

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 | |



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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