

## The clinical features and management of ankylosing spondylitis:

- Chronic inflammatory arthritis involving peripheral joints, sacroiliac joints (symmetrical) and spine commonly associated with extraarticular manifestations (uveitis, aortitis, pericarditis, pulmonary fibrosis). M: F ratio 2-3:1. age 10-30.
- Cause is not known. Genetically determined (HLA-B27) response to environmental factor (Chlamydia, CB, shigella etc)
- The target is the enthesis (bony attachment of lig and tendons). Enthesopathy
- Not all patients are B27 positive and most B27 positive individuals do not develop the disease
- All parts of the spine can be involved. Spondylodiscitis (erosive and sclerotic process involving the disc and adjacent vertebrae, Ankylosis of PLL, ALL, disc-Bamboo spine which leads to stress fractures of the spine, kyphoscoliotic deformity, increased mechanical stress at cervicocranial junction which is not involved in the Ankylosing process can lead to atlantoaxial subluxation.
- Indications for surgery include:
  1. Unstable fractures with neurological deficit or and mechanical instability
  2. Fractures with cord compression secondary to epidural haematoma or disc prolapse
  3. Severe fixed deformity causing functional limitations. Anterior osteotomies (cervical osteotomy for chin to chest deformity) with instrumented fusion depending on the level (high complication rate with 3-10% mortality and 20% neurological deficit. It is contraindicated in elderly and those with poor general condition)
  4. atlantoaxial and occipitocervical instability
- Patients should be assessed for nutritional status (associated enteropathy), lung functions (restricted chest wall movements and lung fibrosis), cardiac function (aortic stenosis)