

Orthopaedic Connection

Ankylosing Spondylitis

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

If you read the title of this week's article and said "What?" I am not surprised.

It is a very unusual cause of back pain that most patients have never heard of.

While you may never have the misfortune to get ankylosing spondylitis, you perhaps can help another person who has the symptoms sometime in the future.

Average Back Pain

- Almost everyone has it at sometime
- Cause is usually a sprain (tissue, ligament) or a strain (pulled muscle)
- Wear and tear changes in discs
- Arthritis change around vertebra (spurs)
- Subsides in several days or a few weeks

How Is Ankylosing Spondylitis Different?

- It comes on and stays
- No apparent cause or injury
- More common onset in white men under 40
- Pain worse at night and in the morning
- Pain does not get better with rest
- There can be a long time before diagnosis is made

Family History Is Positive

No one knows what causes ankylosing spondylitis, but genetics seems to play a definite role. About 90% of patients who develop ankylosing spondylitis have a certain gene called HLA-B27.

A large number of patients who develop ankylosing spondylitis have a relative with one of the following: psoriatic arthritis, inflammatory bowel disease and arthritis.

Diagnosis

Diagnosis is made by history, physical exam and x-rays. MRI study is not usually needed. On exam the back can be unusually stiff and tenderness in the sacroiliac joints is common. Chest expansion with a deep breath is very limited.

Treatment

Pain is relieved somewhat by exercise. It is usually advised to have a physical therapist design a proper exercise program. One that a person can follow indefinitely.

The exercise program is intended to relieve pain and prevent further damage to joints. While there is no cure for ankylosing spondylitis these measures can cause significant improvement.

Medication

The mainstay of medical management is NSAIDs such as Ibuprofen or similar medication.

Narcotic medication is strongly discouraged by anyone who treats ankylosing spondylitis. Not because the disease is not painful, but due to the fact that it is so chronic the patient is practically guaranteed to become addicted to Norco or any of the similar narcotics.

Rheumatologists (internal medicine specialists) may select a so called biologic agent that can target what is triggering the inflammation. This can reduce pain and improve function.

Some of these medications are Humira, Remicade and Enbrel.

Because these medications are powerful and have their own side effects Orthopaedic Surgeons almost always prefer that a Rheumatologist prescribe them for a patient with ankylosing spondylitis.

My patients put their trust in me and what I do improves the quality of their lives.

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You get the Office Website and Library, Your Orthopaedic Connection and GCH archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush