

INTRODUCTION

Axial spondyloarthritis (axSpA) is a potentially disabling inflammatory arthritis of the spine, usually presenting as chronic back pain, typically before the age of 45. It is often associated with one or more of several articular features, including synovitis, enthesitis, and dactylitis. It may also be associated with several non-articular features; these include uveitis, psoriasis, and inflammatory bowel diseases. Patients frequently carry the gene for human leukocyte antigen (HLA)-B27, and patients with active inflammatory disease often have evidence of an elevated acute phase response.

Patients with axSpA are classified as having either of two subtypes of axSpA: ankylosing spondylitis (abbreviated as AS, also termed radiographic axSpA) or nonradiographic axSpA (nr-axSpA). Patients with AS exhibit radiographic abnormalities consistent with sacroiliitis, but such findings are not evident on plain radiography in nr-axSpA. Instead, in patients with nr-axSpA, the diagnosis is supported by evidence of active inflammation of the sacroiliac (SI) joints on magnetic resonance imaging (MRI) and/or a combination of other findings. In clinical practice, distinction between these forms of axSpA in an individual patient has limited impact on management and may not be relevant, although the classification is of interest for epidemiologic and other investigative purposes

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