Περιστατικά ασθενών με Σπονδυλοαρθρίτιδα

Κατερίνα Σιάγκρη

Ρευματολόγος

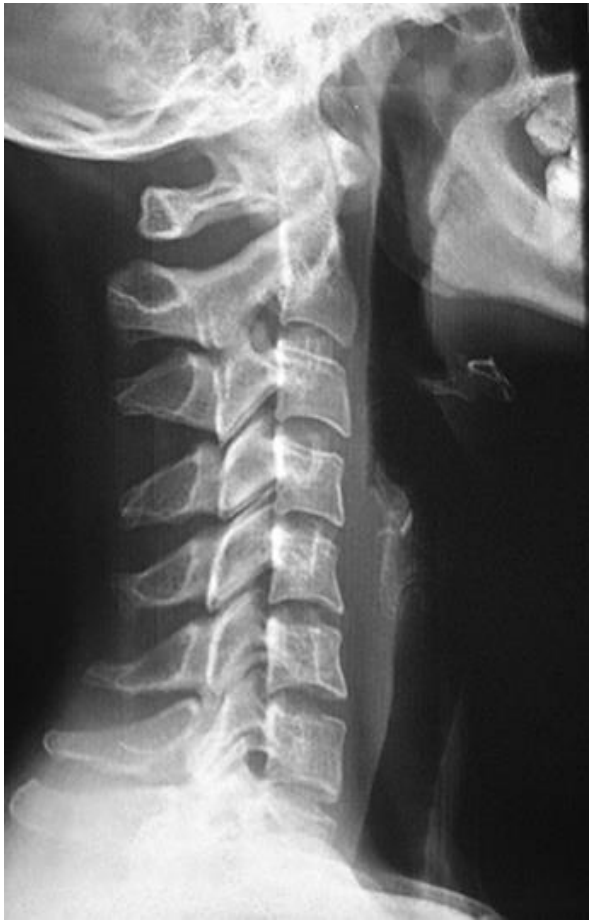
US Επιστημονικός Συνεργάτης ΑΠΘ

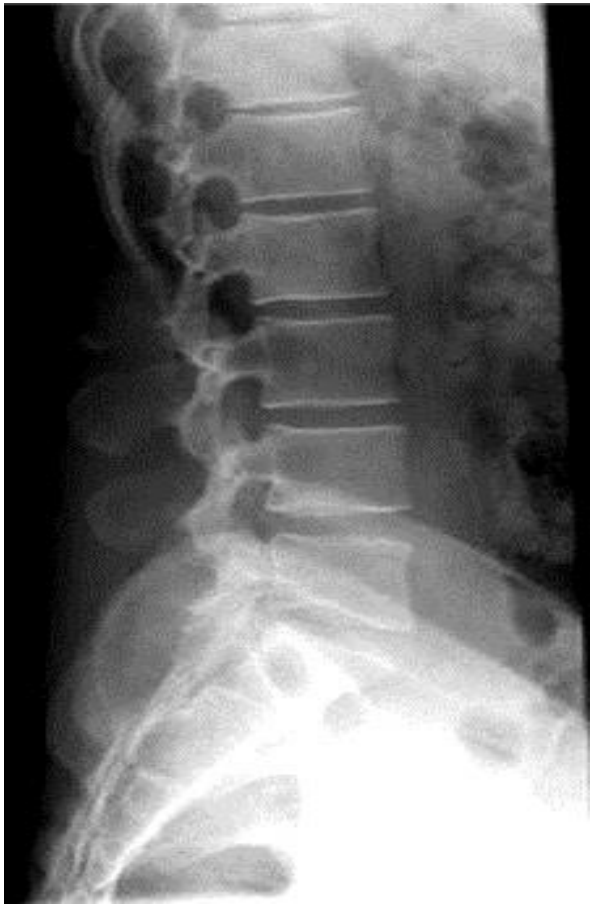
ΕΠΕΜΥ, Καλαμάτα, 22-05-2015

Σύγκρουση συμφερόντων

Αμοιβή ομιλητή για την παρουσίαση από την Phizer

- Άντρας 43 ετών
- Άλγος ισχίων και ΣΣ
- Πρωινή δυσκαμψία
- Υπέρταση
  - 140-90mm/Hg
- Υπερχοληστερολαιμία
  - χοληστερίνη 256 mg% (<200)
  - HDL 49 mg% (>40)
  - LDL 174 mg%(<190)



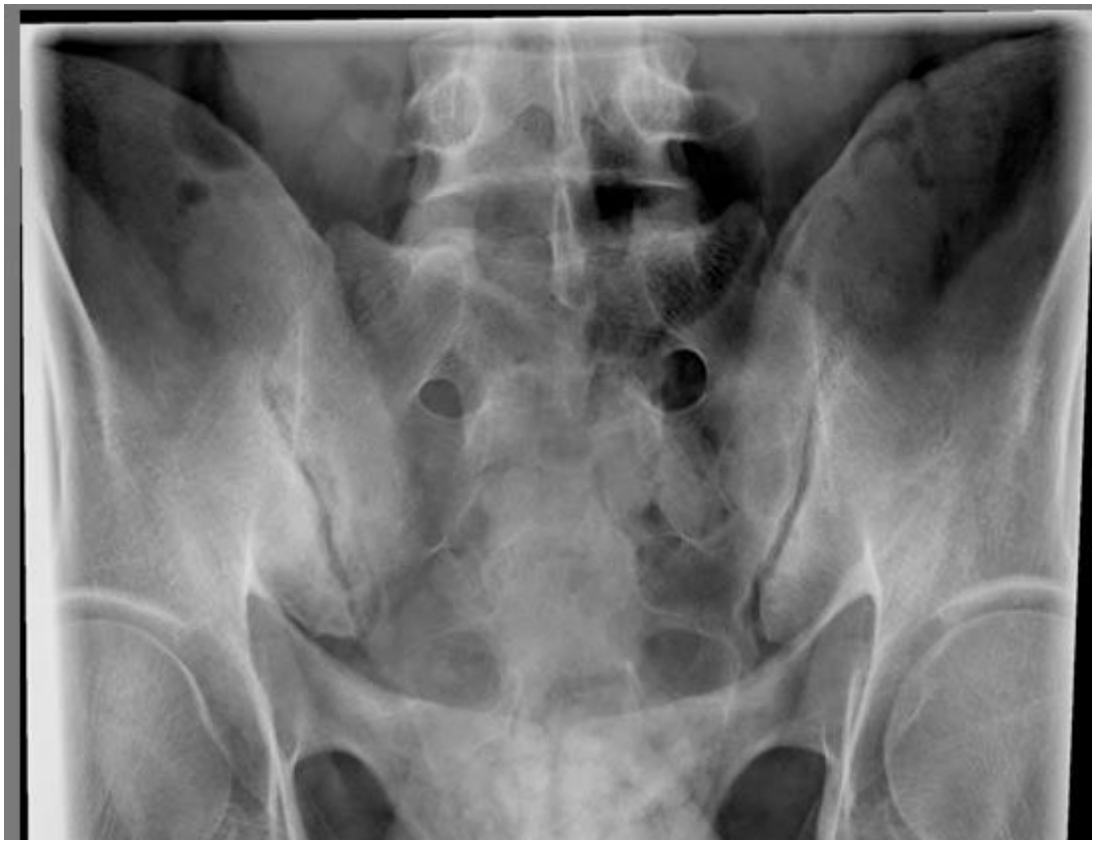


- ΤΚΕ: 86mm/h

(κ.φ. 0-20)

- CRP:10,8mg/dl

(κ.φ. 0-0,5)



Review

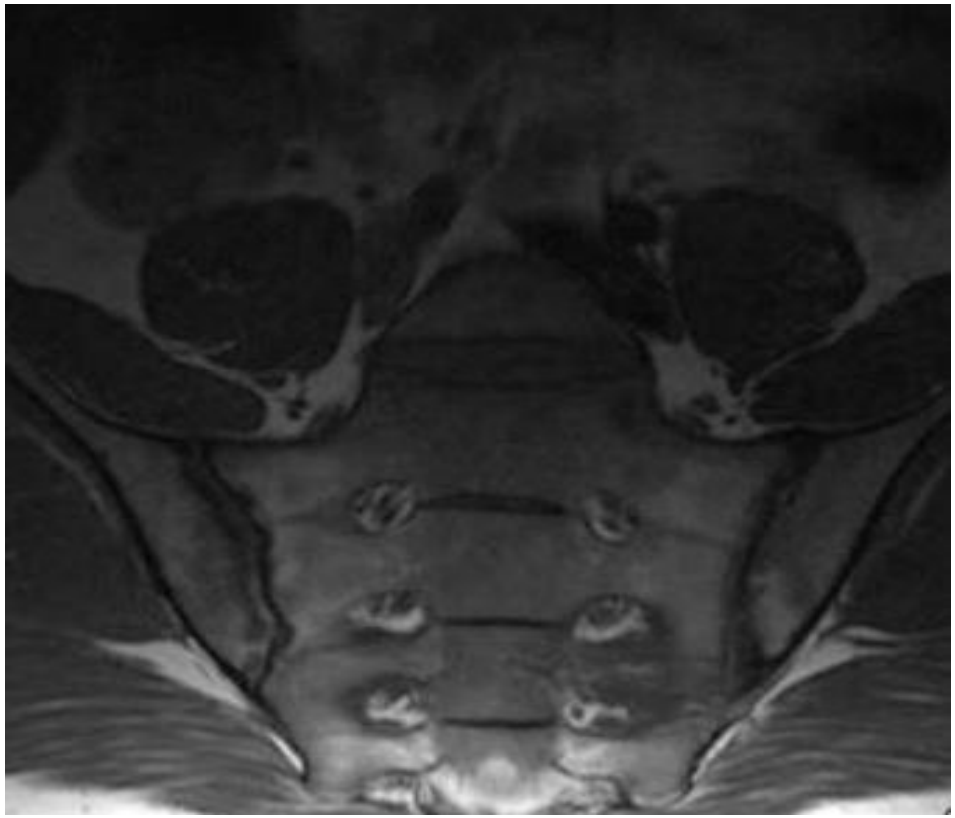
Classification and Diagnosis of Axial Spondyloarthritis — What Is the Clinically Relevant Difference?

