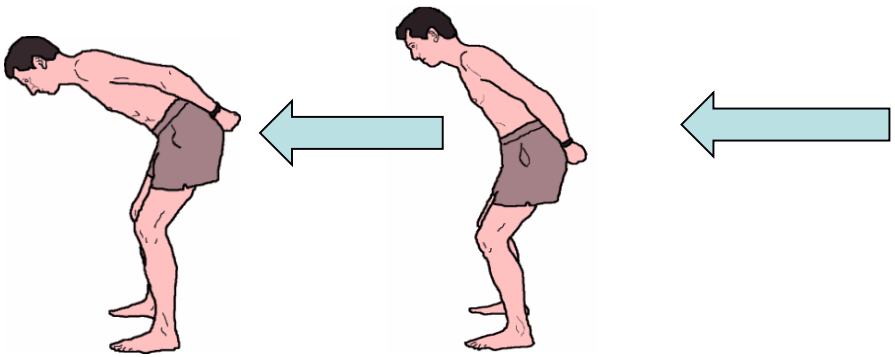
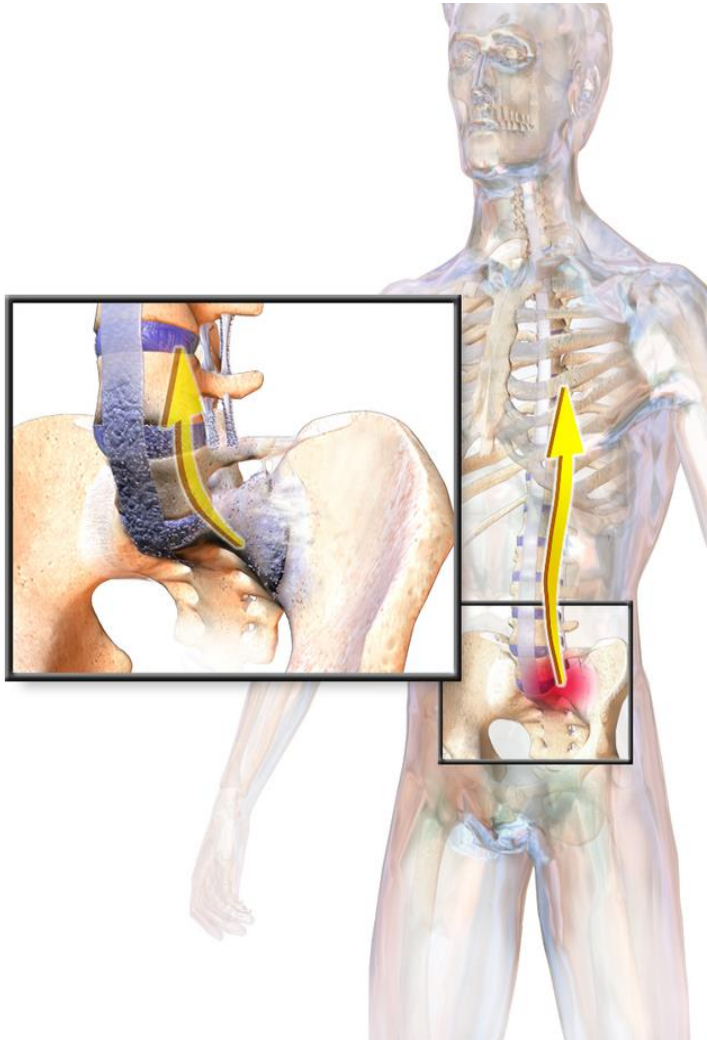
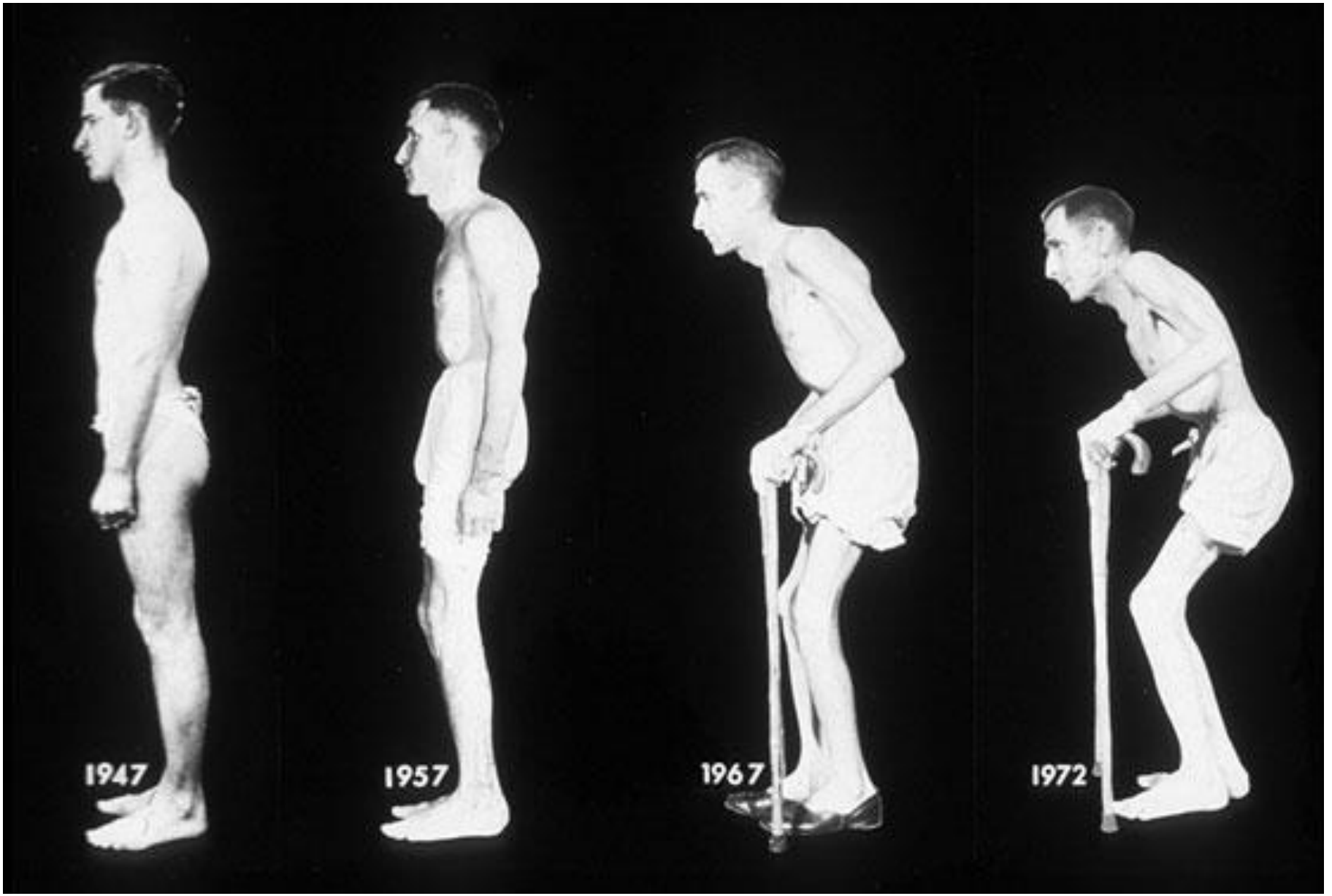
Ankilozirajući spondilitis

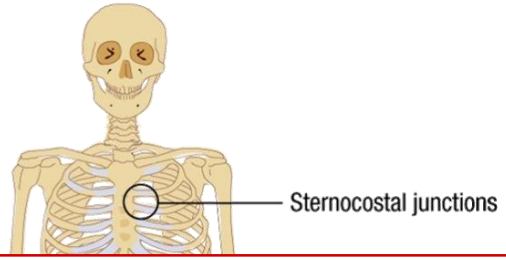
doc. dr Gorica Ristić,
Klinika za reumatologiju i kliničku imunologiju VMA

