## Types

| | |
|---|---|
| - Ankylosing Spondylitis | - Enteropathic Arthritis |
| - Psoriatic Arthritis | - Reiter's Syndrome |
| - Undifferentiated | |
| - Targets entheses | - HLA-B27 |
| - Targets Gut, Skin, Eyes and aortic valve | - 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 | - 15-35 age of onset |
| - Men affected more than women | - Starts in SI bilaterally & symmetrically |
| - Syndesmophytes @ T-L Junction | - HLA-B27 |
| - Elevated ESR | - RF - |
| - Pain and stiffness worse in the morning, improving throughout the day | - Pain during exercise, relieved by rest |
| - Inflammation of discovertebral, zygapophyseal, costovertebral and costotransverse and parvertebral ligamentous structures of Tx spine | |



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## 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 | |

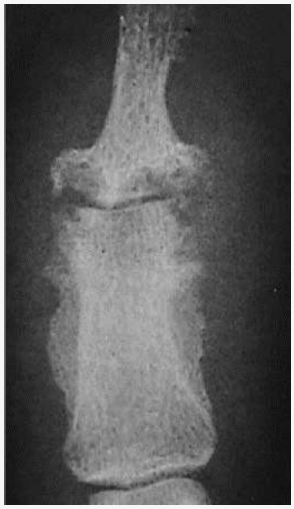
## Enteropathic Spondylitis

| | |
|---|---|
| - 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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## 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)



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