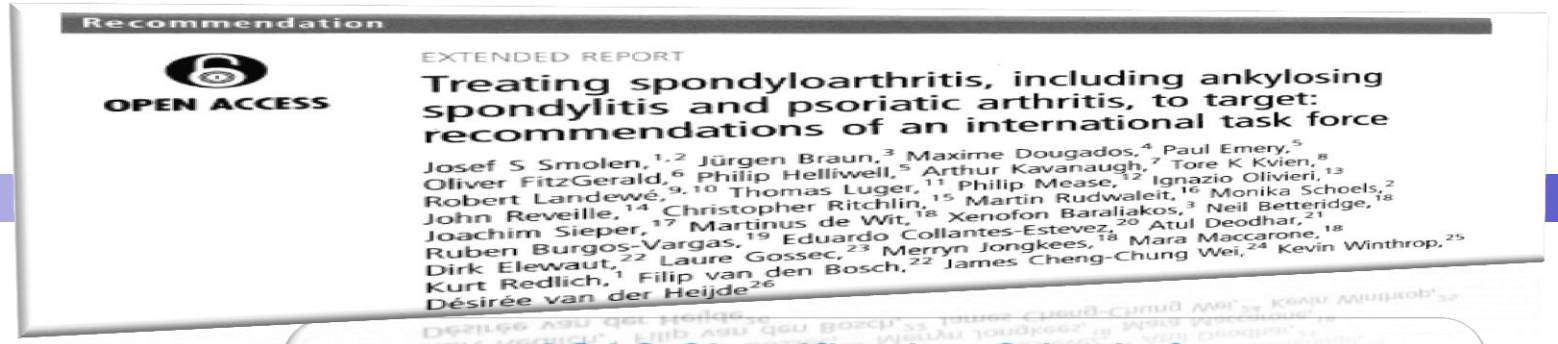
Jurgen Braun, Xenofon Baraliakos, Uta Kiltz, Frank Heldmann, and Joachim Sieper

Table 1. Differential diagnoses of sacroiliitis.

Sacroiliac changes in other rheumatic diseases
Osteitis condensans ilii
Osteoarthritis of the sacroiliac joint
Sacroiliitis in gout
Sacroiliitis in crystal deposition diseases
Sacroiliitis in familial Mediterranean fever
Sacroiliitis in Behçet disease
Sacroiliitis in sarcoidosis
Sacroiliitis in systemic lupus erythematosus
Sacroiliac changes in Paget disease
Infectious sacroiliitis
Staphylococci, streptococci
Mycobacterium tuberculosis
Brucella species
Postinfectious structural changes in the sacroiliac joint
Pelvic fractures
Malignancy
Lymphoma
Leukemia
Sarcoma

- HLA-B27 (-)





ASAS Classification Criteria for Axial Spondyloarthritis (SpA)

In patients with ≥3 months back pain and age at onset <45 years

Sacroiliitis on imaging*

plus

≥1 SpA feature#

OR

HLA-B27

plus

≥2 other SpA features#

#SpA features

- inflammatory back pain
- arthritis
- enthesitis (heel)
- uveitis
- dactylitis
- psoriasis
- Crohn's/colitis
- good response to NSAIDs
- family history for SpA
- HLA-B27
- elevated CRP

*Sacroiliitis on imaging

- active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
- definite radiographic sacroiliitis according to mod NY criteria

n=649 patients with back pain;
Sensitivity: 82.9%, Specificity: 84.4%
Imaging alone: Sensitivity: 66.2%, Specificity: 97.3%

Rudwaleit M et al. Ann Rheum Dis 2009;68:777-783 (with permission)

ASAS

ΘΕΡΑΠΕΥΤΙΚΑ ΠΡΩΤΟΚΟΛΛΑ ΣΥΝΤΑΓΟΓΡΑΦΗΣΗΣ ΡΕΥΜΑΤΟΛΟΓΙΚΩΝ ΝΟΣΗΜΑΤΩΝ

ΑΓΚΥΛΟΠΟΙΗΤΙΚΗ ΣΠΟΝΥΛΙΤΙΑ

ΦΑΡΜΑΚΕΥΤΙΚΗ ΘΕΡΑΠΕΙΑ

- **Α. Προσβολή αξονικού σκελετού**

  1ης επιλογής

  ΜΣΑΦ

  Σημείωση: Επαρκής θεραπευτική δοκιμή σε ΜΣΑΦ είναι η:

  - Θεραπεία ≥3 μήνες στις μέγιστες συνιστώμενες ή ανεκτές δόσεις, εκτός εάν υπάρχει αντένδειξη

  - Θεραπεία <3 μήνες σε δυσανεξία, τοξικότητα ή αντένδειξη

  2ης επιλογής

  - αντί-TNF

  Σημείωση: Οι προϋποθέσεις για την έναρξη αντί-TNF θεραπείας είναι οι εξής:

  • Ενεργός ΑΣ επί ≥4 εβδομάδες.

  Για να χαρακτηριστεί ενεργός η νόσος θα πρέπει:

  - Ο δείκτης BASDAI να είναι ≥4 (σε κλίμακα 0-10)

- GESPIC found no difference in radiographic progression with high NSAID intake overal

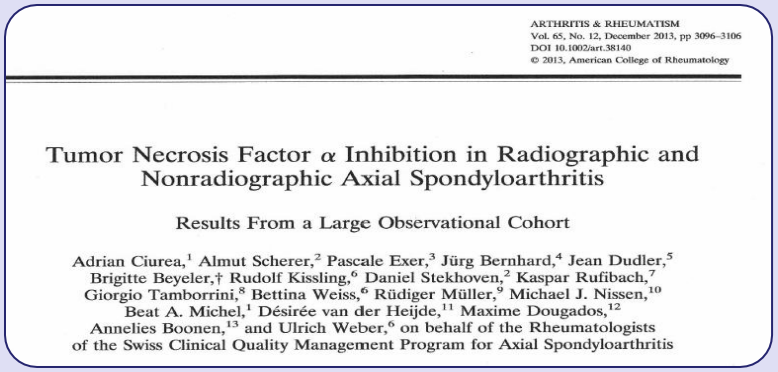
Poddubnyy D, et al. ARD 2012;71:1616-22

- There is no evidence to support the obligatory use of DMARD before or concomitant with TNFi in patients with axSpA (LOE I, SOR A)

2014 Update on the CRA/SPARCC

- BASDAI: 5,8
- ASDAS-CRP: 3,6
- BASFI: 4,5
- BASMI: 1,8
- PGA: 6,5

❖ *Μεγαλύτερα ποσοστά απάντησης στην αντι-TNFα θεραπεία επιτυγχάνουν οι ασθενείς με υψηλή CRP/MRI+ κατά την έναρξη*



ARTHRITIS & RHEUMATISM
Vol. 65, No. 12, December 2013, pp 3096–3106
DOI 10.1002/art.38140

Tumor Necrosis Factor α Inhibition in Radiographic and Nonradiographic Axial Spondyloarthritis

Results From a Large Observational Cohort

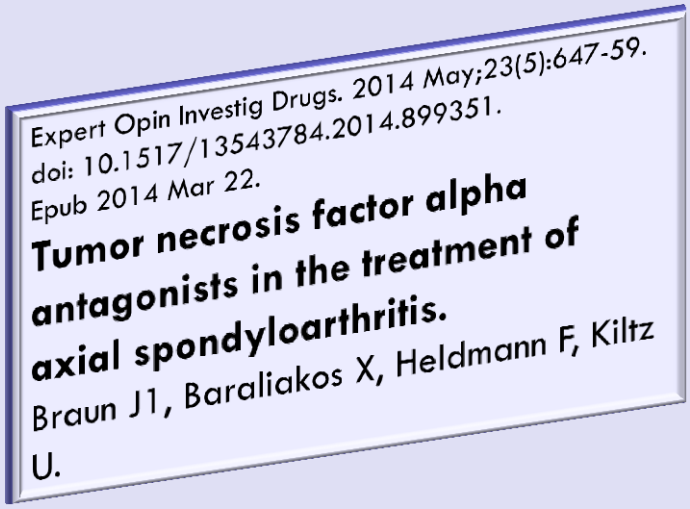
Adrian Ciurea,[1] Almut Scherer,[2] Pascale Exer,[3] Jürg Bernhard,[4] Jean Dudler,[5] Brigitte Beyeler,† Rudolf Kissling,[6] Daniel Stekhoven,[2] Kaspar Rufibach,[7] Giorgio Tamborrini,[8] Bettina Weiss,[6] Rüdiger Müller,[9] Michael J. Nissen,[10] Beat A. Michel,[1] Désirée van der Heijde,[11] Maxime Dougados,[12] Annelies Boonen,[13] and Ulrich Weber,[6] on behalf of the Rheumatologists of the Swiss Clinical Quality Management Program for Axial Spondyloarthritis

TNF-alpha inhibitors for ankylosing spondylitis (Review)

Maxwell LJ, Zochling J, Boonen A, Singh JA, Veras MMS, Tanjong Ghogomu E, Benkhalti Jandu M, Tugwell P, Wells GA

Cochrane Database Syst Rev. 2015 Apr 18;4:CD005468. [Epub ahead of print]

THE COCHRANE COLLABORATION®



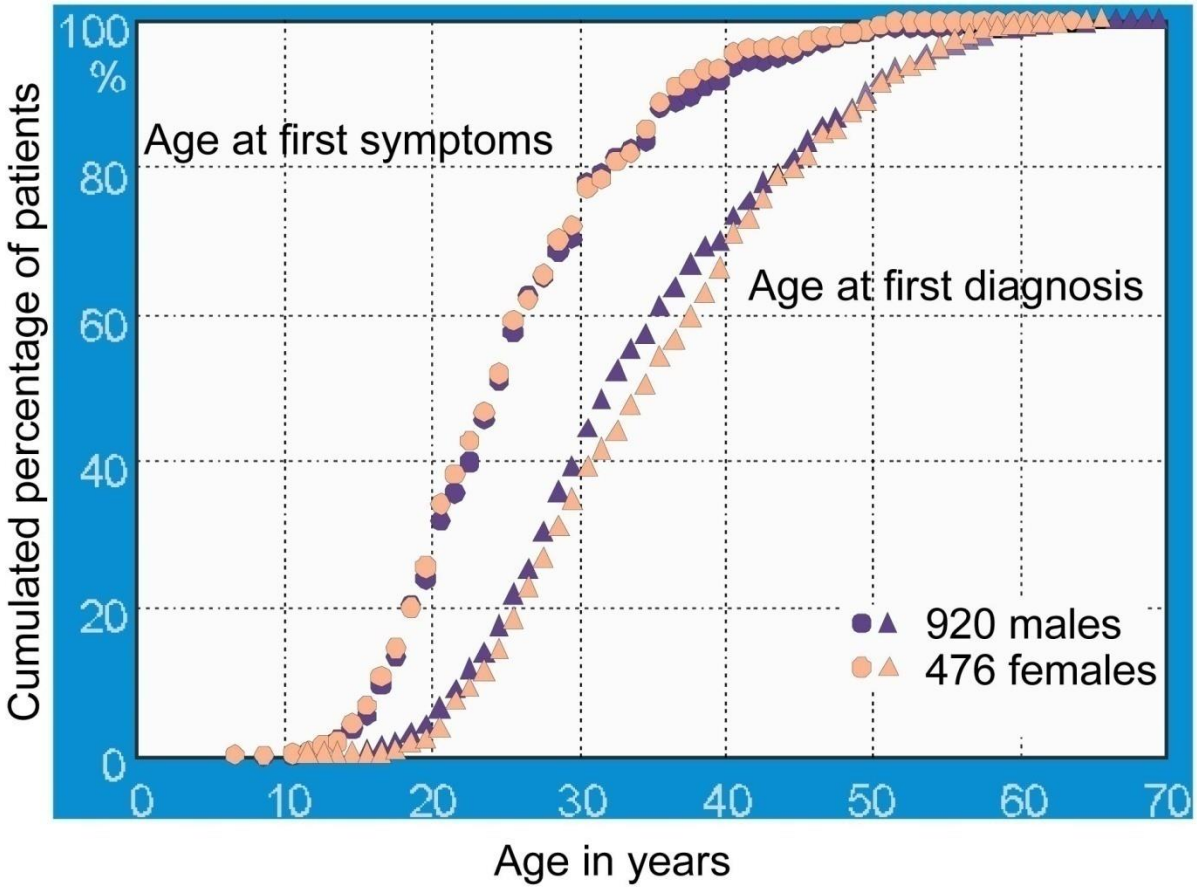
Expert Opin Investig Drugs. 2014 May;23(5):647-59.
doi: 10.1517/13543784.2014.899351.
Epub 2014 Mar 22.

