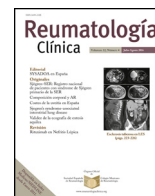




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Original Article

Recommendations for the Use of Ultrasound and Magnetic Resonance in Patients With Spondyloarthritis, Including Psoriatic Arthritis, and Patients With Juvenile Idiopathic Arthritis[☆]

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ABSTRACT

Objective: To develop evidence-based recommendations on the use of ultrasound (US) and magnetic resonance imaging in patients with spondyloarthritis, including psoriatic arthritis, and juvenile idiopathic arthritis.

Methods: Recommendations were generated following a nominal group technique. A panel of experts (15 rheumatologists and 3 radiologists) was established in the first panel meeting to define the scope and purpose of the consensus document, as well as chapters, potential recommendations and systematic literature reviews (we used and updated those from previous EULAR documents). A first draft of recommendations and text was generated. Then, an electronic Delphi process (2 rounds) was carried out. Recommendations were voted from 1 (total disagreement) to 10 (total agreement). We defined agreement if at least 70% of participants voted ≥ 7 . The level of evidence and grade or recommendation was assessed using the Oxford Centre for Evidence Based Medicine levels of evidence. The full text was circulated and reviewed by the panel. The consensus was coordinated by an expert methodologist.

Results: A total of 12 recommendations were proposed for each disease. They include, along with explanations of the validity of US and magnetic resonance imaging regarding inflammation and damage detection, diagnosis, prediction (structural damage progression, flare, treatment response, etc.), monitoring and the use of US guided injections/biopsies.

Conclusions: These recommendations will help clinicians use US and magnetic resonance imaging in patients with spondyloarthritis and juvenile idiopathic arthritis.

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Recomendaciones para el uso de la ecografía y la resonancia magnética en pacientes con espondiloartritis, incluyendo la artritis psoriásica, y en pacientes con artritis idiopática juvenil

R E S U M E N

Palabras clave:
Espondiloartritis
Artritis idiopática juvenil
Ecografía
Resonancia magnética
Recomendaciones

Objetivo: Establecer recomendaciones, basadas en la evidencia, sobre el uso de la ecografía (US) y la resonancia magnética en pacientes con espondiloartritis, incluyendo la artritis psoriásica, y en la artritis idiopática juvenil.

Métodos: Las recomendaciones se consensuaron mediante metodología basada en grupos nominales. Un grupo de expertos (15 reumatólogos y 3 radiólogos) definió el alcance, los usuarios, los apartados, las posibles recomendaciones y las revisiones sistemáticas a realizar (se utilizaron y actualizaron las revisiones de documentos de consenso de EULAR), y se asignaron tareas. Los expertos delimitaron los apartados y redactaron las recomendaciones. El nivel de evidencia y el grado de recomendación se establecieron utilizando el sistema del *Centre for Evidence Based Medicine* de Oxford, y el grado de acuerdo mediante Delphi a 2 rondas. Las recomendaciones se votaron según una escala de 1 (total desacuerdo) a 10 (total acuerdo), definiéndose el acuerdo como una puntuación ≥ 7 por al menos el 70% de los participantes. El documento fue revisado por los expertos y el proyecto estuvo coordinado por un metodólogo experto.

Resultados: Se emitieron 12 recomendaciones sobre la validez de la US y la resonancia magnética para la detección de actividad y daño estructural, capacidad diagnóstica, predictora (de progresión de daño estructural, brote de la enfermedad, respuesta al tratamiento, etc.), utilidad en la evaluación y monitorización del tratamiento, y uso de la US como guía (para infiltraciones, biopsias, etc.) en pacientes con espondiloartritis y artritis idiopática juvenil.

Conclusiones: Se presentan unas recomendaciones útiles para el manejo de la US y la resonancia magnética por los clínicos en pacientes con espondiloartritis y artritis idiopática juvenil.

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Introduction

Ultrasound (US) and magnetic resonance imaging (MRI) are of great utility in the daily clinical practice of the rheumatologist, both in the diagnostic process and in the therapeutic management of inflammatory diseases. The development of new drugs and the establishment of criteria for a close control of the inflammatory activity have brought about a considerable change in the utilization of these two techniques in the routine management of patients with rheumatic diseases. The reason for this change lies both in their capacity to detect inflammation (with the possibility of intensifying treatment and avoiding or reducing irreversible structural damage) and the increasing incorporation of US and the greater accessibility of MRI studies on the part of rheumatology departments.

Ultrasound has a great advantage in the fact that it can be performed at the point of care. This enables the immediate comparison with clinical data and findings from other studies in cases of diagnostic suspicion or doubts. As a consequence, it is essential to facilitate programmed learning according to a competitive curriculum for US in rheumatology, to gain access to a medium or high-range US machine and to become familiar with the settings. Magnetic resonance imaging may not be as accessible in the rheumatology department as US, but it is a highly useful imaging technique, both for the diagnosis and for patient follow-up.

The incorporation of these imaging techniques into clinical practice should be based on valid scientific criteria, judgment and feasibility. Therefore, the main objective of this project is to draw up recommendations on the use of US and MRI in spondyloarthritis (SpA), including psoriatic arthritis (PsA), and in juvenile idiopathic arthritis (JIA), based on the best available evidence, which serves as a reference for all of the professionals involved in caring for patients with rheumatic diseases. Our proposal is to reduce the variability in the use of these imaging techniques and to close gaps between clinical practice and the best scientific evidence.

Material and Methods

The preparation of this document was an initiative of the Working Group on Ultrasound of the Spanish Society of Rheumatology (SER). The present article is to provide recommendations concerning the use of US and MRI in patients with SpA, including PsA, and in JIA patients. The recommendations on the use of these imaging techniques in rheumatoid arthritis are dealt with in another document. The development involved the utilization of the Delphi method and the nominal group technique. The entire process of writing the document was performed by distributing tasks and comments among those participating, with the additional aid of several consensus documents published by the European League Against Rheumatism (EULAR) and the critical evaluation and the subsequent update of their systematic literature reviews (SLR).¹⁻³

Selection of the Panel and Assignment of Tasks

The first step was the formation of a panel of 18 experts (15 rheumatologists and 3 radiologists), selected through a search in MEDLINE for Spanish professionals with publications in indexed journals on the utilization of US and/or MRI in SpA and JIA. The panel was constituted on the basis of the results of that search, the demonstrated experience of the professionals and their interest in the subject, also taking into account criteria of geographic representation. The entire process was coordinated by a methodologist with demonstrated experience in the Delphi method and SLR.

In the first meeting of the nominal group, the clinical questions to be developed were selected and the scope, objectives and sections of the document were decided. The clinical questions were formulated following the PICO format: patient, intervention, comparison and outcome. It was finally decided to carry out the SLR on different aspects of US and MRI in SpA and JIA, and postpone the assignment of tasks to the panelists until the results of the SLR had been obtained. Given that these clinical questions had been previously formulated in the abovementioned EULAR consensus

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