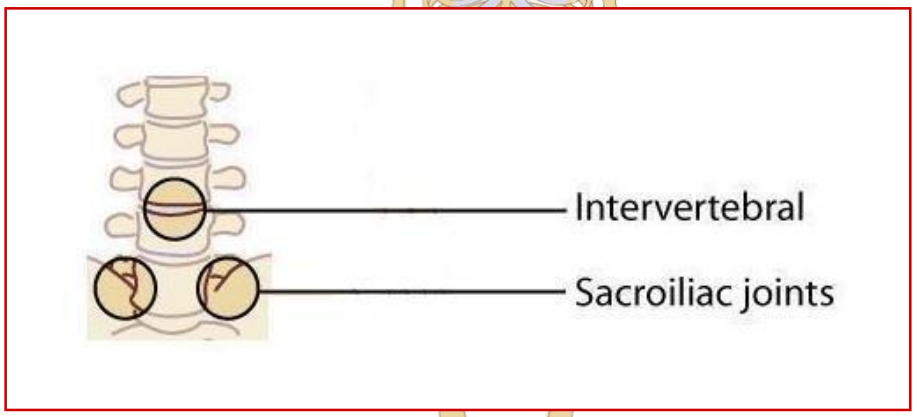


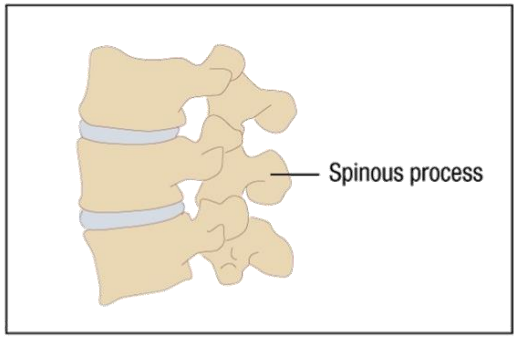


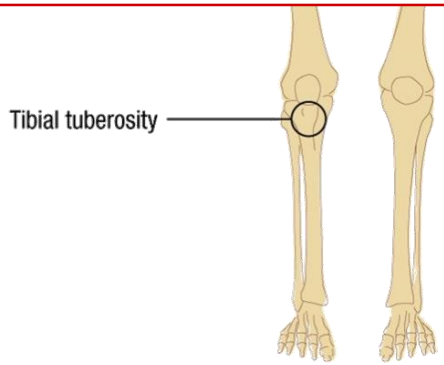

1947
1957
1967
1972

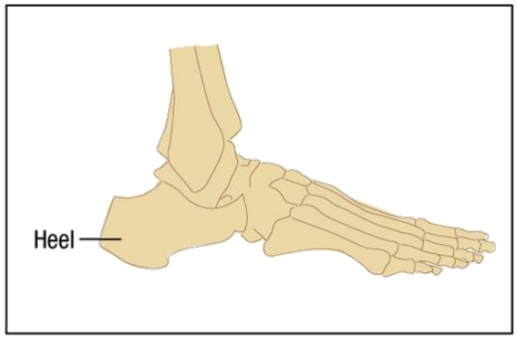
MESTA UPALE


Sternocostal junctions

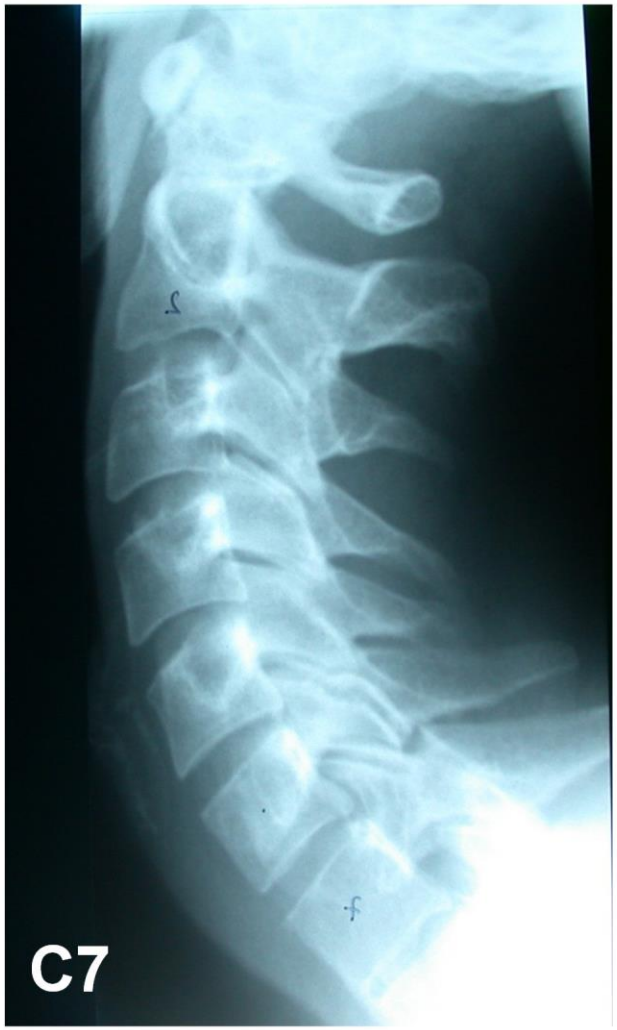

Intervertebral
Sacroiliac joints

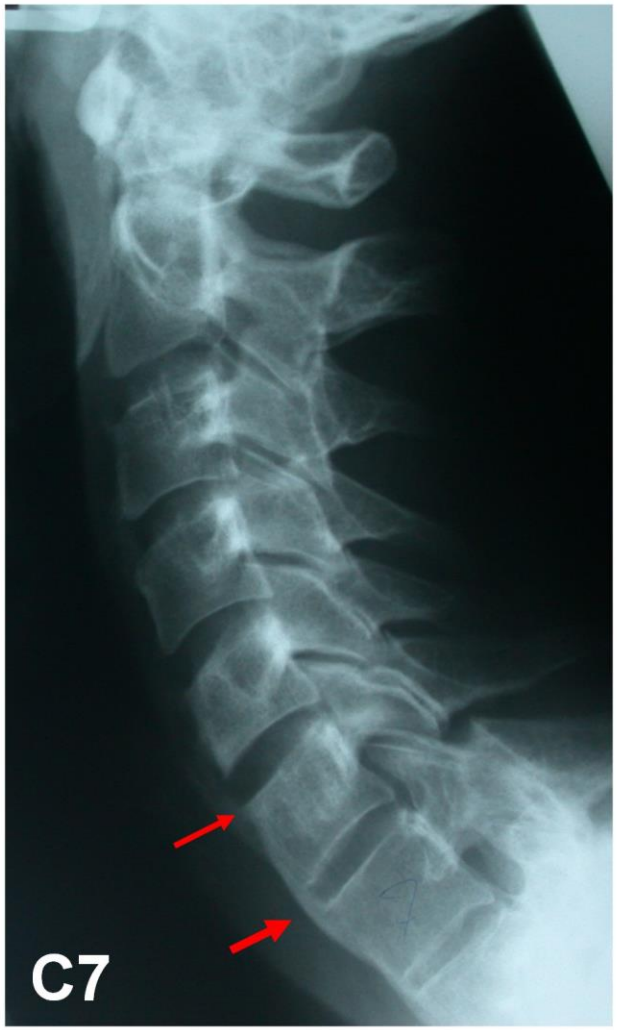

Spinous process

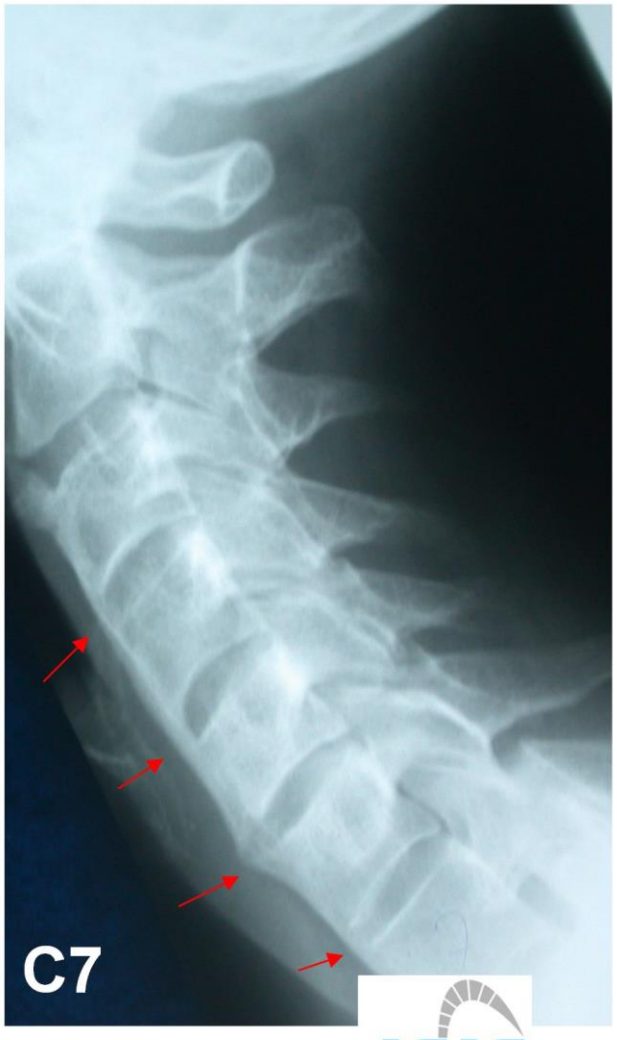

Tibial tuberosity


Heel

Progression of Cervical Syndesmophytes
2-Year Intervals



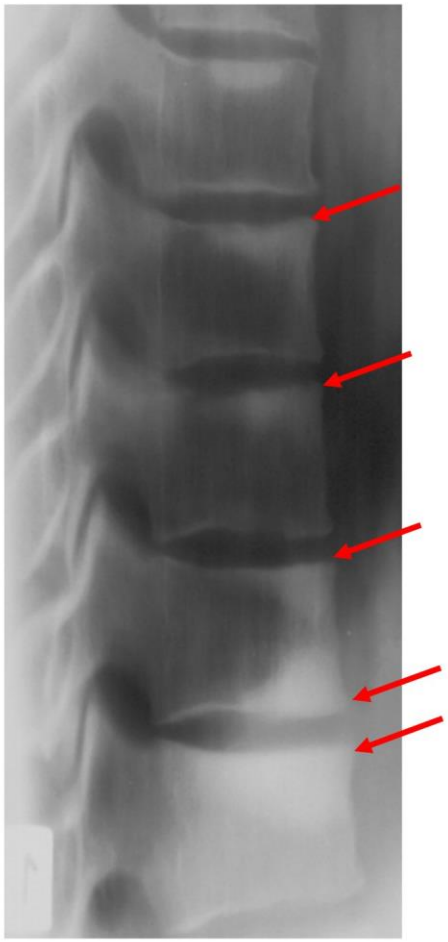




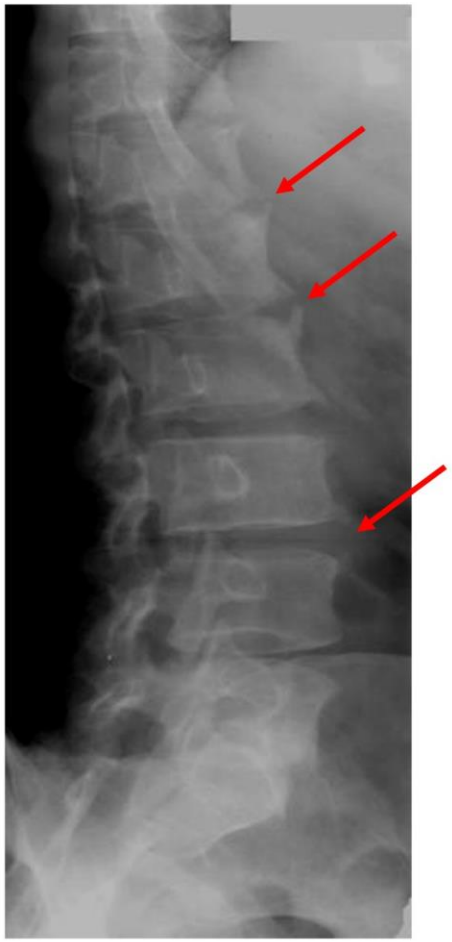
AS, m, 30 y, disease duration 14 y

ASAS handbook, Ann Rheum Dis 2009; 68 (Suppl II) (with permission)

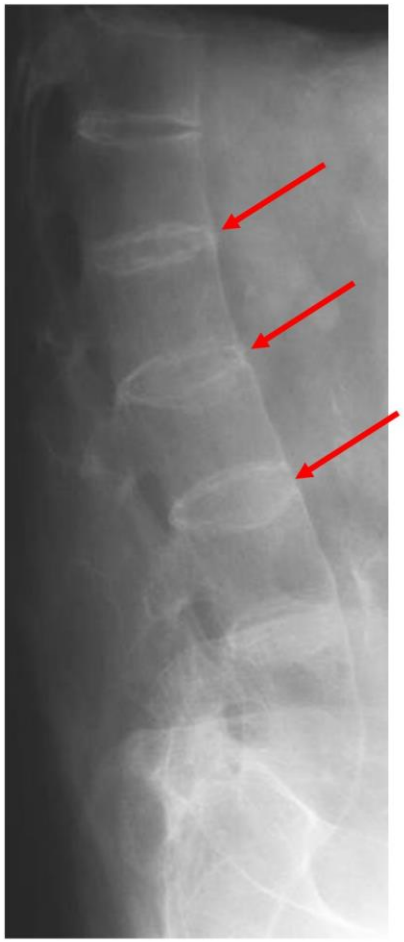
Evidence of Chronic Spinal Changes in Ankylosing Spondylitis