Tumor necrosis factor alpha antagonists in the treatment of axial spondyloarthritis.

Braun J1, Baraliakos X, Heldmann F, Kiltz U.

❖ *Οι TNFα είναι αποτελεσματικοί στη μείωση των σημείων και συμπτωμάτων της νόσου*
❖ *Μπορεί να υπάρχει επιβράδυνση της ακτινολογικής εξέλιξης σε τέσσερα χρόνια*

Age at First Symptoms and at First Diagnosis in Ankylosing Spondylitis Patients



Average delay in diagnosis: 9 years

Feldtkeller E et al. Curr Opin Rheumatol 2000;12:239-247 (with permission)

RHEUMATOLOGY

Rheumatology 2010;49:1570–1577
doi:10.1093/rheumatology/keq131
Advance Access publication 5 May 2010

Original article

Working status in patients with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis: results from the British Society for Rheumatology Biologics Register

Suzanne M. M. Verstappen[1], Kath D. Watson[1], Mark Lunt[1], Katie McGrother[1], Deborah P. M. Symmons[1] and Kimme L. Hyrich[1], on behalf of the BSR Biologics Register

- Patients with RA who respond to anti-TNF therapy are less likely to become work disabled.
- Earlier introduction of anti-TNF therapy may prevent patients with RA, AS and PsA from becoming work disabled in the future.

- ✓Rx θώρακος
- ✓HBV (Ag, s, e, c), HCV, HIV
- ✓Mantoux

Half of the patients (48%) remained under treatment and almost 90% were in partial remission or had low disease activity

- Ναυτία
- Ερύθημα
- Αύξηση πίεσης

RHEUMATOLOGY

Rheumatology 2011;50:1690–1699
doi:10.1093/rheumatology/ker194
Advance Access publication 14 June 2011

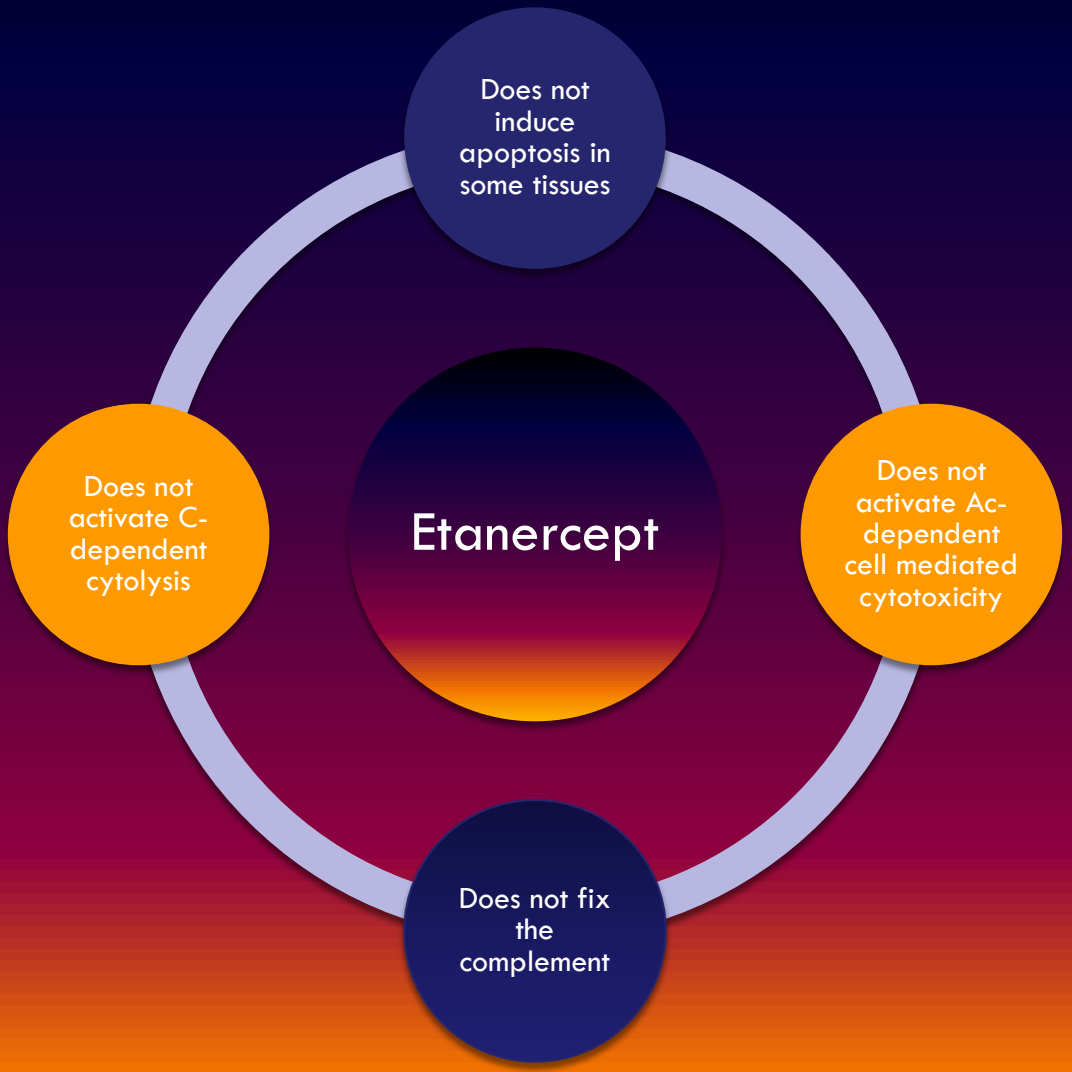
Original article

Persistent clinical efficacy and safety of infliximab in ankylosing spondylitis after 8 years—early clinical response predicts long-term outcome

Xenofon Baraliakos[1], Joachim Listing[2], Claudia Fritz[2], Hildrun Haibel[3], Rieke Alten[4], Gerd-Rüdiger Burmester[5], Andreas Krause[6], Stefan Schewe[7], Matthias Schneider[8], Helmut Sörensen[9], Reinhold Schmidt[10], Joachim Sieper[3] and Juergen Braun[1]


A
?

Χαμηλό προφίλ ανοσογονικότητας



Furst DE, et al. Arthritis Rheum 2006;36:159-67
Tracey D, et al. Pharmacol Ther 2008;117:244-79
Senabre-Gallego JM, et al. P P and Adherence 2013;7:961-72

Ασφάλεια και αποτελεσματικότητα

Baraliakos *et al. Arthritis Research & Therapy* 2013, **15**:R67
http://arthritis-research.com/content/15/3/R67

arthritis research&therapy

RESEARCH ARTICLE **Open Access**

Long-term outcome of patients with active ankylosing spondylitis with etanercept-sustained efficacy and safety after seven years

Xenofon Baraliakos[1*], Hildrun Haibel[2], Claudia Fritz[3], Joachim Listing[3], Frank Heldmann[1], Juergen Braun[1] and Joachim Sieper[2]

Ασφάλεια και αποτελεσματικότητα

RHEUMATOLOGY

Rheumatology 2015;54:257–261
doi:10.1093/rheumatology/keu263
Advance Access publication 19 August 2014

Concise report

Prevention of new osteitis on magnetic resonance imaging in patients with early axial spondyloarthritis during 3 years of continuous treatment with etanercept: data of the ESTHER trial

In-Ho Song[1], Kay-Geert Hermann[2], Hildrun Haibel[1], Christian E. Althoff[2], Denis Poddubnyy[1], Joachim Listing[3], Anja Weiß[3], Ekkehard Lange[4], Bruce Freundlich[5], Martin Rudwaleit[1,6] and Joachim Sieper[1]

Αποτελεσματικότητα ως 2ης γραμμής anti-TNFα

- Efficacy on switching to a second anti-TNF drug has been evaluated in observational studies with good response rates

Coates LC, et al. Rheumatology (Oxford) 2008;47:897-900

- Switching from infliximab to etanercept has been evaluated in observational studies and reported good clinical response rates

Delaunay C, et al. J Rheumatol 2005;32:2183-85

Conti F, et al. ARD 2007;66:1393-97

Heslinga et al. BMC Musculoskeletal Disorders (2015) 16:80
DOI 10.1186/s12891-015-0532-3

BMC Musculoskeletal Disorders

RESEARCH ARTICLE Open Access

Cardiovascular risk management in patients with active Ankylosing Spondylitis: a detailed evaluation

Sjoerd C Heslinga[1,2,3], Inge A Van den Oever[1,2], Alper M Van Sijl[1,2,3], Mike J Peters[3], Irene E Van der Horst-Bruinsma[1,2], Yvo M Smulders[3] and Michael T Nurmohamed[1,2,3*]

- Eular CV-RM guideline considers AS to be an important CV risk factor

- SpA pts are at a greater CV risk owing to a higher atherogenic index

Joint Bone Spine. 2014 Jan;81(1):57-63. doi:10.1016/j.jbspin.2013.03.019. Epub 2013 Jun 2.

Cardiovascular risk profile in patients with spondyloarthritis.

Papagoras C[1], Markatseli TE[1], Saougou I[2], AlamanosY[3], Zikou AK[4], Voulgari PV[1], Kiortsis DN[5], Drosos AA

Semin Arthritis Rheum. 2015 Apr;44(5):551-5. doi: 10.1016/j.semarthrit.2014.10.007. Epub 2014 Oct 18.

Cardiovascular events in ankylosing spondylitis: An updated meta-analysis.

