

- A 25-year-old man comes to your office complaining of pain in the right eye, which started three days ago. The pain was associated with blurred vision and hypersensitivity to light on Day 1. The problem increased gradually and was associated with redness of the eye and increased lacrimation. The patient denies a problem of this type in the past. He has been having some bilateral, deep, and dull pain in the gluteal region with mild lower backache and stiffness, which is worse in the morning and improves by the time he starts working in his office 1 to 2 hours later. The patient uses analgesics for the backache. He has been married for the last year, is a computer programmer, and goes to the gym three days a week. On physical examination, the patient is healthy-looking but anxious. He has a hazy cornea in the right eye with precipitates on the corneal endothelium and yellowish spots on the iris with indistinct margins. Funduscopy,

after dilation, shows a grossly normal retina and choroid. His left eye is normal. The rest of the physical examination shows some limitation in the range of movement of the lumbar spine in all directions and vague tenderness deep in the gluteal region. The ESR is 60 mm/h, and the urinalysis and chemistries are normal. An x-ray shows slightly blurred cortical margins of the subchondral bones in the sacroiliac joints bilaterally. Which of the following would be most appropriate next action?

- (A) Culture from the urethra
- (B) Serological test for syphilis
- (C) HLA-B27 typing
- (D) Methylprednisolone
- (E) Steroid eye drops

ANKYLOSING SPONDYLITIS

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~ AUTOIMMUNE PROCESS ASSOCIATED

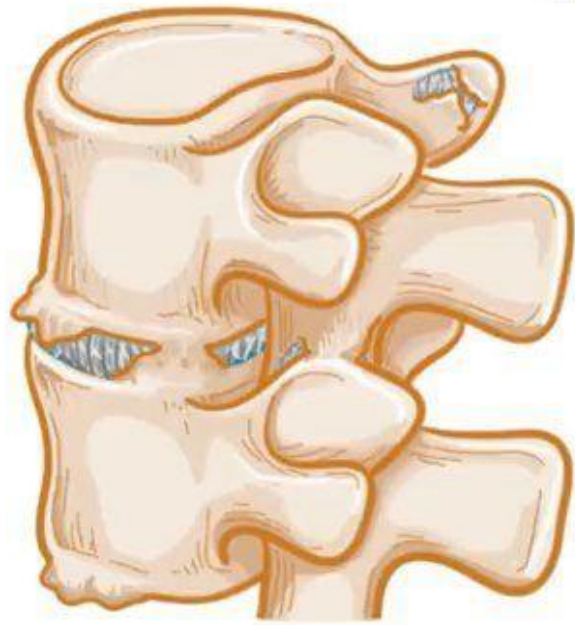
w/ HLA-B27 GENE

↳ ATTACKS VERTEBRAL JOINTS

~ COLLAGEN GETS DESTROYED +
REPLACED w/ FIBRIN

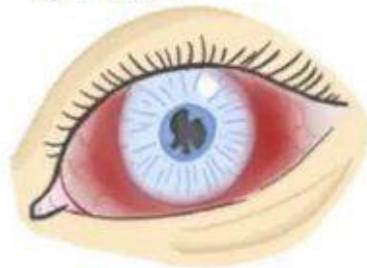
↳ OSSIFICATION SETS IN

↓
"BAMBOO SPINE"



ALSO
AFFECTS:

EYES



AORTA



TENDONS



+ LUNGS

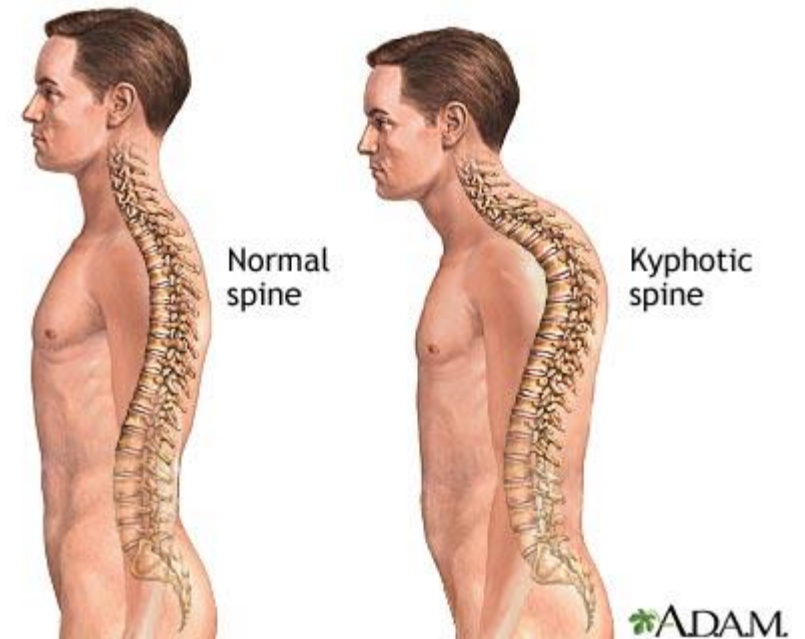


Lead points

- Inflammatory arthritis,
- Back ache
- Before 45 years age,
- HLA-B27

- **Low back pain and neck pain**
- Age of onset <40 years
- Insidious onset
- Improvement with exercise
- No improvement with rest
- Pain at night (with improvement upon arising)

