

Two female spondyloarthritis patients with uncommon associations.

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Abstract

Axial spondyloarthritis is a chronic systemic inflammatory disorder affecting the sacroiliac joints, spine, and peripheral joints. It is characterized by inflammatory back pain, enthesitis and extra-articular manifestations. Extra-articular manifestations are equally important in the diagnosis and management, as they affect mortality and long-term morbidity. Axial spondyloarthritis is characterized by having a wide variety of extra-articular manifestations including eye disease, cardiovascular involvement and pulmonary fibrosis. Well-known cardiovascular manifestations include atherosclerotic vascular disease, aortitis, cardiac valvular pathologies and venous thrombosis.

Inflammation of large vessels including aorta and its major branches usually occur in isolation as primary vasculitis, secondary to infections or as an autoimmune process. However, there are few case reports showing a coincidence of spondyloarthritis or spondyloarthritis-like disease with large vessel vasculitis. We present a case of large vessel involvement in a 42-year-old lady with axial spondyloarthritis, when she is in a relapse of spondyloarthritis and while being on conventional DMARDs and non-steroidal anti-inflammatory drugs. Her large vessel involvement was detected incidentally by having multiple bruits in bilateral common carotids and renal arteries on routine examination, later confirmed with CT aortogram and renal artery doppler, respectively. She gained a rapid improvement in her disease profile with the initiation of TNF inhibitor, intravenous infliximab therapy.

The risk of venous thrombosis and thromboembolism in patients with axial spondyloarthritis is higher compared to the general population and all the reported cases were lower limb deep vein thrombosis or pulmonary thromboembolism. Hepatic vein is an unusual site for venous thrombosis and has never been reported in association with spondyloarthritis. We report a case of hepatic vein thrombosis in a 38-year-old female with axial spondyloarthritis, occurred with the height of symptoms while receiving golimumab. She was treated with anticoagulation and the flare of spondyloarthritis was treated in accordance with the standard therapy of NSAIDs, golimumab and physiotherapy. She had a significant improvement and anticoagulation was continued for a longer period.

These two cases highlight the importance of looking for rare associations of axial spondyloarthritis that need to be considered when presented with uncommon features.

Keywords – Axial spondyloarthritis, extra-articular manifestations, large vessel vasculitis, hepatic vein thrombosis.