Mathieu S[1], Pereira B[2], Soubrier M[3]

- AS pts appear to have a higer risk of myocardial infraction and stroke
- Management of CV risk factors and control of systemic inflammation should be taken into account in AS to decrease this high CV risk

RHEUMATOLOGY

Rheumatology 2010;49:2122–2134
doi:10.1093/rheumatology/keq222
Advance Access publication 26 July 2010

Original article

Cost-effectiveness of etanercept in patients with severe ankylosing spondylitis in Germany

Aileen R. Neilson[1], Joachim Sieper[2] and Maria Deeg[3]

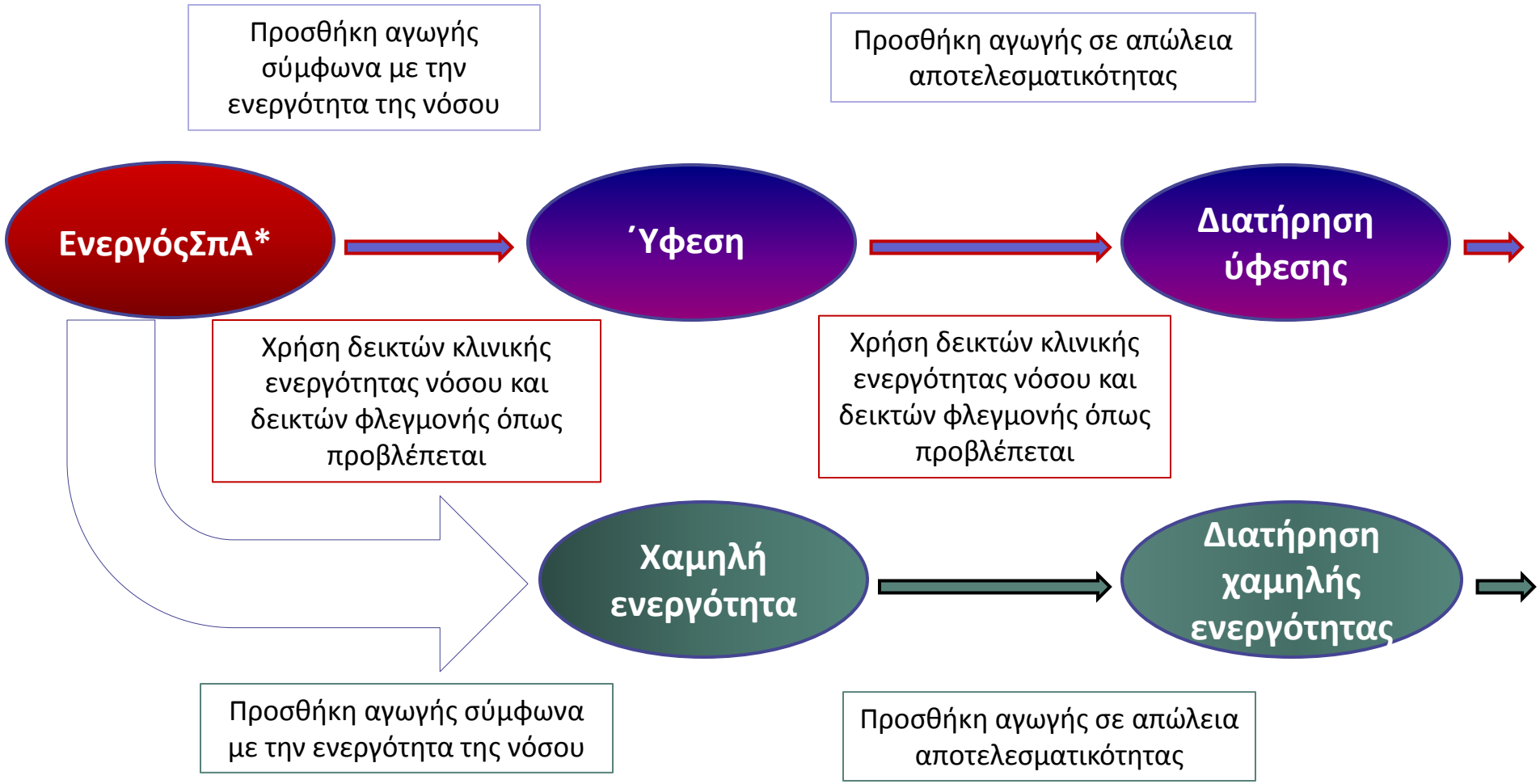
Rheumatology key messages

- Treatment of severe AS with ETN has comparable cost-effectiveness to anti-TNF treatment of other rheumatic diseases in Germany.
- Results demonstrate substantial economic benefits when taking a societal cost perspective.

- Irbesartsan 75mg/d
- Atorvastatin 20 mg

- BASDAI: 2,9
- ASDAS: 1,7
- BASFI: 2,3
- BASMI: 2

Σπονδυλαρθροπάθειες: "Treat to target"



** Αξονική ΣπΑ, Περιφερική, Ψωριασική αρθρίτιδα*

Smolen JS. Ann Rheum Dis 2013;0:1–11

Defining Remission With Etanercept in AS in Real Life Clinical Practice (REACH AS)

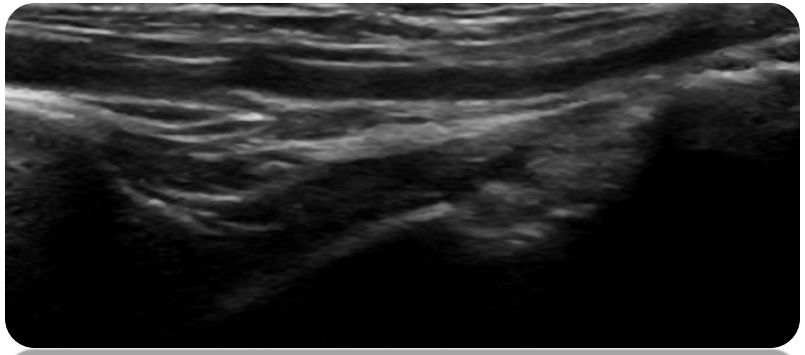
- Purpose

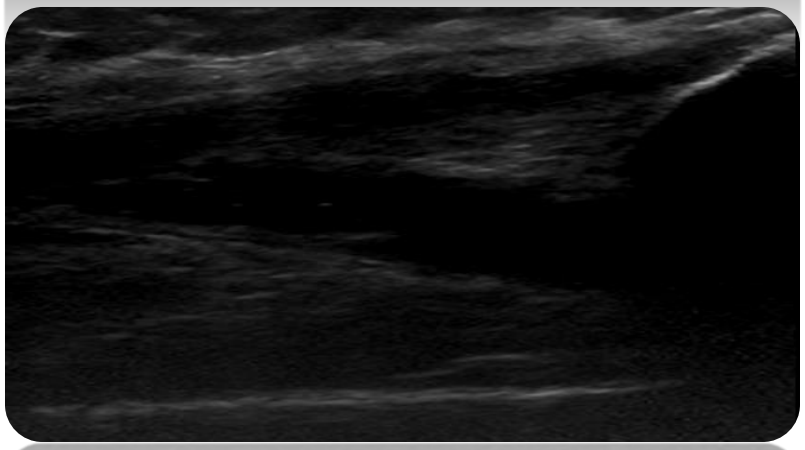
Determine which remission criterion at Month 6 predicts remission at Month 12 the best

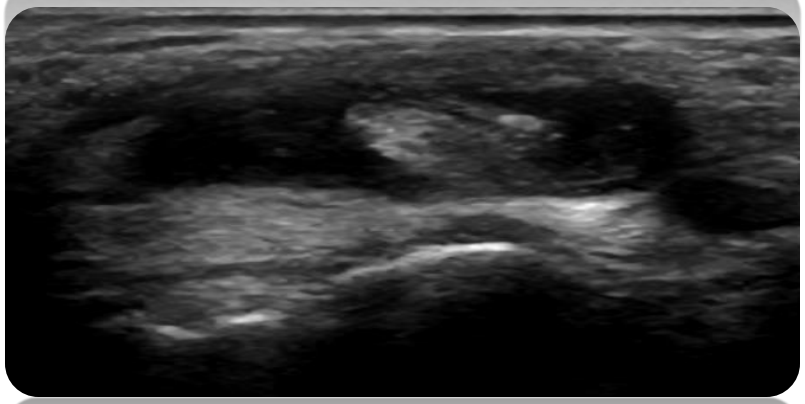
- Γυναίκα 47 ετών
- Οίδημα και ερυθρότητα γονάτων, ΠΔΚ
- Άλγος ΣΣ
- Δύσπνοια
- Οικογενειακό ιστορικό Ρ.Α.

