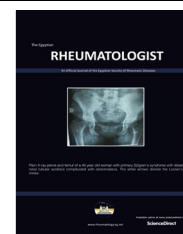




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ORIGINAL ARTICLE

Demographic, clinical and radiological characteristics of seronegative spondyloarthritis Egyptian patients: A rheumatology clinic experience in Mansoura



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KEYWORDS

Spondyloarthritis;
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Reactive arthritis;
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Abstract *Introduction:* Seronegative spondyloarthritis (SpA) is a group of chronic potentially disabling diseases that affect mainly axial joints in addition to extra-articular manifestations such as enthesitis, dactylitis and uveitis.

Aim of the work: To assess the demographic features, clinical manifestations and radiological findings of SpA in Egyptian patients.

Patients and methods: Fifty-three SpA patients were recruited from the Rheumatology and Immunology Unit of Mansoura University Hospital. Demographic, clinical and therapeutic data were collected. Skin was carefully assessed for psoriasis. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were measured. All patients were evaluated by conventional radiographs of hands, knees, ankles, sacroiliac joints (SIJ) and lumbosacral spines in addition to magnetic resonance imaging (MRI) of the SIJs.

Results: Ankylosing spondylitis (AS) was the most prevalent (55%) followed by psoriatic arthritis (PsA) (38%) and 2 patients had enteropathic arthritis, one had reactive arthritis and another had undifferentiated SpA. The mean age of the patients was 39 ± 10.8 years; disease duration was 10 ± 3.5 years with a male predominance (58%). Inflammatory low back pain was present in all the patients and 77.4% had both axial and peripheral arthritis. Extra-articular manifestations as enthesitis, bursitis and dactylitis were detected in only 9.4% of patients. Sacroiliitis was detected in 81.1% of patients using conventional radiographs. MRI detected bone marrow edema in 9.4%, narrowing in 11.3%, sclerosis in 17% and ankylosis in 52.8%.

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Conclusion: The demographic, clinical and radiological characteristics of Egyptian SpA patients are comparable to those from other countries except for the lower prevalence of extra-articular manifestations.

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1. Introduction

Seronegative spondyloarthritis (SpA) is a group of chronic inflammatory rheumatic diseases that affect the axial and/or peripheral joints [1]. The disease is usually seen between second and fourth decades of life [2]. The incidence of SpA varies, depending on the examined populations, from 0.2% to 1.9% [3]. Males are more affected than females. Apart from genetic factors, environmental factors also seem to play a role in the multifactorial causes of SpA. These diseases all share a common clinical pattern and pathophysiological mechanisms [4]. Sacroiliitis is the hallmark of the disease [5], however, enthesitis, dactylitis and uveitis are also common features of SpA [6]. Seronegative SpA diseases include ankylosing spondylitis (AS), psoriatic arthritis (PsA), reactive arthritis (ReA), and enteropathic arthritis (EntA) for those associated with inflammatory bowel disease (IBD) and undifferentiated spondyloarthritis (uSpA) [7]. Generally there is good symptomatic response to anti-inflammatory doses of nonsteroidal anti-inflammatory drugs (NSAIDs) [8].

There is a growing interest in early diagnosis for patients with SpA which is a disease condition defined by a combination of symptoms and signs. Multiple imaging modalities including conventional radiography, magnetic resonance imaging (MRI) and ultrasonography (US) are available for evaluation of SpA [9]. The spectrum of joint involvement should not be limited to sacroiliitis and subclinical peripheral arthritis has also been reported in Egyptian SpA patients [10]. Subclinical arthritis was frequently found in patients with psoriasis by MRI [11].

Quite recently, considerable attention has been paid to evaluate the epidemiological distribution and clinical features of seronegative SpA. However, this issue has not been sufficiently studied in Egypt. In this article we present the demographic, clinical and radiological characteristics as well as the therapeutic profile of seronegative SpA patients attending the Rheumatology clinic and unit of the Mansoura University Hospital in Egypt.

2. Patients and methods

In this cross-sectional observational study, 53 consecutive patients with SpA were recruited from the Rheumatology and Immunology Unit of Mansoura University Hospital. Written informed consent was obtained from all patients after informing them about the study purposes. The study was approved by the ethics committee of the Mansoura University.

The diagnosis of seronegative SpA was confirmed according to Assessment of SpondyloArthritis international Society (ASAS) endorsed criteria for classifying patients with axial [12] and peripheral SpA [13] as well as CASPAR criteria for PsA [14]. Any patient with overlap with other rheumatic diseases was excluded. Demographic data were collected includ-

ing age, sex and socioeconomic status. Disease duration was recorded and clinical data were evaluated including the presence of inflammatory low back pain (ILBP) at the onset of the disease. Axial or peripheral joints involvement was determined and any associated periarticular manifestations like enthesitis and bursitis were also evaluated. Toes and fingers were carefully examined searching for any signs of acute or chronic dactylitis. Skin was carefully assessed searching for any psoriatic skin lesions. Additionally, detailed information was obtained regarding history of diabetes mellitus, hypertension, past history of uveitis and family history of seronegative SpA.

The erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were recorded. Descriptive therapeutic history including NSAIDs, local and systemic steroids, conventional and biological disease modifying antirheumatic drugs (DMARDs) was obtained. All patients were evaluated by conventional radiographs of hands, knees, ankles, sacroiliac joints (SIJ) and lumbosacral spines in addition to MRI of the SIJs. In AS patients, disease activity was assessed using the Bath ankylosing spondylitis disease activity index (BASDAI) [15].

Statistical analysis: Statistical Package for Social Science (SPSS) program version 15 was used for an analysis of data. Data were summarized using mean and standard deviation (mean \pm SD) for quantitative and numbers and percentages for categorical variables. *p*-Value < 0.05 was considered significant.

3. Results

A total of 53 SpA patients were included, which accounted for 0.8% of patients attending the Rheumatology clinic and unit. Of them, 29 (55%) were AS, 20 (38%) were PsA, 2 (3.8%) had enteropathic arthritis, 1 (1.9%) with ReA another (1.9%) with uSpA (Fig. 1). The demographic features, clinical manifestations, ESR, CRP and therapeutic profile of the studied SpA patients are presented in Table 1. The mean age of the patients was 39 ± 10.8 years, with 31 (58%) males and 22 (42%) females (M:F 1.4:1). The mean disease duration was 10 ± 3.5 years. ILBP was present in all patients at the onset of the disease. Only one patient had monoarthritis, 30 (56.6%) had oligoarthritis while, 22 (41.5%) patients had polyarthritis. About one third of the patients had psoriasis. Uveitis was reported in 6 patients and family history of SpA was evident in 11 (6 had AS and 5 had PsA).

When evaluating the disease activity in AS patients using the BASDAI score, none of the patients was inactive. However, 16 (55.2%) had very high disease activity, 11 (37.9%) had high and 2 (6.9%) moderate disease activity.

Radiographic findings of the peripheral joints are shown in Table 2. Acro-osteolysis was detected in one PsA patient and arthritis mutilans in another. Radiographic features of the SIJ are presented in Table 3. By conventional radiographs,

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