- **Postural abnormalities**





- **Buttock pain**

- Buttock pain, especially alternating between the two sides but sometimes only one-sided, may be indicative of SI joint involvement.

- **Hip pain**

- **Peripheral arthritis**

- **Enthesitis**



- **Dactylitis**



EXTRAARTICULAR

- IBD
- ANT UVEITIS
- PSORIASIS

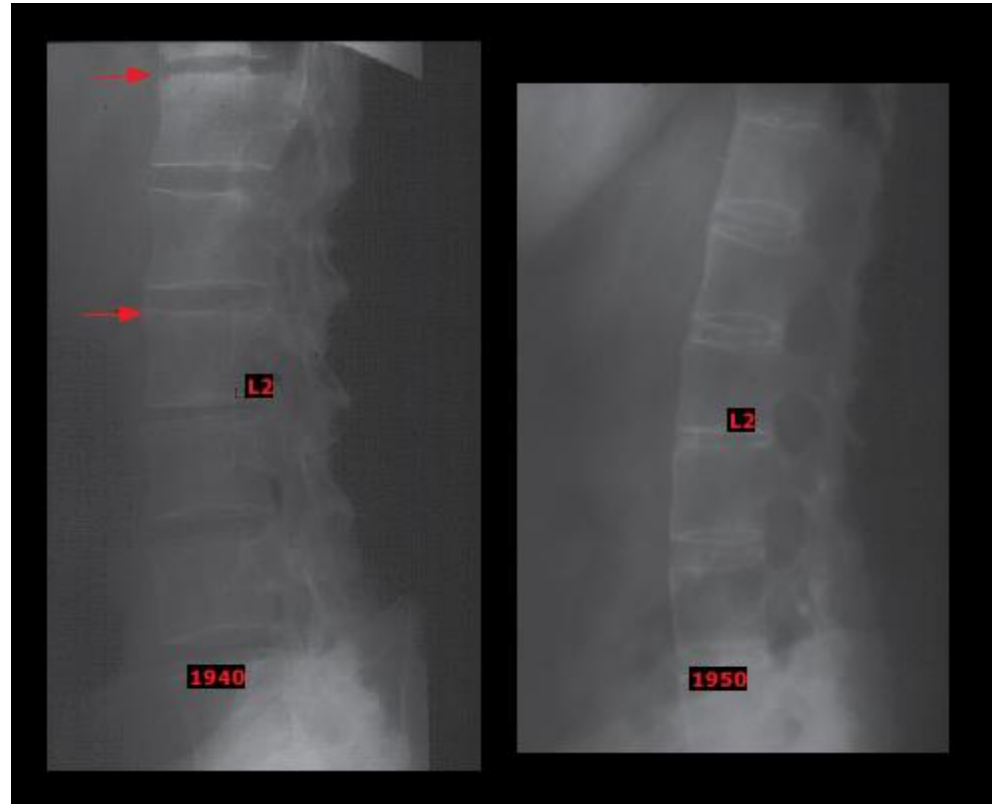




LABORATORY FINDING

- Elevated acute phase response, ESR, CRP

IMAGING





MANAGEMENT

- GOAL
- NON PHARMACOLOGIC
 - PATIENT EDUCATION
 - SMOKING CESSATION
 - PSYCHOSOCIAL SUPPORT
 - EXERCISE AND PHYSIOTHERAPY

Treatment

- **Initial drug therapy with NSAIDs**
- Duration of NSAIDS

INADEQUATE RESPONSE TO NSAIDs

- inadequate response to initial therapy with two different nonsteroidal antiinflammatory drugs (NSAIDs) used consecutively in an adequate dose for at least two to four weeks each, we recommend a tumor necrosis factor (TNF)-alpha inhibitor rather than continuing treatment with NSAIDs alone.

INADEQUATE RESPONSE OR INTOLERANCE TO INITIAL BIOLOGIC

- A patient can be considered as having an inadequate response, conventionally described as that biologic "failing," after starting a particular TNF or interleukin 17 (IL-17) inhibitor and receiving therapy for at least 12 weeks,