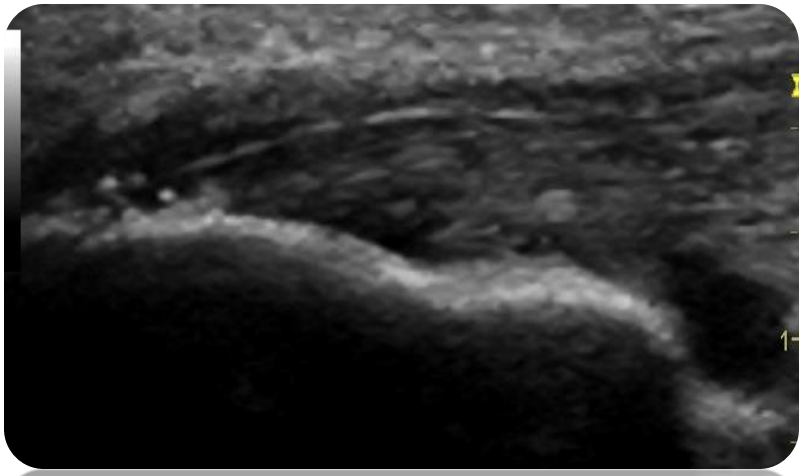
- Αρθρίτιδα
- Ενθεσίτιδα

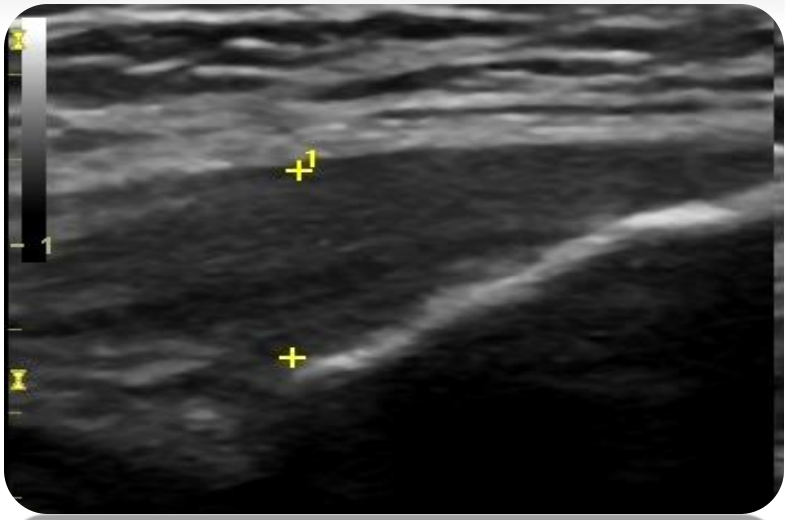
- ΓΕ, Δ, Ο, Π, Ουρ: κ.φ.
- Απύρετη



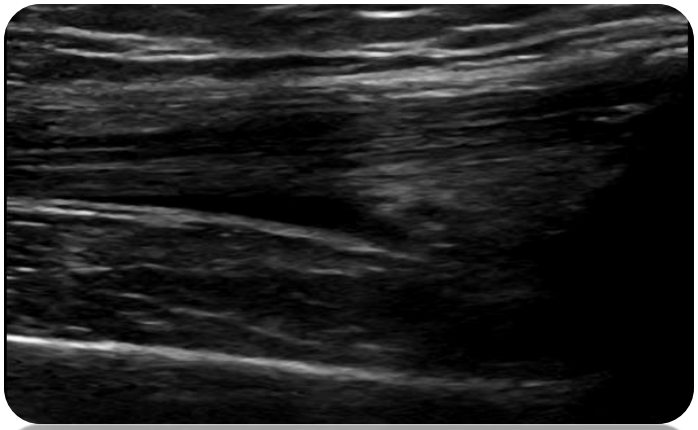


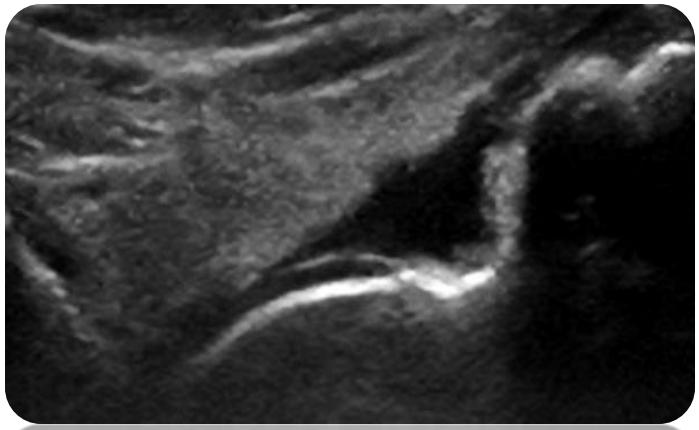






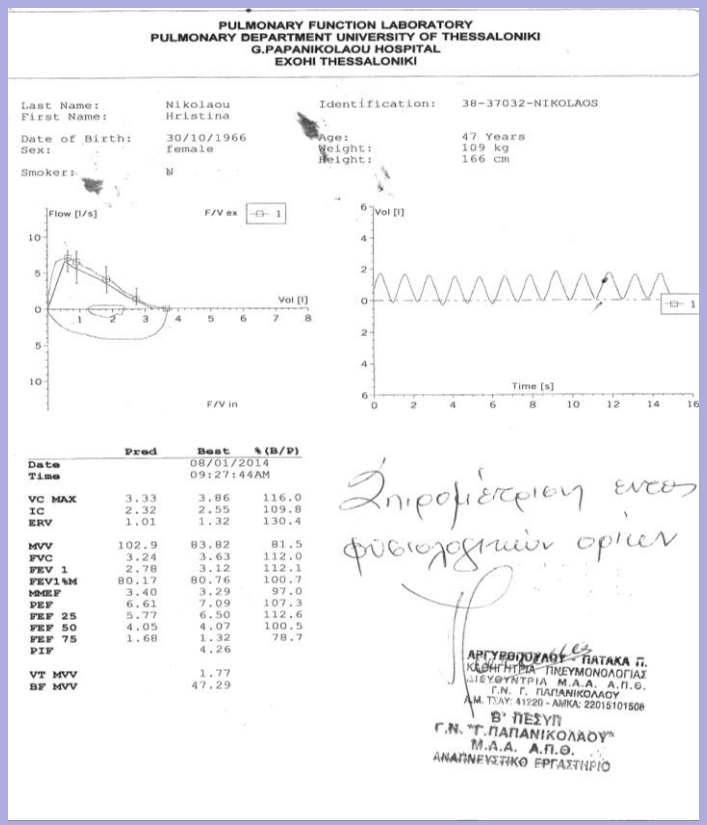
- Παρακέντηση Δξ. Γόνατος (35cc)
- ‘Εγχυση triamcinolone 40 mg στο δξ. γόνατο και την αρ. πρόσθια κνημο-αστραγαλική άρθρωση





- ΤΚΕ: 76 mm
- CRP: 6,8 mg/l
- Ra-test: αρνητικό
- CCP: αρνητικό
- Rx θώρακος/ΑΜΣΣ/ΘΜΣΣ/ΟΜΣΣ/λεκάνης

Prendisolone 15 mg/d



PULMONARY FUNCTION LABORATORY
PULMONARY DEPARTMENT UNIVERSITY OF THESSALONIKI
G.PAPANIKOLAOU HOSPITAL
EXOHI THESSALONIKI

Last Name: Nikolaou
First Name: Hristina
Identification: 38-37032-NIKOLAOS
Date of Birth: 30/10/1966
Sex: female
Age: 47 Years
Weight: 109 kg
Height: 166 cm
Smoker: N

Flow [l/s] F/V ex 1
Vol [l]
F/V in
Vol [l]
Time [s]

	Pred	Best	%(B/P)
Date		08/01/2014	
Time		09:27:44AM	
VC MAX	3.33	3.86	116.0
IC	2.32	2.55	109.8
ERV	1.01	1.32	130.4
MVV	102.9	83.82	81.5
FVC	3.24	3.63	112.0
FEV 1	2.78	3.12	112.1
FEV1%M	80.17	80.76	100.7
MMEF	3.40	3.29	97.0
PEF	6.61	7.09	107.3
FEF 25	5.77	6.50	112.6
FEF 50	4.05	4.07	100.5
FEF 75	1.68	1.32	78.7
PIF		4.26	
VT MVV		1.77	
BF MVV		47.29	

Σπιρομέτρηση εντος φυσιολογικών ορίων

ΑΡΓΥΡΟΠΟΥΛΟΥ - ΠΑΤΑΚΑ Π.
ΚΑΘΗΓΗΤΡΙΑ ΠΝΕΥΜΟΝΟΛΟΓΙΑΣ
ΔΙΕΥΘΥΝΤΡΙΑ Μ.Α.Α. Α.Π.Θ.
Γ.Ν. Γ. ΠΑΠΑΝΙΚΟΛΑΟΥ
Α.Μ. ΤΣΑΥ: 41220 - ΑΜΚΑ: 22015101508

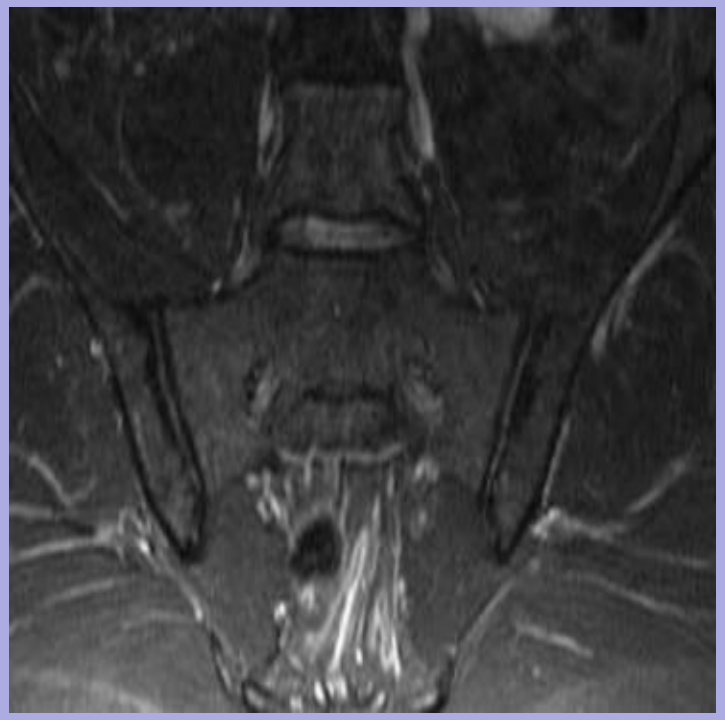
Β' ΠΕΣΥΠ
Γ.Ν. "Γ.ΠΑΠΑΝΙΚΟΛΑΟΥ"
Μ.Α.Α. Α.Π.Θ.
ΑΝΑΠΝΕΥΣΤΙΚΟ ΕΡΓΑΣΤΗΡΙΟ

1.Αορτική ρίζα:Αορτική ρίζα φυσιολογικών διαστάσεων.
AO:2,9cm
2.Αριστερός κόλπος:Εύρος κοιλότητος στα ανώτερα φυσιολογικά όρια.
LA:3,9cm
3.Αριστερή κοιλία:Εύρος κοιλότητος φυσιολογικό.Πάχος τοιχωμάτων φυσιολογικό.Ομότιμη κίνηση όλων τοιχωμάτων με φυσιολογική συστολική λειτουργικότητα.
EF:60%,IVSd:1cm,LVIDd:5cm,LVPWd:1cm
4. Μιτροειδής:Γλωχίνες χωρίς επασβεστώσεις.Κυμα E>A
Φυσιολογική διάνοιξη της βαλβίδος. Κατά τη φάση της σύγκλεισης της βαλβίδος παρατηρείται διαφυγή.
5. Αορτή: Πτυχές χωρίς επασβεστώσεις.
Φυσιολογική σύγκλειση και διάνοιξη της βαλβίδος με φυσιολογική διαβαλβιδική ροή.
Τρίπτυχη αορτική βαλβίδα.
max V:1,2m/sec
6. Δεξιές κοιλότητες:Δεξιές κοιλότητες φυσιολογικών διαστάσεων.
7. Τριγλώχινα : Γλωχίνες χωρίς επασβεστώσεις.
Φυσιολογική διάνοιξη της βαλβίδος. Κατά τη φάση της σύγκλεισης της βαλβίδος παρατηρείται διαφυγή.
8.Πνευμονική:Γλωχίνες χωρίς επασβεστώσεις.
Φυσιολογική σύγκλειση και διάνοιξη της βαλβίδος με φυσιολογική διαβαλβιδική ροή .
9. Διαφράγματα : Διαφράγματα ακέραια.
10. Περικάρδιο : Περικάρδιο ελεύθερο.

Συμπέρασμα :

Φυσιολογικά ευρήματα

HLA-B27 +



- BASDAI: 5,2
- ASDAS-CRP: 3,3
- BASFI: 3,9
- BASMI: 1,5

ASAS Classification Criteria for Peripheral Spondyloarthritis (SpA)

Arthritis or enthesitis or dactylitis

plus

≥ 1 SpA feature
- uveitis
- psoriasis
- Crohn's/colitis
- preceding infection
- HLA-B27
- sacroiliitis on imaging

OR

≥ 2 other SpA features
- arthritis
- enthesitis
- dactylitis
- inflammatory back pain (ever)
- family history for SpA

