CSRRSL 10th ASS 2016 OP 2 :

Spondyloathropathy in Rheumatology & Rehabilitation Hospital, Ragama : a case series

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Background

Since the introduction of the ASAS classification criteria for spondyloathropathy(SPA), the rate of early detection and the prevalence of SPA is on the incline. With the recent advancement of treatment modalities, the outcomes of the patients who are treated early have improved dramatically. However the literature available on spondyloathropathy in Sri Lanka is limited and the disease is underdiagnosed frequently.

Methodology

We conducted a retrospective study to assess the epidemiology, clinical presentation and investigation findings of patients with SPA who presented to Rheumatology and Rehabilitation hospital Ragama. The treatment methods and their responses were also assessed. We studied 6 patients with SPA during a period of 2 months.

Results

All six patients were males. Their age ranged from 23 to 49 years with the average being 37 years. The mean age of onset was 31.6 years. Out of the 6 patients,4 of them fulfilled ASAS criteria for axial SPA(aSPA) while two of them for peripheral SPA(pSPA). All the patients with axial SPA had inflammatory type lower back pain and Schober's test was positive in 3 of them. However the main symptom in 3 of the patients with aSPA was neck pain and stiffness. Enthesitis was seen in 4 patients and dactylitis was seen only in one. Systemic manifestations were only observed in one patient in the form of anterior uveitis. Out of the 2 with pSPA one was a diagnosed case of psoriatic athropathy. The Bath Ankylosing Spondylitis Disease

Activity Index(BASDAI) on admission ranged from 7.3 to 1.2. Inflammatory markers such as ESR and CRP were high in all except in two. One of them was in disease remission while the other had active disease with a BASDAI of 5.8. The HLAB27 was positive in 5 patients. Out of the 4 patients with aSPA, 3 of them had normal x-ray imaging while one patient had suspicious features of sacroilitis but not confirmatory. However all of them had sacroilitis on MRI imaging. The delay in diagnosis from onset of symptoms ranged from 9 years to 6 months with an average of 5.1 years. In all the cases the diagnosis was made only after an assessment by a rheumatologist. Three of those who had aSPA had improved their BASDI to <4 with a course of NSAIDS of less than 2 months duration. Two of them with pSPA were on a DMARD.

Discussion

The main concern of this case series is the unacceptable delay in making the diagnosis of SPA. We suggest programs to enhance the knowledge and diagnostic skills of the medical professionals in Sri Lanka with regards to SPA.