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Case Review

Transition of axial spondyloarthropathy in to Ankylosing Spondylitis

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Spondyloarthropathy (SpA) connotes sero-negative spondyloarthropathy implying absence of rheumatoid factor. SpA is a group of overlapping disorders of chronic inflammatory diseases of autoimmune nature sharing certain clinical features and common genetic associations with HLA-B27 [1]. Broadly, it is grouped as axial spondyloarthropathy and peripheral arthropathy.

The peripheral spondyloarthropathy has a certain pattern of peripheral joint involvement, usually asymmetric mono arthritis or oligo arthritis affecting major joints of lower extremities. Peripheral SpA encompasses psoriatic arthropathy, associated with inflammatory bowel disorder (i.e. Crohn's disease and ulcerative colitis), associated with anterior uveitis, reactive arthritis (Reiter's Disease). Sometimes to start with, it can not be differentiated into a particular pattern and hence, is called undifferentiated spondylarthritis. Similar presentation in children is aptly coined as juvenile spondyloarthropathy. Enthesitis and dactylitis are commonly associated extra-articular manifestations in this group, apart from axial involvement.

Among axial-spondyloarthropathy, initially it presents as non-radiographic spondyloarthropathy (nr-axSpA) which finally progresses to ankylosing spondylitis in a span of five to ten years, whereas in some cases it might continue to remain non-radiographic SpA. Enthesitis may be associated even from the beginning or appears later. This progression is evident overtime in the following table in both adult onset and juvenile onset SpA.

Figure 1

SpA: Progression of SpA overtime [2]

Evolution of the disease process from AxSpA into ankylosing spondylitis is marked only when ankylosis typical of ankylosing spondylitis appears over a period of five to ten years and appearance of syndesmophyte signifies that the disease has been present for more than ten years.

In patients younger than 45 years presenting with ≥ 3 months of back pain Assessment of Spondyloarthritis International Society (ASAS) criteria classifies them for diagnosis of SpA. Patient must be submitted for MRI of sacroiliac joint for diagnosing it as nr-SpA as per ASAS criteria. Active (acute) inflammation therein the sacroiliac joint suggests presence of sacroiliitis or presence of a definite

radiographic sacroiliitis showing one or more of the eleven SpA features is diagnostic of SpA. Conversely, in presence of HLA-B27 positive, two or more SpA features out of the eleven are also diagnostic of SpA [3].

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