Sensitivity: 77.8%, Specificity: 82.2%; n=266

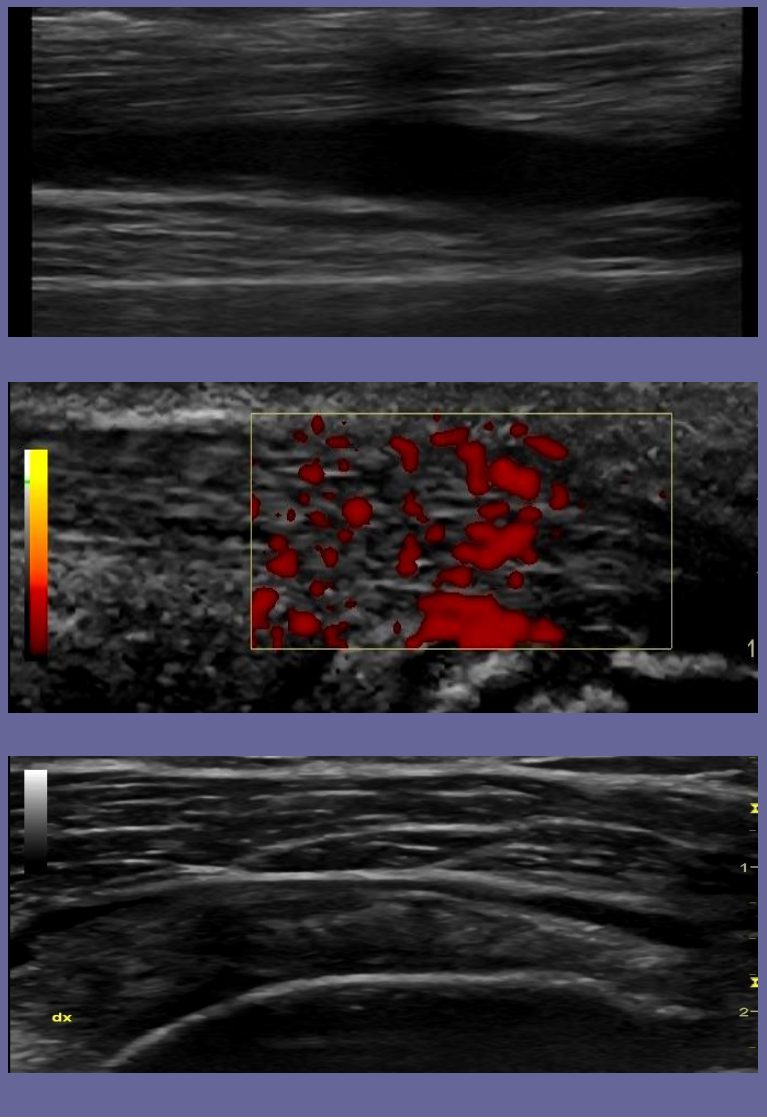
Rudwaleit M et al. Ann Rheum Dis 2011;70:25-31 (with permission)

ASAS

- Methotrexate (20mg/w) sc
- Filicine 10 mg/w
- Prendisolone 10mg/d

- TKE: 39 mm/h
- CRP: 2,8 mg/l
- S-GOT: 65 U/l (<31)
- S-GPT: 86 U/l (<32)

- Methotrexate (10mg/w) sc
- Filicine 10 mg/w
- Prendisolone 10mg/d

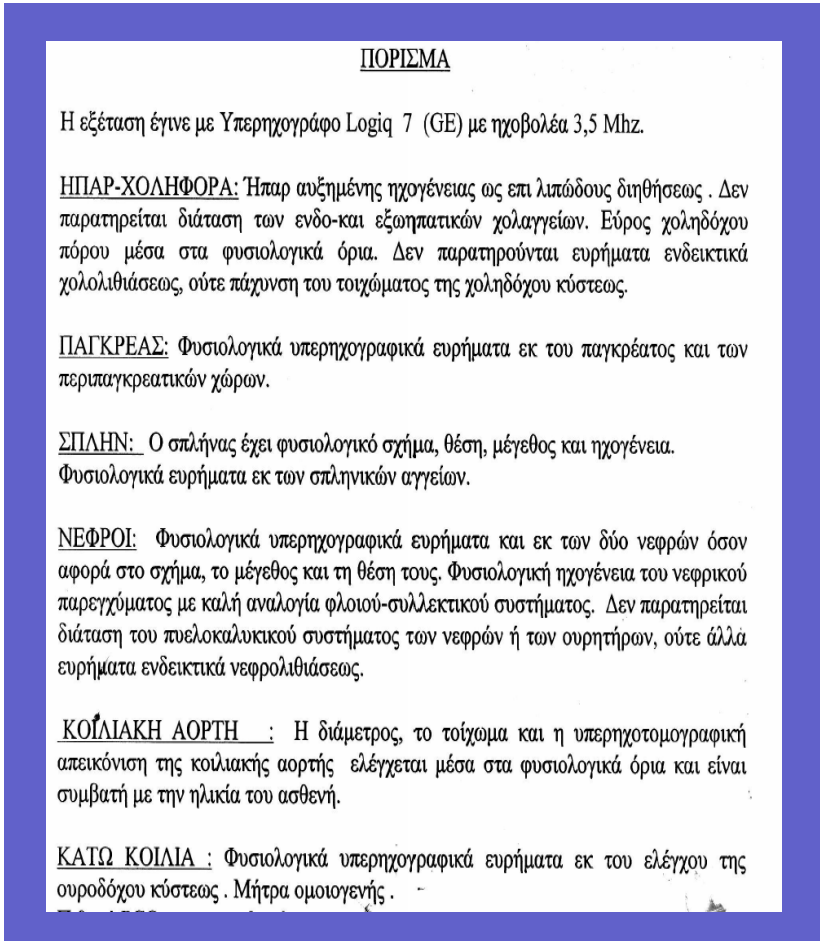


- Methotrexate (10mg/w) sc
- Filicine 10 mg/w
- Prendisolone 10mg/d

- SSZ (2-3gr/d)

- Leflunomide 10mg/d

- S-GOT: 76 U/l
- S-GPT: 91 U/l



ΠΟΡΙΣΜΑ

Η εξέταση έγινε με Υπερηχογράφο Logiq 7 (GE) με ηχοβολέα 3,5 Mhz.

ΗΠΑΡ-ΧΟΛΗΦΟΡΑ: Ήπαρ αυξημένης ηχογένειας ως επι λιπώδους διηθήσεως . Δεν παρατηρείται διάταση των ενδο-και εξωηπατικών χολαγγείων. Εύρος χοληδόχου πόρου μέσα στα φυσιολογικά όρια. Δεν παρατηρούνται ευρήματα ενδεικτικά χολολιθιάσεως, ούτε πάχυνση του τοιχώματος της χοληδόχου κύστεως.

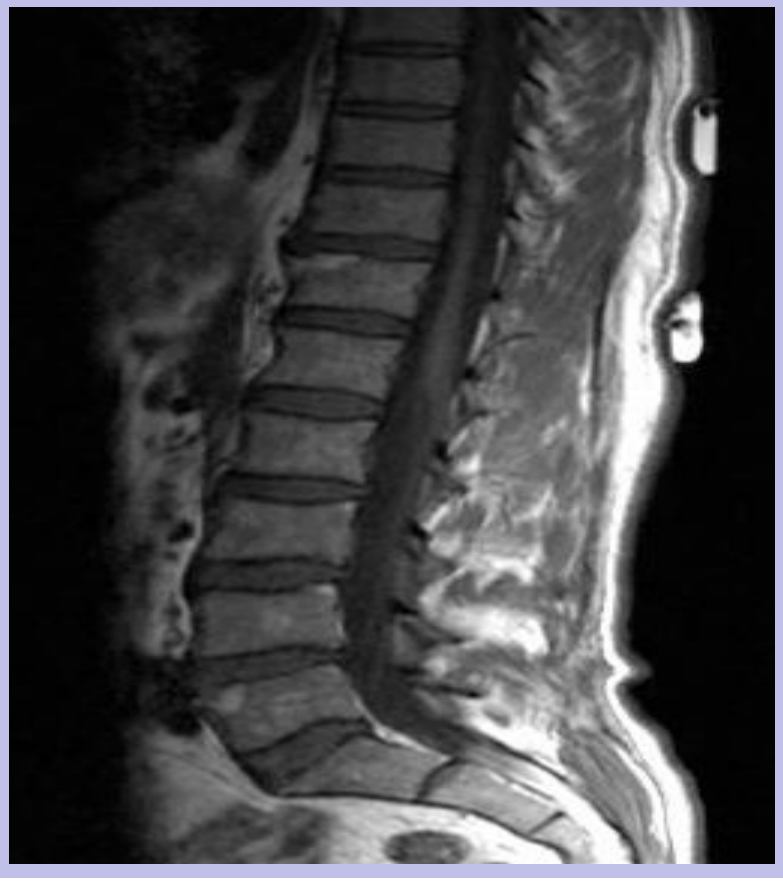
ΠΑΓΚΡΕΑΣ: Φυσιολογικά υπερηχογραφικά ευρήματα εκ του παγκρέατος και των περιπαγκρεατικών χώρων.

ΣΠΛΗΝ: Ο σπλήνας έχει φυσιολογικό σχήμα, θέση, μέγεθος και ηχογένεια. Φυσιολογικά ευρήματα εκ των σπληνικών αγγείων.

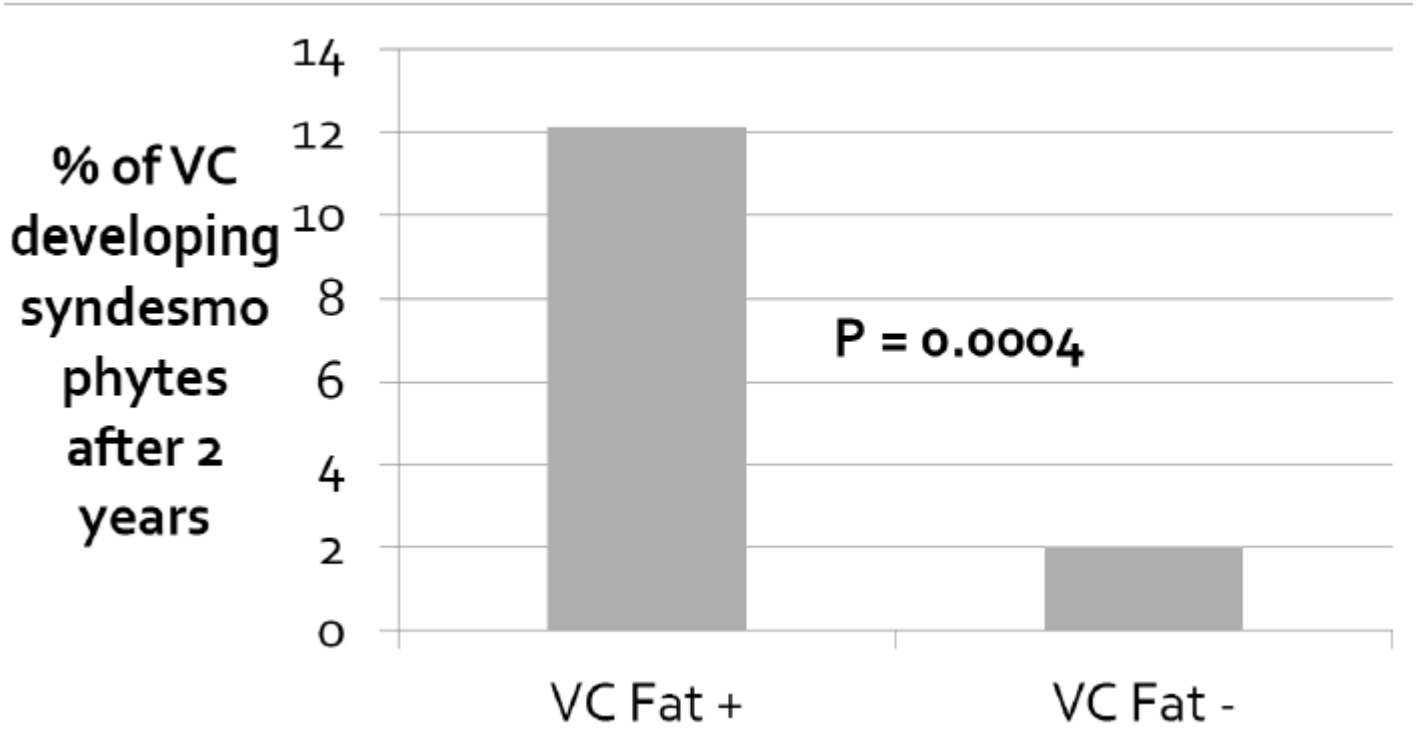
ΝΕΦΡΟΙ: Φυσιολογικά υπερηχογραφικά ευρήματα και εκ των δύο νεφρών όσον αφορά στο σχήμα, το μέγεθος και τη θέση τους. Φυσιολογική ηχογένεια του νεφρικού παρεγχύματος με καλή αναλογία φλοιού-συλλεκτικού συστήματος. Δεν παρατηρείται διάταση του πυελοκαλυκικού συστήματος των νεφρών ή των ουρητήρων, ούτε άλλα ευρήματα ενδεικτικά νεφρολιθιάσεως.