Sclerosis
„shiny corners“

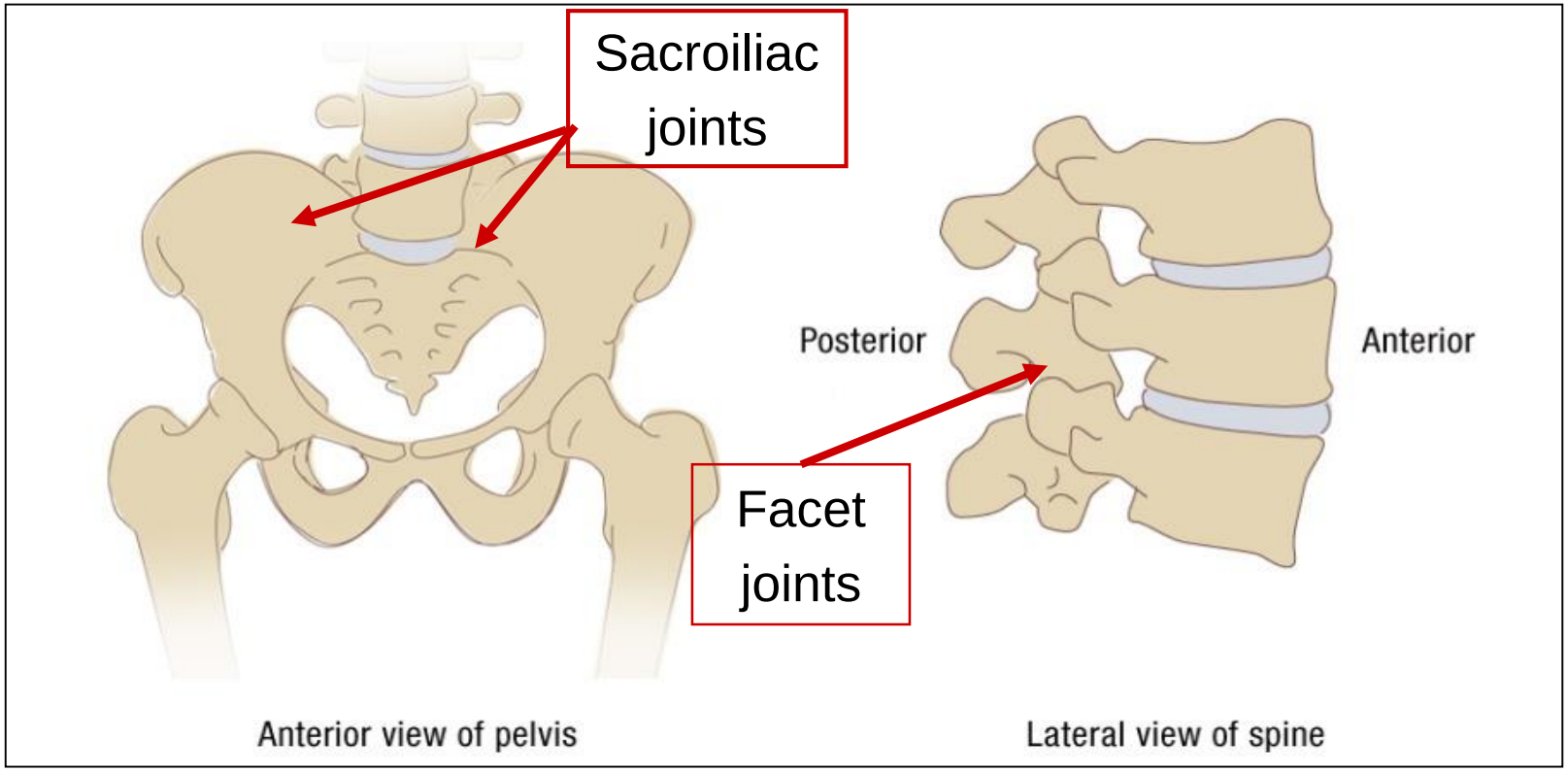


Syndesmophytes
(and spondylophytes)

