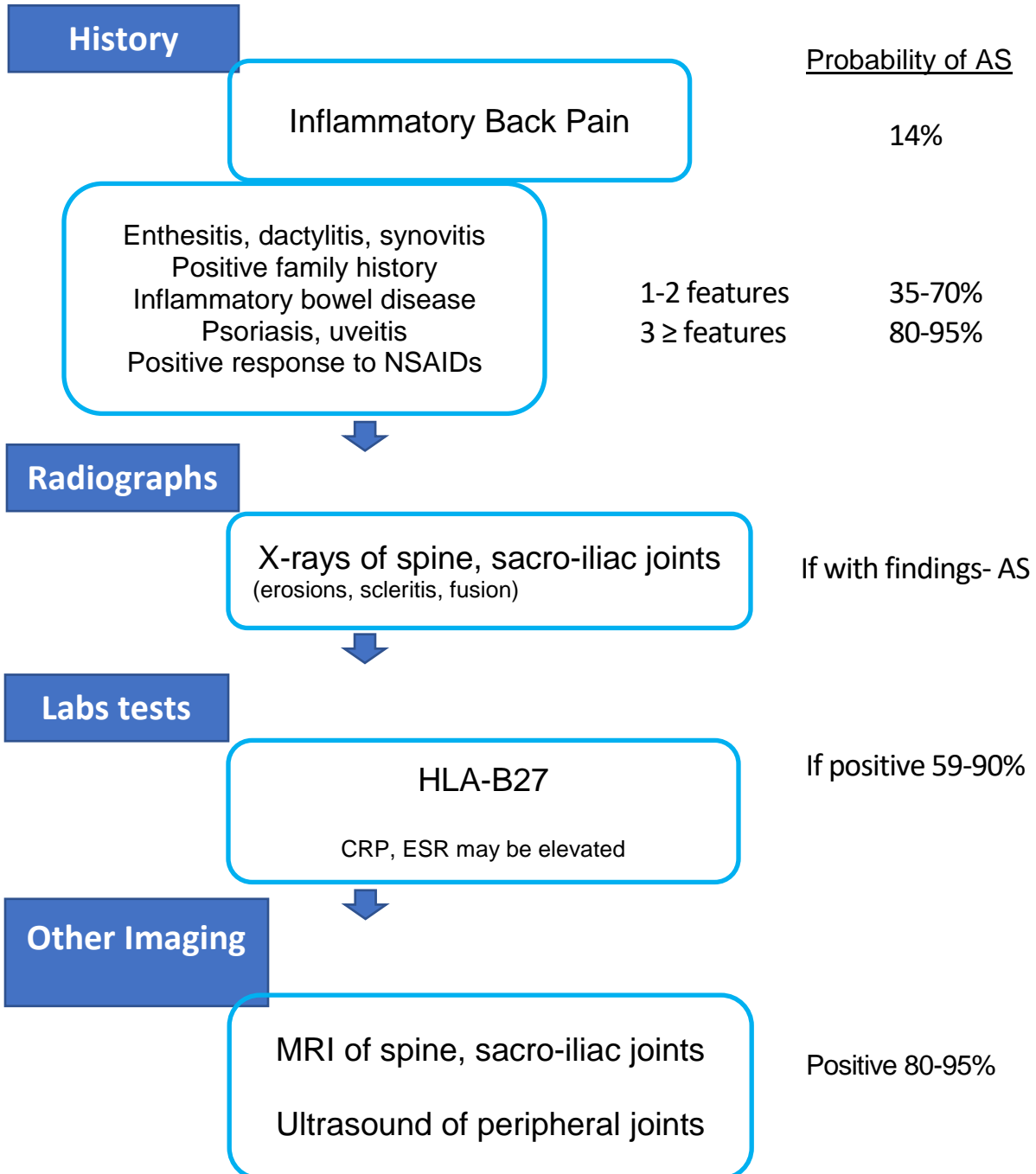


## Making a diagnosis of Ankylosing Spondylitis

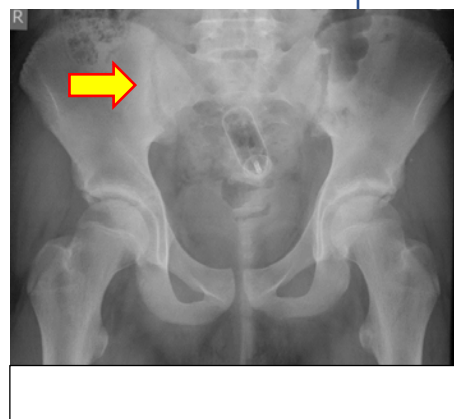


## Physical exam

- Assess for limitation in spinal mobility, sacroiliitis and synovitis in peripheral joints
  - *Non-specific findings but may help distinguish inflammatory disease of spine from degenerative disease of spine.*

## Imaging studies in AS

- Radiographs of spine
  - Squaring of vertebral body.
  - Bony bridges (syndesmophytes) – later in the disease.
  - Ossification of the spinal ligaments.
  - Complete fusion of spine (bamboo spine) – late disease.
- X-rays of sacroiliac joint
  - Sacroiliitis – erosions, sclerosis.
  - Widening or fusion of the SI joints.
- MRI
  - More sensitive than x-rays in identifying early sacroiliitis.
- Ultrasound
  - Can help diagnose enthesitis and synovitis.



## Making the referral for AS

- Consider making a referral to rheumatology when
  - **Low back pain that started before age 40 years.**
  - **Pain and stiffness late at night/ early mornings.**
  - **Improvement of back pains with activity.**
  - **Improvement of pain within 48 hours of taking NSAIDs.**
  - **First-degree relative has spondyloarthritis.**



### Contact information for the URM C Rheumatology Clinic

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