ΚΟΙΛΙΑΚΗ ΑΟΡΤΗ : Η διάμετρος, το τοίχωμα και η υπερηχοτομογραφική απεικόνιση της κοιλιακής αορτής ελέγχεται μέσα στα φυσιολογικά όρια και είναι συμβατή με την ηλικία του ασθενή.

ΚΑΤΩ ΚΟΙΛΙΑ : Φυσιολογικά υπερηχογραφικά ευρήματα εκ του ελέγχου της ουροδόχου κύστεως . Μήτρα ομοιογενής .



Προγνωστική αξία των βλαβών λιπώδους διήθησης στην MRI



Chiowchanwisawakit P, Arthritis Rheum. 2011;63:2215-25

≥3 corner inflammatory lesions (anterior/posterior spondylitis)
or
several fat depositions at vertebral edges

ARTHRITIS & RHEUMATOLOGY
Vol. 66, No. 3, March 2014, pp 667–673
DOI 10.1002/art.38283

Spinal Inflammation in the Absence of Sacroiliac Joint Inflammation on Magnetic Resonance Imaging in Patients With Active Nonradiographic Axial Spondyloarthritis

Désirée van der Heijde,[1] Joachim Sieper,[2] Walter P. Maksymowych,[3] Matthew A. Brown,[4] Robert G. W. Lambert,[3] Suchitrita S. Rathmann,[5] and Aileen L. Pangan[5]

Η φλεγμονή της ΣΣ εν απουσία φλεγμονής των ΙΛΑ στη MRI, εμφανίζεται στους μισούς περίπου ασθενείς με εγκατεστημένη, ενεργό, αξονική σπονδυλοαρθρίτιδα χ.α.ε.

ASAS Classification Criteria for Peripheral Spondyloarthritis (SpA)

Arthritis or enthesitis or dactylitis

plus

≥ 1 SpA feature
- uveitis
- psoriasis
- Crohn's/colitis
- preceding infection
- HLA-B27
- sacroiliitis on imaging

OR

≥ 2 other SpA features
- arthritis
- enthesitis
- dactylitis
- inflammatory back pain (ever)
- family history for SpA

Sensitivity: 77.8%, Specificity: 82.2%; n=266

Rudwaleit M et al. Ann Rheum Dis 2011;70:25-31 (with permission)

ASAS Classification Criteria for Axial Spondyloarthritis (SpA)

In patients with ≥3 months back pain and age at onset <45 years

Sacroiliitis on imaging*

plus

≥1 SpA feature#

OR

HLA-B27

plus

≥2 other SpA features#

#SpA features
- inflammatory back pain
- arthritis
- enthesitis (heel)
- uveitis
- dactylitis
- psoriasis
- Crohn's/colitis
- good response to NSAIDs
- family history for SpA
- HLA-B27
- elevated CRP

*Sacroiliitis on imaging
- active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
- definite radiographic sacroiliitis according to mod NY criteria

n=649 patients with back pain;
Sensitivity: 82.9%, Specificity: 84.4%
Imaging alone: Sensitivity: 66.2%, Specificity: 97.3%

Rudwaleit M et al. Ann Rheum Dis 2009;68:777-783 (with permission)

ARD Online First, published on April 2, 2015 as 10.1136/annrheumdis-2014-206971

Recommendation

EULAR recommendations for the use of imaging in the diagnosis and management of spondyloarthritis in clinical practice

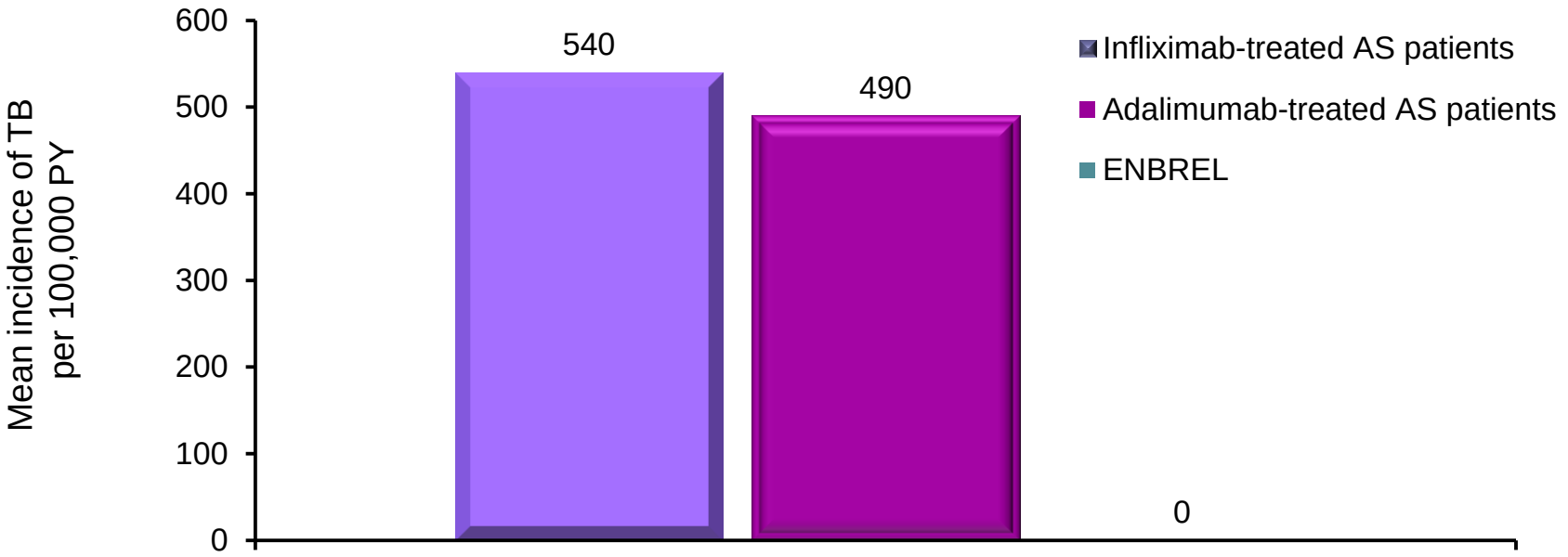
P Mandl,[1] V Navarro-Compán,[2,3] L Terslev,[4] P Aegerter,[5] D van der Heijde,[2] M A D'Agostino,[6] X Baraliakos,[7] S J Pedersen,[8] A G Jurik,[9] E Naredo,[10] C Schueller-Weidekamm,[11] U Weber,[12] M C Wick,[13] P A C Bakker,[2] E Filippucci,[14] P G Conaghan,[15] M Rudwaleit,[16] G Schett,[17] J Sieper,[16] S Tarp,[18] H Marzo-Ortega,[15] M Østergaard[4]

1	*Axial SpA: diagnosis* A. In general, conventional radiography of the SI joints is recommended as the first imaging method to diagnose sacroiliitis as part of axial SpA. In certain cases, such as young patients and those with short symptom duration, MRI of the SI joints is an alternative first imaging method. B. If the diagnosis of axial SpA cannot be established based on clinical features and conventional radiography, and axial SpA is still suspected, MRI of the SI joints is recommended. On MRI, both active inflammatory lesions (primarily bone marrow oedema) and structural lesions (such as bone erosion, new bone formation, sclerosis and fat infiltration) should be considered. MRI of the spine is not generally recommended to diagnose axial SpA. C. Imaging modalities, other than conventional radiography and MRI are generally not recommended in the diagnosis of axial SpA*.	9.5 (9.2–9.8)	III
3	*Axial SpA: monitoring activity* MRI of the SI joints and/or the spine may be used to assess and monitor disease activity in axial SpA, providing additional information on top of clinical and biochemical assessments. The decision on when to repeat MRI depends on the clinical circumstances. In general, STIR sequences are sufficient to detect inflammation and the use of contrast medium is not needed.	9.2 (8.8–9.6)	Ib
2	*Peripheral SpA: diagnosis* When peripheral SpA is suspected, US or MRI may be used to detect peripheral enthesitis, which may support the diagnosis of SpA. Furthermore, US or MRI might be used to detect peripheral arthritis, tenosynovitis and bursitis.	9.4 (9.0–9.8)	III
5	*Peripheral SpA: monitoring activity* US and MRI may be used to monitor disease activity (particularly synovitis and enthesitis) in peripheral SpA, providing additional information on top of clinical and biochemical assessments. The decision on when to repeat US/MRI depends on the clinical circumstances. US with high-frequency colour or power Doppler is sufficient to detect inflammation and the use of US contrast medium is not needed.	9.3 (8.9–9.7)	Ib

- ✓Rx θώρακος
- ✓HBV(Ag, s, e, c), HCV, HIV
- ➢Mantoux + (15mm)

- Isoniazide 300mg/d
- B6

Kim et al: Rates of TB infection in etanercept compared with the mAb TNF inhibitors

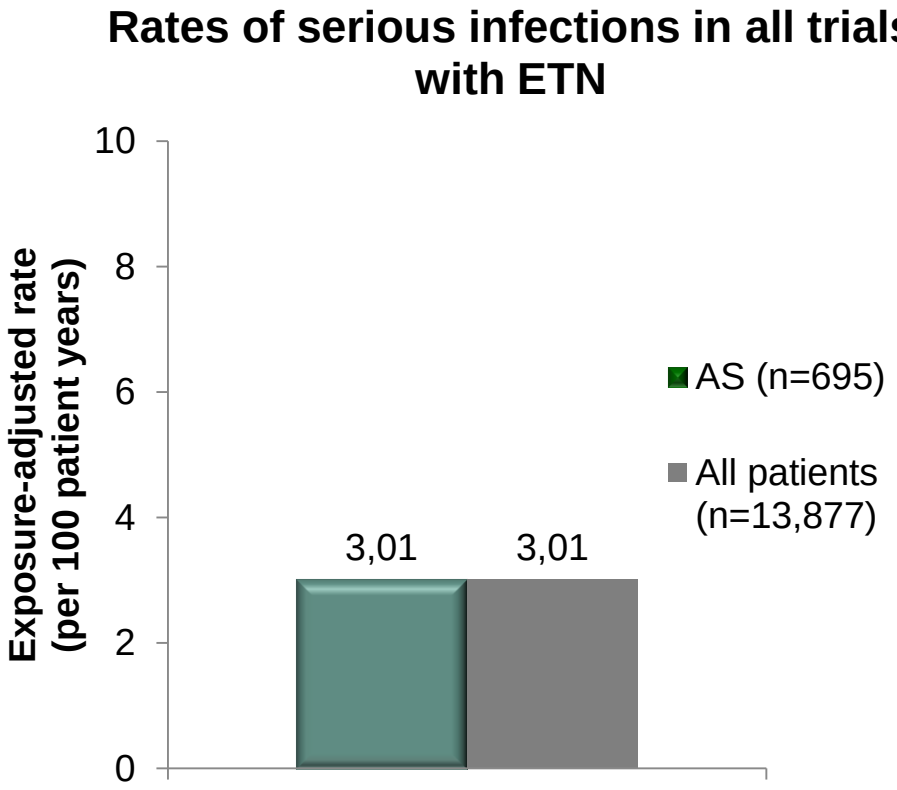


Among patients with AS, soluble receptor TNF inhibitor treatment is associated with a lower risk of TB infection compared with TNF inhibitor mAb treatment