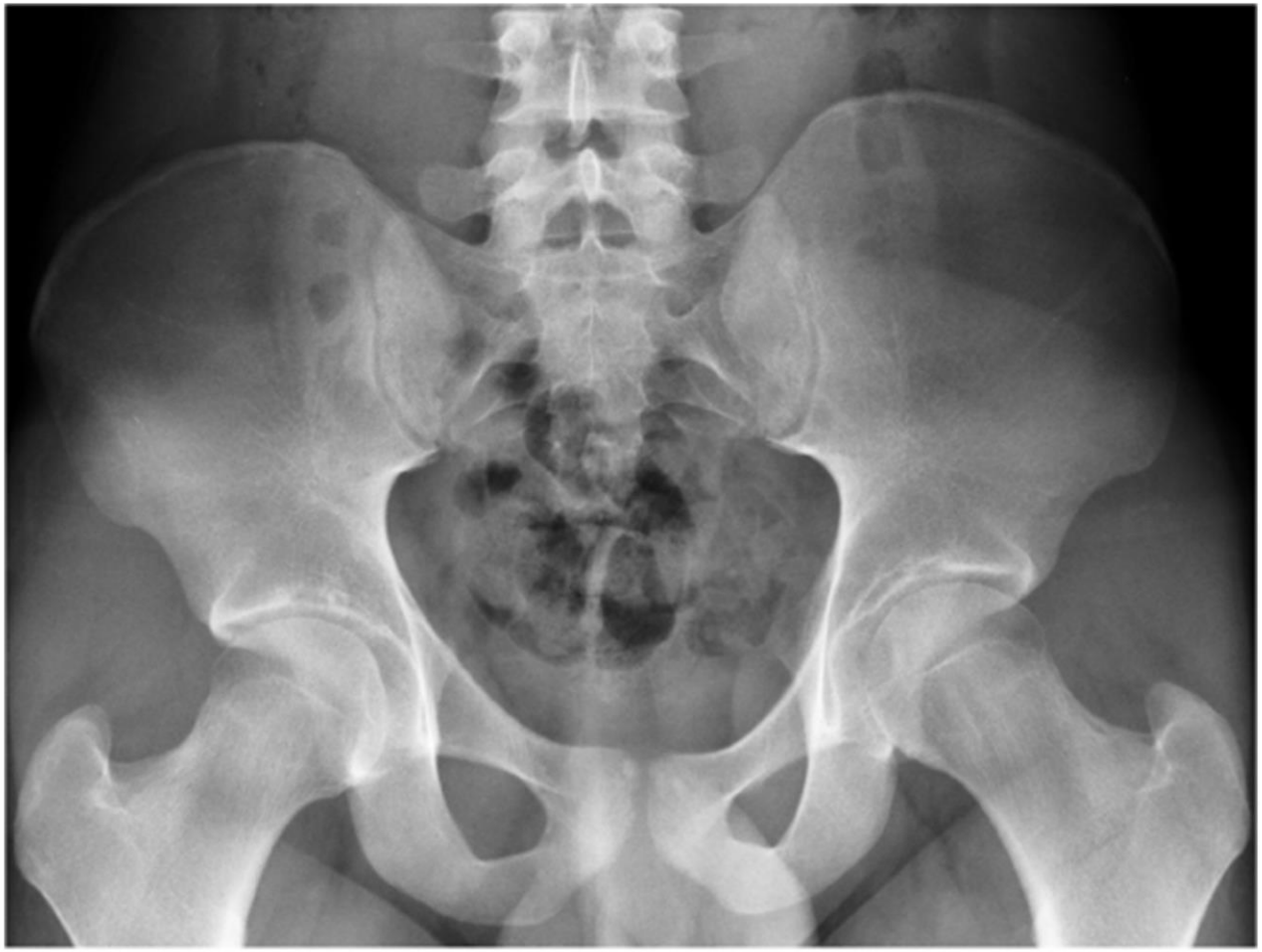


Bridging
syndesmophytes

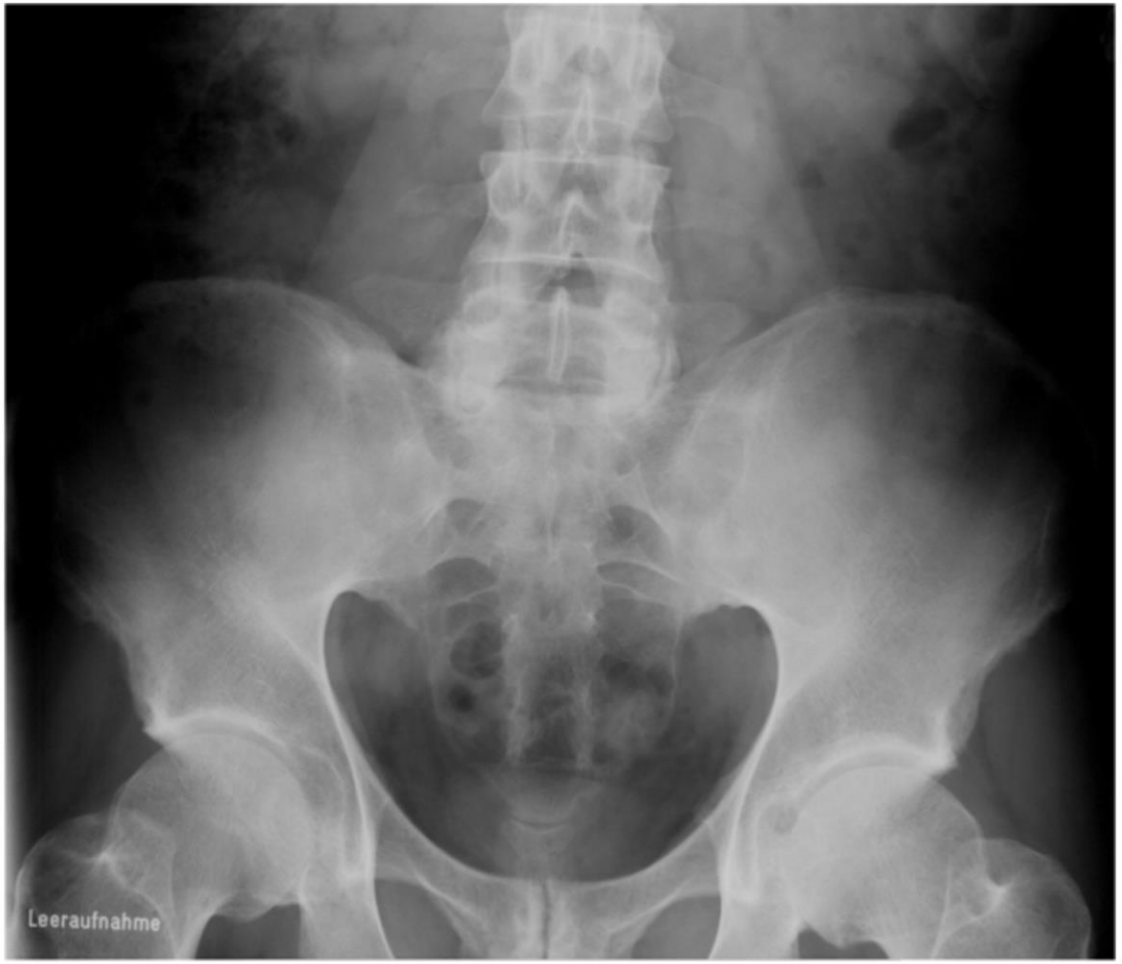
MESTA UPALE


Sacroiliac joints
Posterior
Anterior
Facet joints
Anterior view of pelvis
Lateral view of spine

Sacroiliitis Grade 0 (Normal)

