

### Types

- Ankylosing Spondylitis
- Psoriatic Arthritis
- Undifferentiated
- Targets entheses
- Targets Gut, Skin, Eyes and aortic valve
- Enteropathic Arthritis
- Reiter's Syndrome
- HLA-B27
- Often triggered by environmental factors

### Sacroiliitis

- Erosions and Sclerosis of the SI joints
- Can be uni/bilateral/symmetrical/asymmetrical
- Caused by a systemic inflammatory disease
- In AS, occurs on iliac side of the joint first because of the thickness of the sacral cartilage

### Radiographic Findings of Sacroiliitis



- Loss of smooth cortical bone - iliac side of joint
- Affects Lower 2/3 of joint
- Erosions
- Pseudowidening
- Sclerosis
- Eventual Fusion of joint

### Ankylosing Spondylitis (AS)

- Chronic Inflammatory Arthritis
- Men affected more than women
- Syndesmophytes @ T-L Junction
- Elevated ESR
- Pain and stiffness worse in the morning, improving throughout the day
- Inflammation of discovertebral, zygapophyseal, costovertebral and costotransverse and parvertebral ligamentous structures of Tx spine
- 15-35 age of onset
- Starts in SI bilaterally & symmetrically
- HLA-B27
- RF -
- Pain during exercise, relieved by rest



### AS Radiography



Vertebral Body corners are eroded and body becomes squared  
Syndesmophytes start to bridge over the outer annular fibres

#### Changes occur at the disco-vertebral junction

1. Romanus Lesion - Active Inflammation
2. Shiny corner - Active repair
3. Vertebral Squaring - Permanent Deformity
4. Syndesmophytes - Post-Inflammatory calcification of annulus fibrosis "Bamboo spine"

### Clinical Features

Iritis, Conjunctivitis	Aortic Insufficiency
Pulmonary Fibrosis	Limited Chest expansion
Decreased Schobers	

### Enteropathic Spondylitis

- |                                  |                                 |
|----------------------------------|---------------------------------|
| - Crohn's and Ulcerative Colitis | - Causes similar features to AS |
|----------------------------------|---------------------------------|

### Psoriatic Arthritis

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| - Complication of Psoriasis          | - Male and Female equally affected |
| - Affects Hands (DIPs) and SI joints |                                    |

### Radiology Findings



- Periostitis erosions - Mouse ears appearance
- Joint space narrowing
- Bone is fluffy and spiculated
- Ray pattern - joints in a single-digit more affected than the other side
- Asymmetrical
- Sausage Digits
- Arthritis Mutilans - severely deformed hands resulting from severe inflammation
- Acro - osteolysis - resorption of the distal phalanx
- In the Spine, Sacroiliitis is common - unilaterally, bilateral but asymmetrical
- Non marginal syndesmophytes
- Increased ADI



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Not published yet.  
Last updated 28th June, 2020.  
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### Reactive Arthritis (Reiter's syndrome)

Urethritis, Conjunctivitis, Arthritis

Usually lower extremities

Radiographically identical to Psoriatic Arthritis

STD/GI Infection

"Can't Pee, Can't See, Can't Dance with me"

### Radiology Findings

- Asymmetrical

- Sausage Digits

- Enthesitis - heel pain, achilles tendonitis/pain at insertion of patella

- More males than females

### Osteitis Condensans Ilii



- Mechanical Stress of the SI

- Benign Sclerosis of the iliac side, lack of joint space narrowing

- Bilateral + Symmetrical

- Usually a Triangular shape

### Management

- Extension stretches and exercises (reduces Tx kyphosis)

- Myofascial therapy

- Ultrasound and electrical stimulation

- SMT contraindicated with acute inflammation

- Mobilisation

- Swimming

- Nutritional Support (calcium, vitamin D, Omega 3 fish oils)