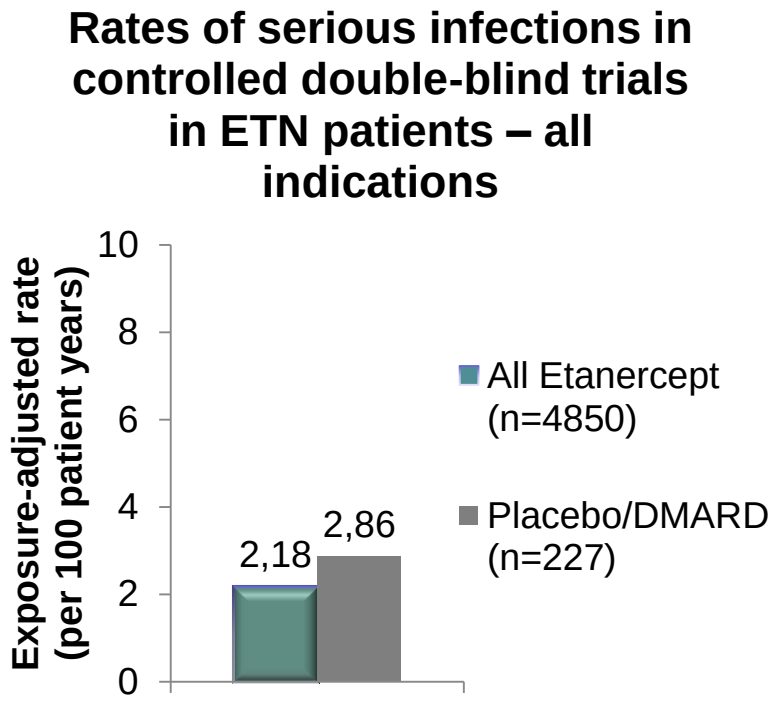
Kim EM, et al. J Rheumatol 2011;38:2218–2230

mAb, monoclonal antibody;
PY, patient-years; TB, tuberculosis

Gottlieb et al: Safety analysis in patients receiving etanercept across approved indications



Data from 49 clinical trials, worldwide, involving up to 13877 patients and at least 18262 patient years of Etanercept exposure, includes all trials, not only RCTs



Etanercept in controlled, double blind trials across indications

Gottleib AB, et al. J Drugs Dermatol 2011;10:289–300

DMARD, disease-modifying anti-rheumatic drug

Scand J Rheumatol. 2014;43(1):49-53. doi: 10.3109/03009742.2013.834961

Rates of serious infections, opportunistic infections, inflammatory bowel disease, and malignancies in subjects receiving etanercept vs. controls from clinical trials in ankylosing spondylitis: a pooled analysis.

van der Heijde D1, Zack D, Wajdula J, Sridharan S, Koenig AS.

Analyses included 1323 subjects (> 1500 subject-years of treatment). Rate ratios of serious infections and IBD events for etanercept vs. placebo/sulfasalazine during the double-blind studies were 2.19 [95% confidence interval (CI) 0.22-107.79] and 1.09 (95% CI 0.06-64.56), respectively. There were no reports of opportunistic infections. Using the Surveillance, Epidemiology and End Results database, the standardized incidence ratio for malignancies was 1.47 (95% CI 0.54-3.21).

ARTHRITIS & RHEUMATOLOGY
Vol. 66, No. 8, August 2014, pp 2091–2102
DOI 10.1002/art.38721

Symptomatic Efficacy of Etanercept and Its Effects on Objective Signs of Inflammation in Early Nonradiographic Axial Spondyloarthritis

A Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial

Maxime Dougados,[1] Désirée van der Heijde,[2] Joachim Sieper,[3] Jürgen Braun,[4] Walter P. Maksymowych,[5] Gustavo Citera,[6] Corinne Miceli-Richard,[7] James Cheng-Chung Wei,[8] Ron Pedersen,[9] Randi Bonin,[9] Mahboob U. Rahman,[10] Isabelle Logeart,[11] Joseph Wajdula,[9] Andrew S. Koenig,[9] Bonnie Vlahos,[9] Daniel Alvarez,[9] and Jack F. Bukowski[9]

Consistently Good Clinical Response in Patients with Early Axial Spondyloarthritis After 3 Years of Continuous Treatment with Etanercept: Longterm Data of the ESTHER Trial

In-Ho Song, Kay-Geert Hermann, Hildrun Haibel, Christian E. Althoff, Denis Poddubnyy, Joachim Listing, Anja Weiß, Beate Buß, Bruce Freundlich, Ekkehard Lange, Rieke Alten, Martin Rudwaleit, and Joachim Sieper

Efficacy of etanercept on rheumatic signs and pulmonary function tests in advanced ankylosing spondylitis: results of a randomised double-blind placebo-controlled study (SPINE)

M Dougados,[1,2] J Braun,[3] S Szanto,[4] B Combe,[5] M Elbaz,[6] P Geher,[7] G Thabut,[8] V Leblanc,[9] I Logeart[9]

Ann Rheum Dis 2011;**70**:799–804. doi:10.1136/ard.2010.139261

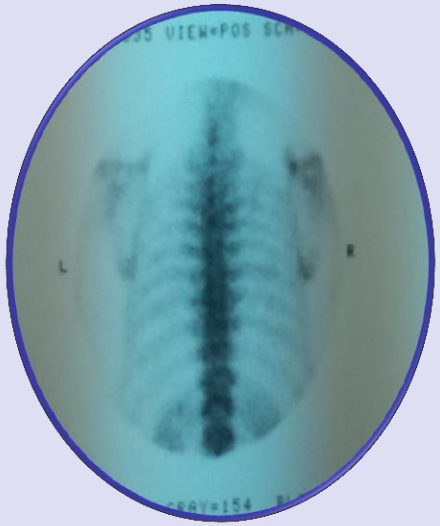
Online Submissions: http://www.wjgnet.com/1949-8470office
wjr@wjgnet.com
doi:10.4329/wjr.v4.i5.215

World J Radiol 2012 May 28; 4(5): 215-219
ISSN 1949-8470 (online)

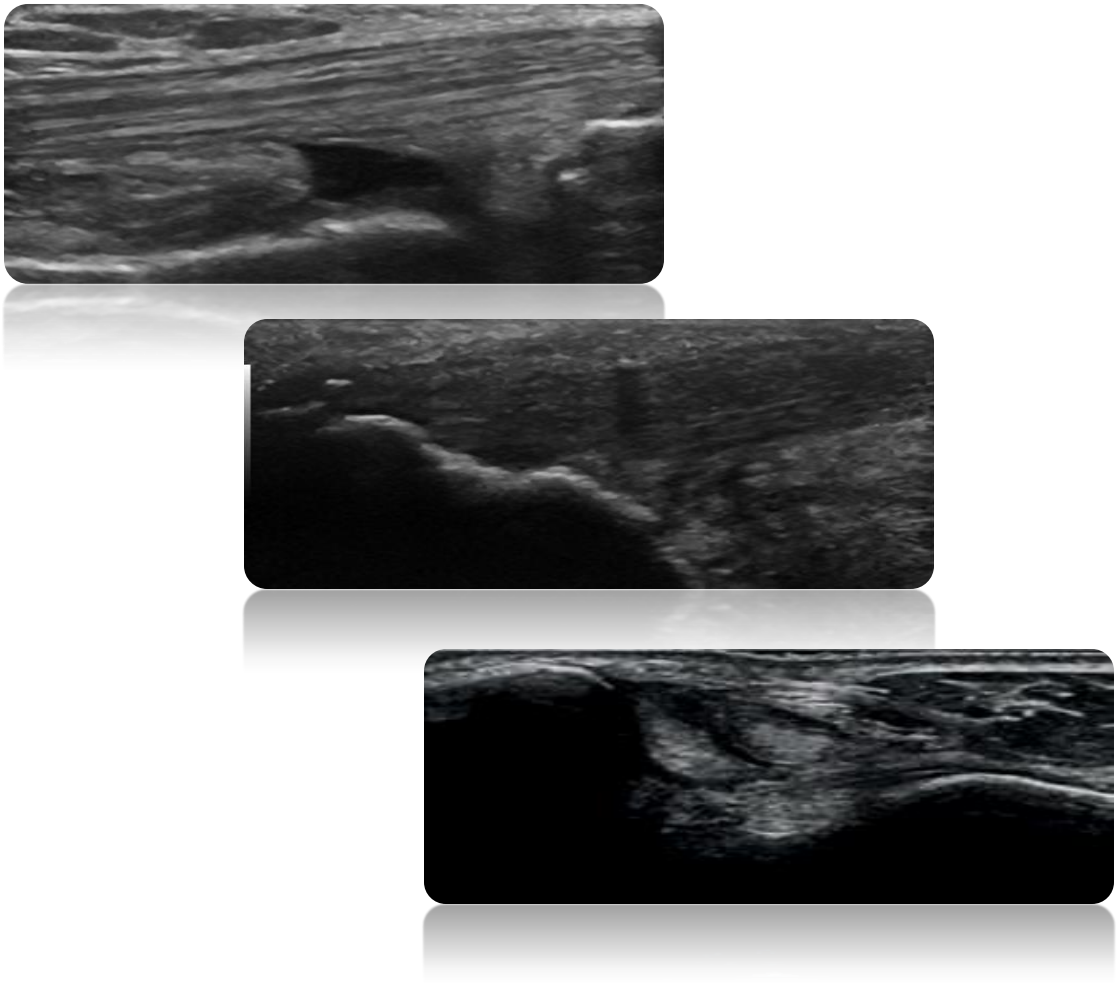
BRIEF ARTICLE

Lung parenchymal changes in patients with ankylosing spondylitis

Zehra Isik Hasiloglu, Nuri Havan, Aylin Rezvani, Mustafa Akif Sariyildiz, Halil Eren Erdemli, Ilhan Karacan



- BASDAI: 2,7
- ASDAS-CRP: 1,5
- BASFI: 1,8
- BASMI: 1,2



- Ασφάλεια
- Αποτελεσματικότητα
- Μακροχρόνια δεδομένα