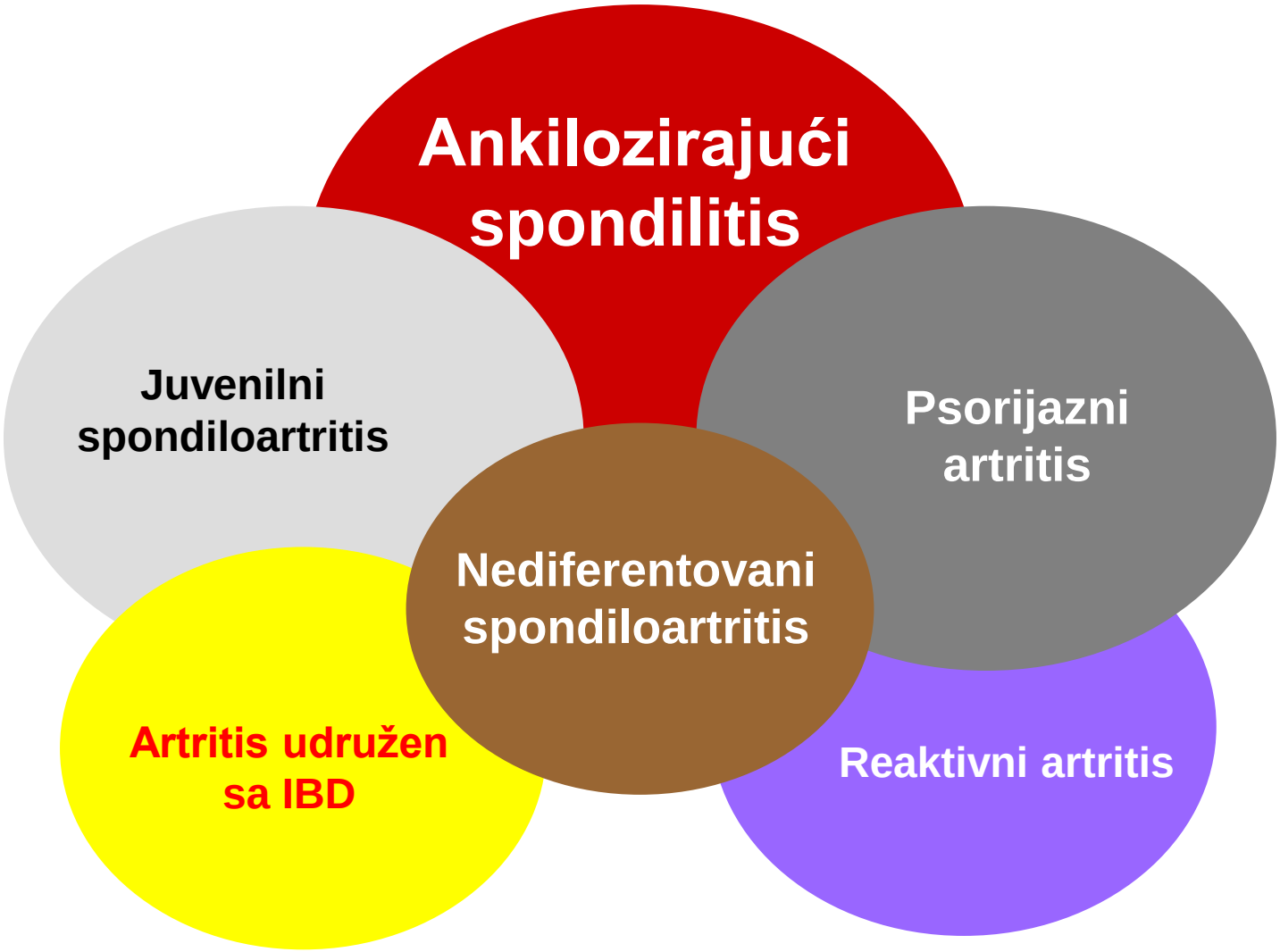


Sacroiliitis Grade 4 Bilaterally

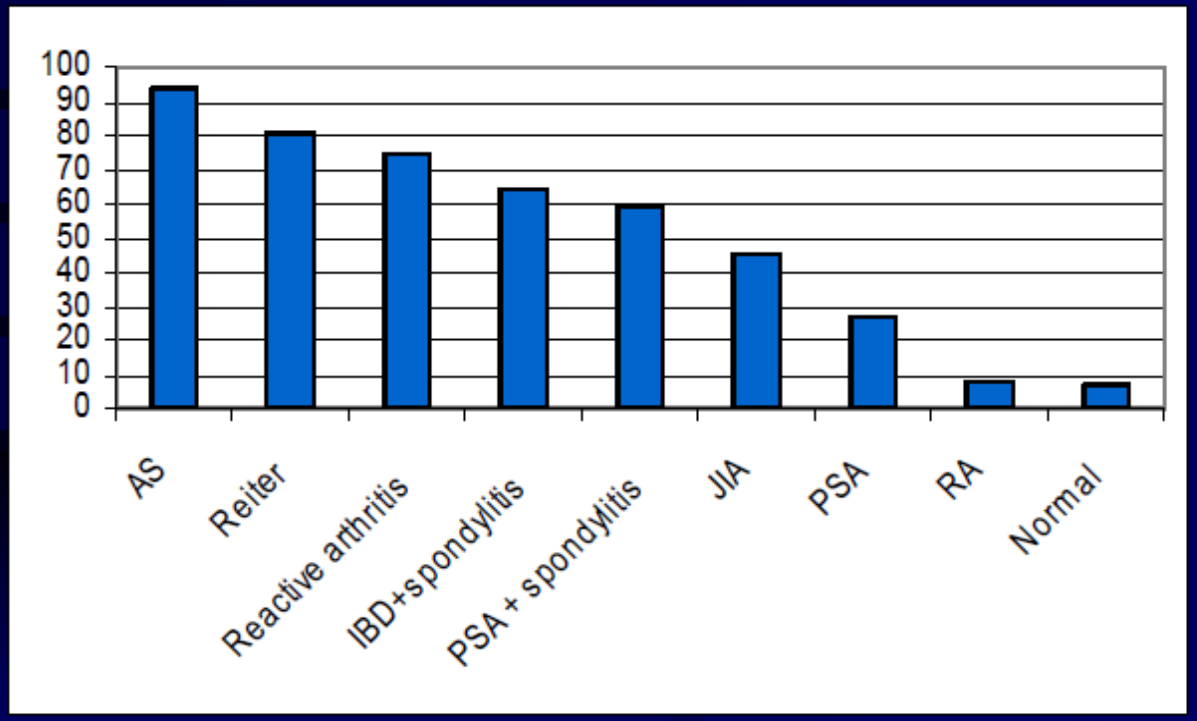


Familija spondiloartritisa

grupa srodnih oboljenja na osnovu genetske predispozicije i kliničkih manifestacija

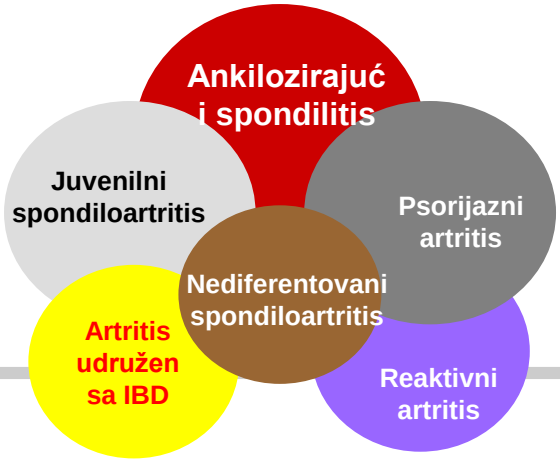


Frequency of HLA-B27 in spondyloarthropathies



Spondiloartritisi – zajedničke karakteristike

- genetska predispozicija (HLA-B27 +)
- češća pojava kod osoba muškog pola (ankilozirajući spondilitis i Reiterov sindrom su 7-10 puta češći kod muškaraca)
- najveća incidencija u trećoj deceniji života
- progresivni tok sa spontanim remisijama i recidivima
- pozitivni nespecifični pokazatelji zapaljenja
- odsustvo organ specifičnih i nespecifičnih autoantitela kao i reumatoidnog faktora (raniji naziv - seronegativne spondiloartropatije)
- **sakroiliitis, periferni artritis i daktilitis**
- **entezopatije**
- **česte ekstraartikularne manifestacije** (oči: iridociklitis, uveitis, konjunktivitis, koža: mukokutane promene i dr.) i preklapanje kliničkih manifestacija



Patient Care
Research
Education
Arthritis Care Foundation

ARTHRITIS CARE FOUNDATION

Prof. Muhammad Asim Khan MD, an eminent Rheumatologist

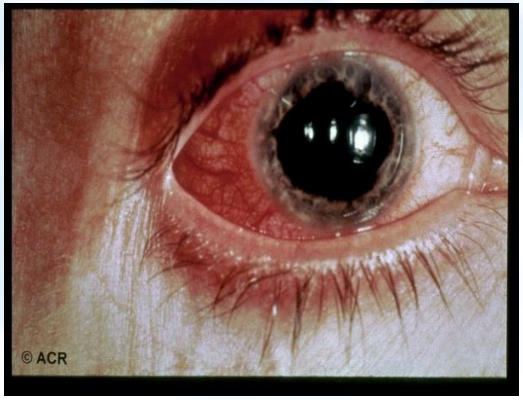
More Than A Doctor: A Life Guide to Ankylosing Spondylitis

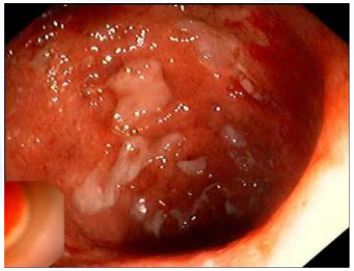
Dr. Muhammed Khan has a more severe case of ankylosing spondylitis than most of his patients, and he wants to keep it that way.

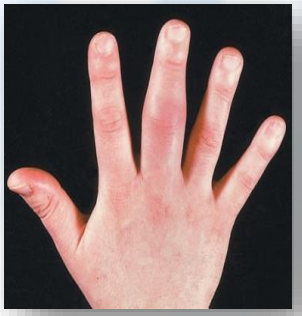
Video featuring Dr. Sanjay Gupta

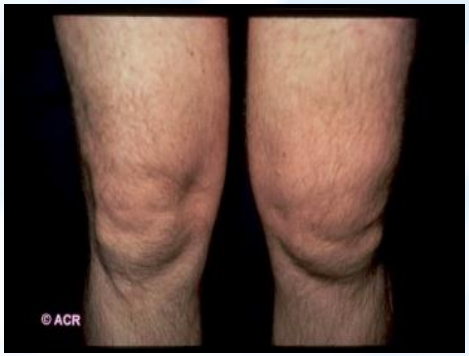
More Than A Doctor: A Life Guide to Ankylosing Spondylitis

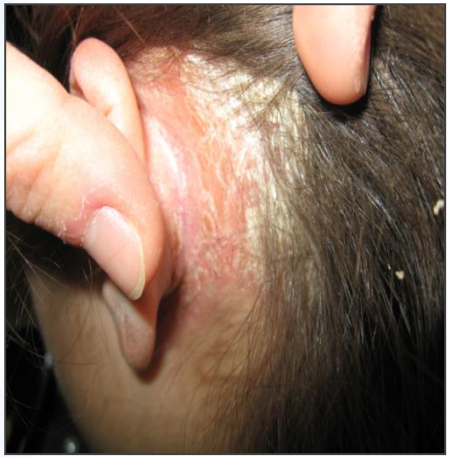
http://www.everydayhealth.com/hs/ankylosing-spondylitis-treatment-management/sanjay-gupta/life-guide/

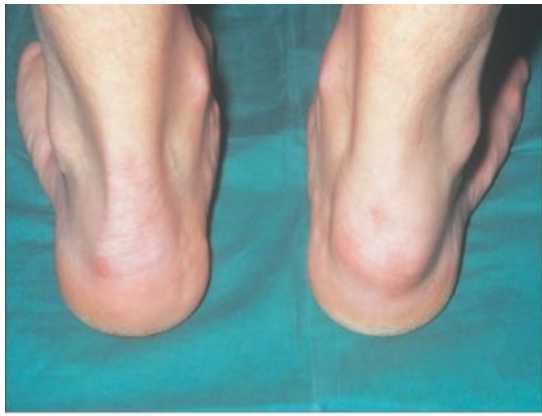




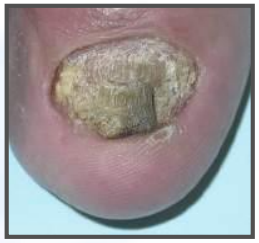


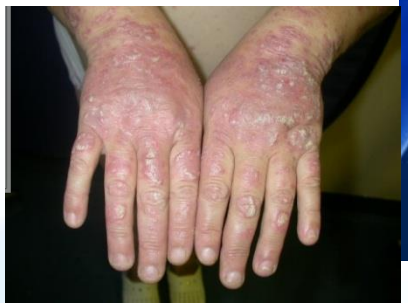


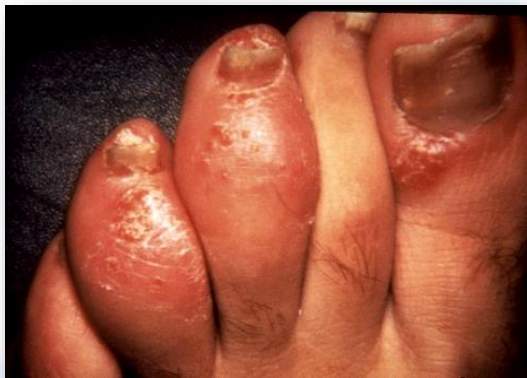




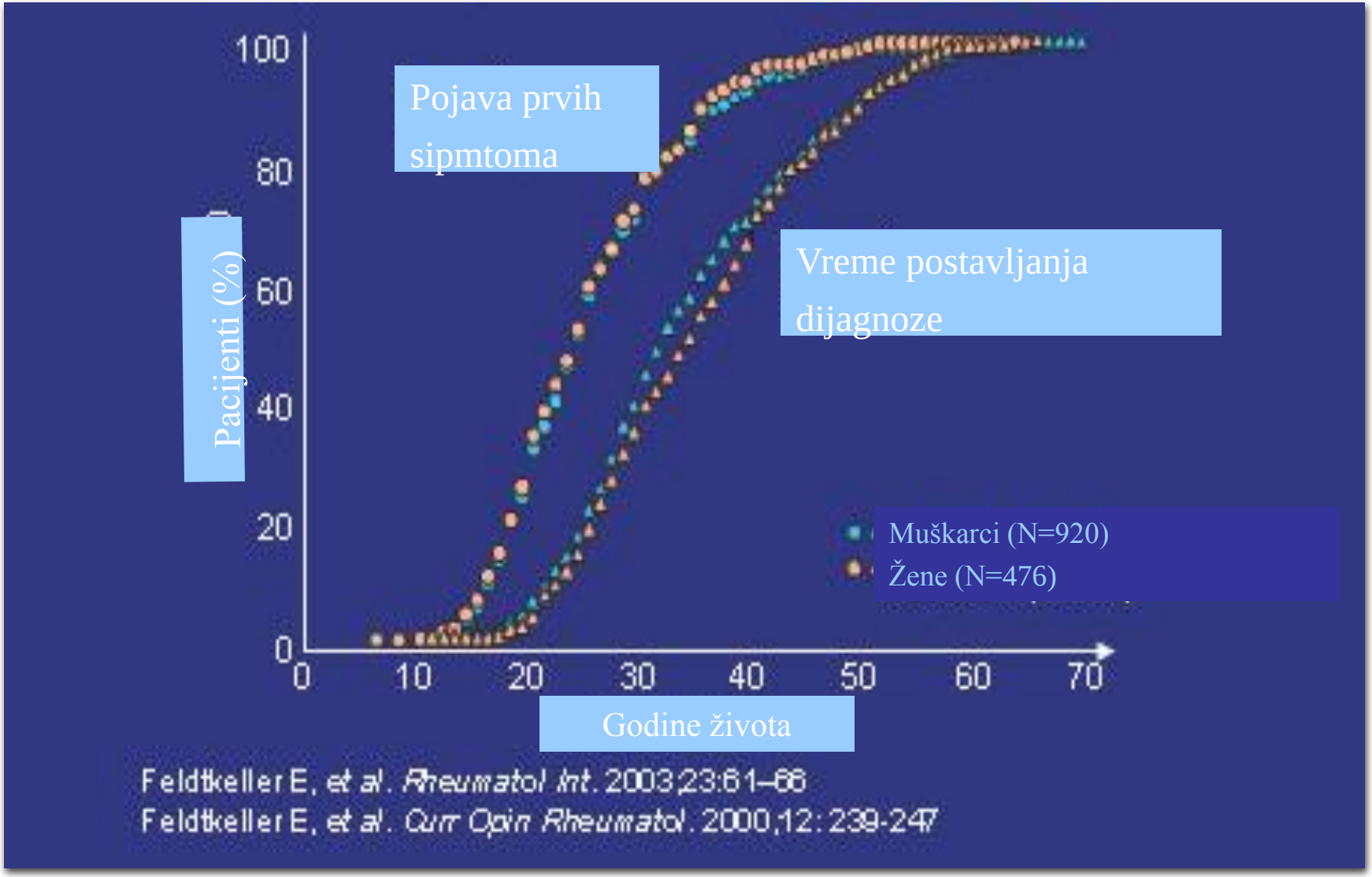
© www.rheumtext.com - Hochberg et al (eds)







ZAKASNELA DIJAGNOZA AS

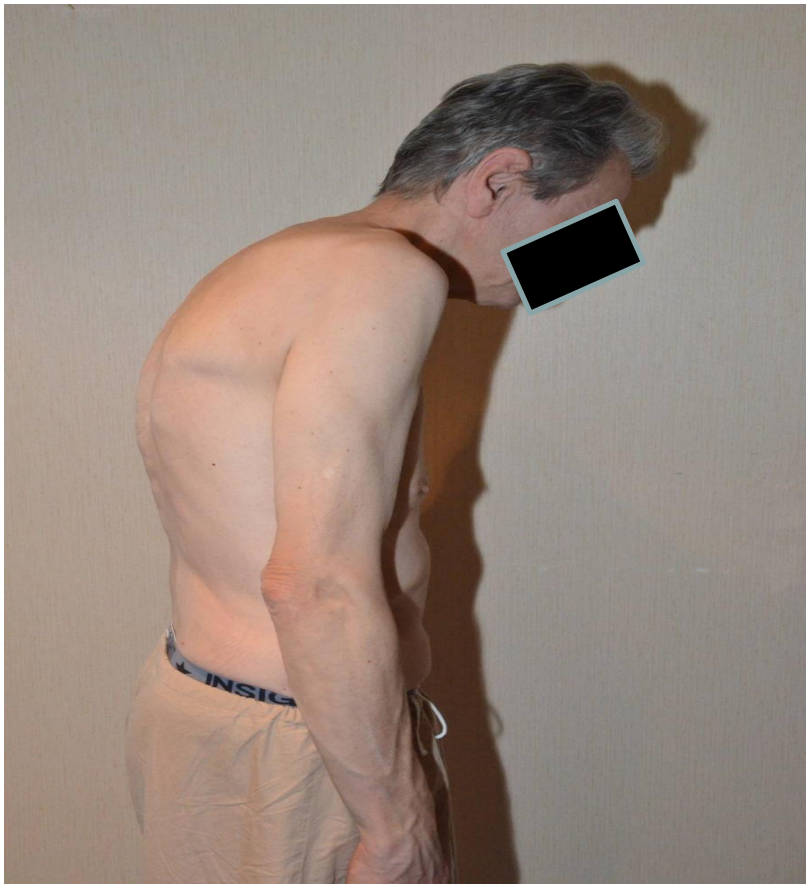


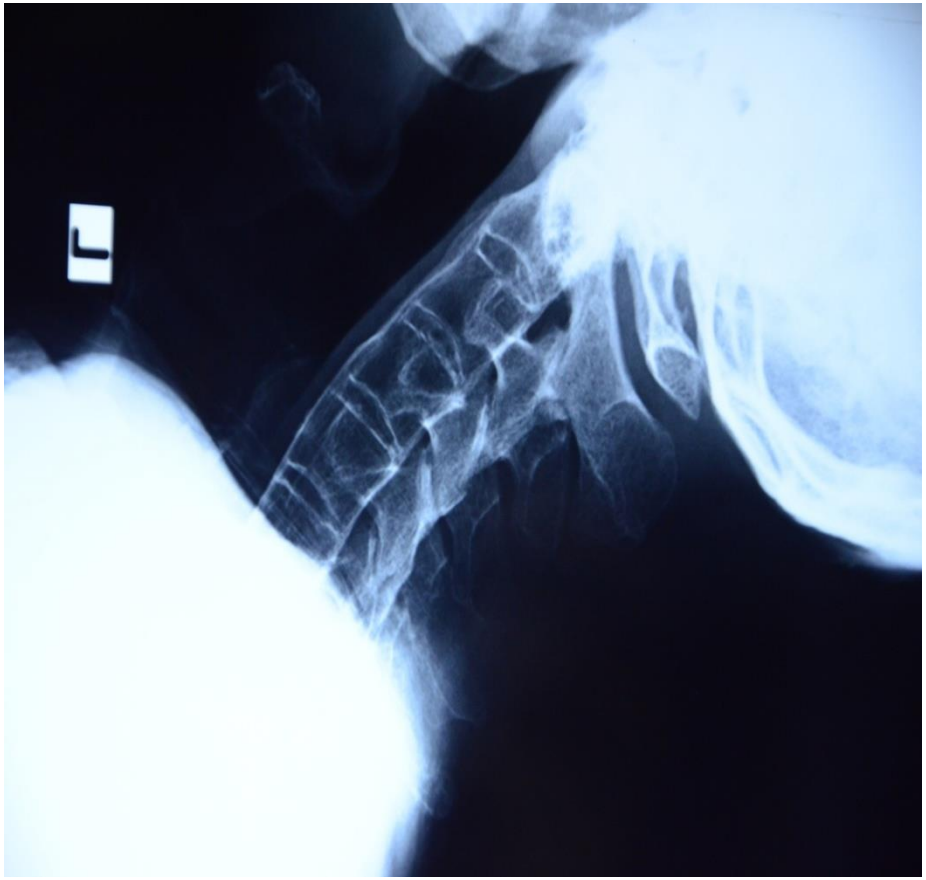
Bolesnik Đ. S. , 59 godina

- Septembar 2014 (VMA – prva hospitalizacija):

- Godina 1990 (34 godine):

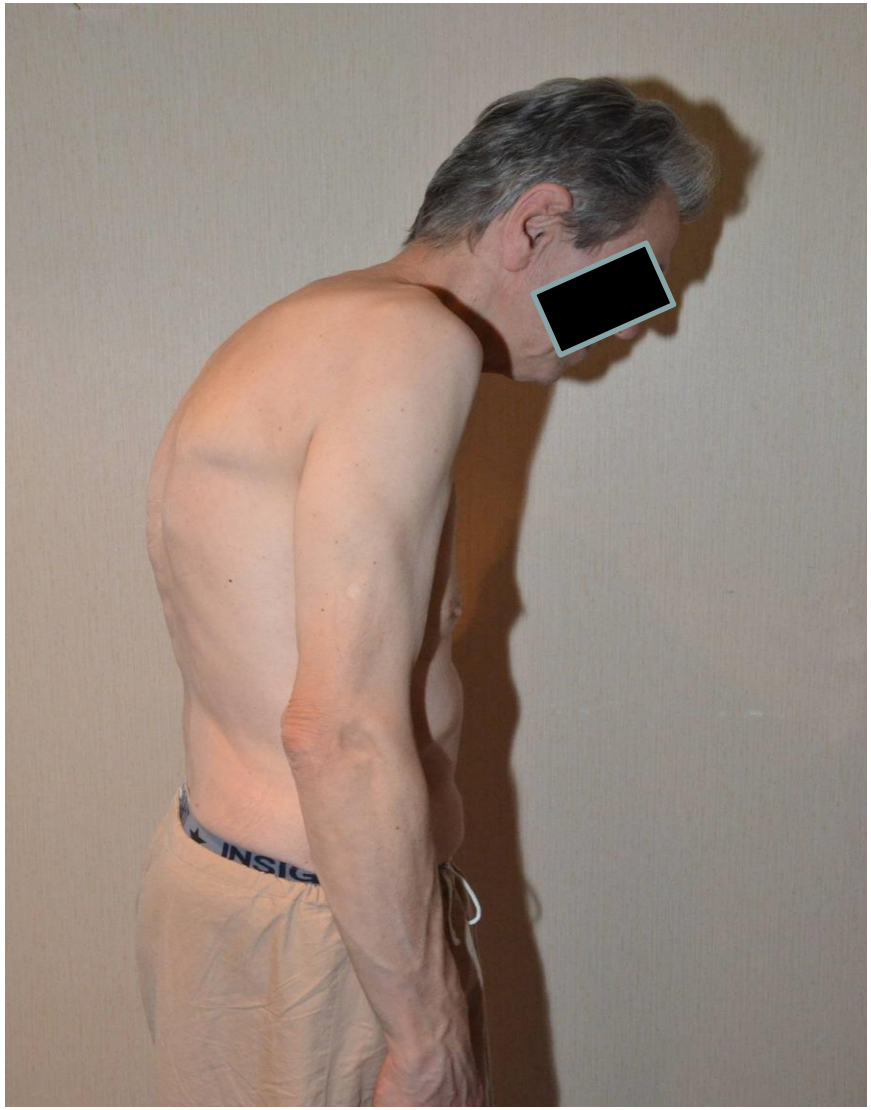
• Bolovi u vratnom delu kičme, HLAB27 +. TH: NSAIL

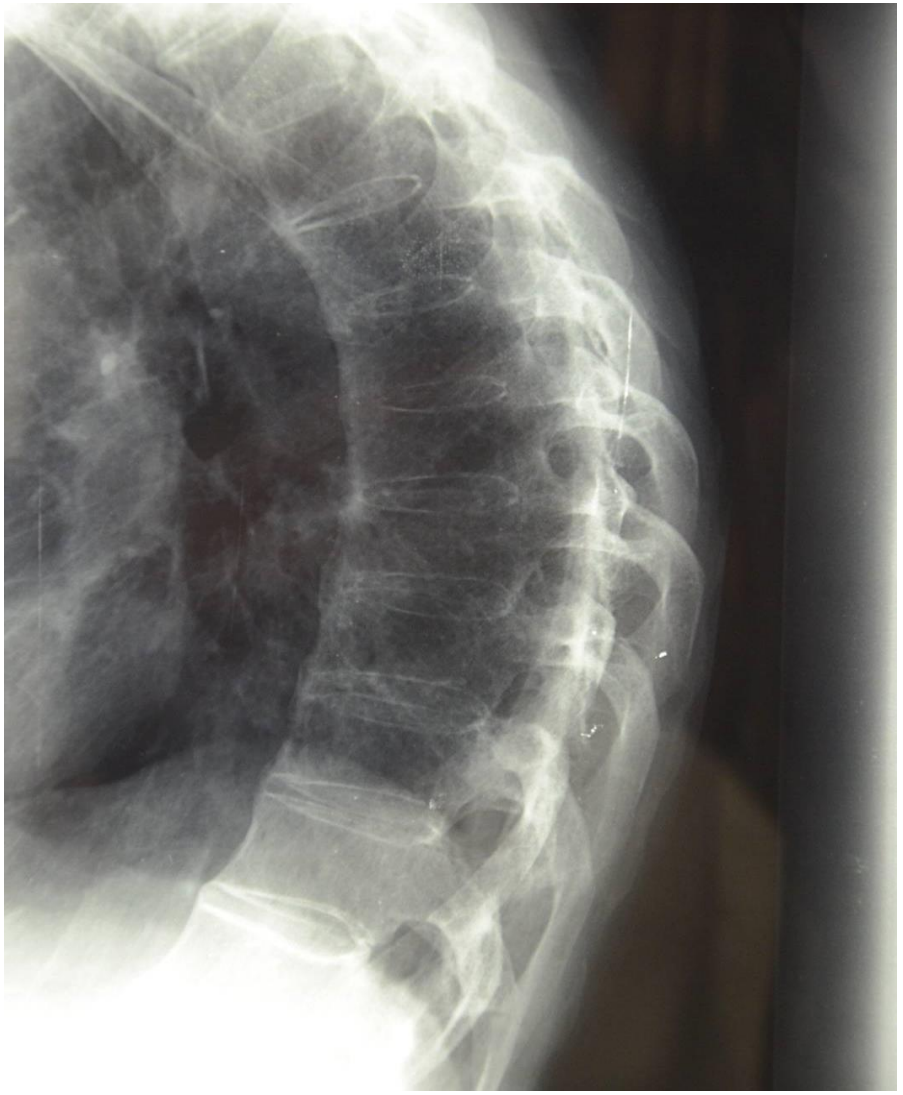


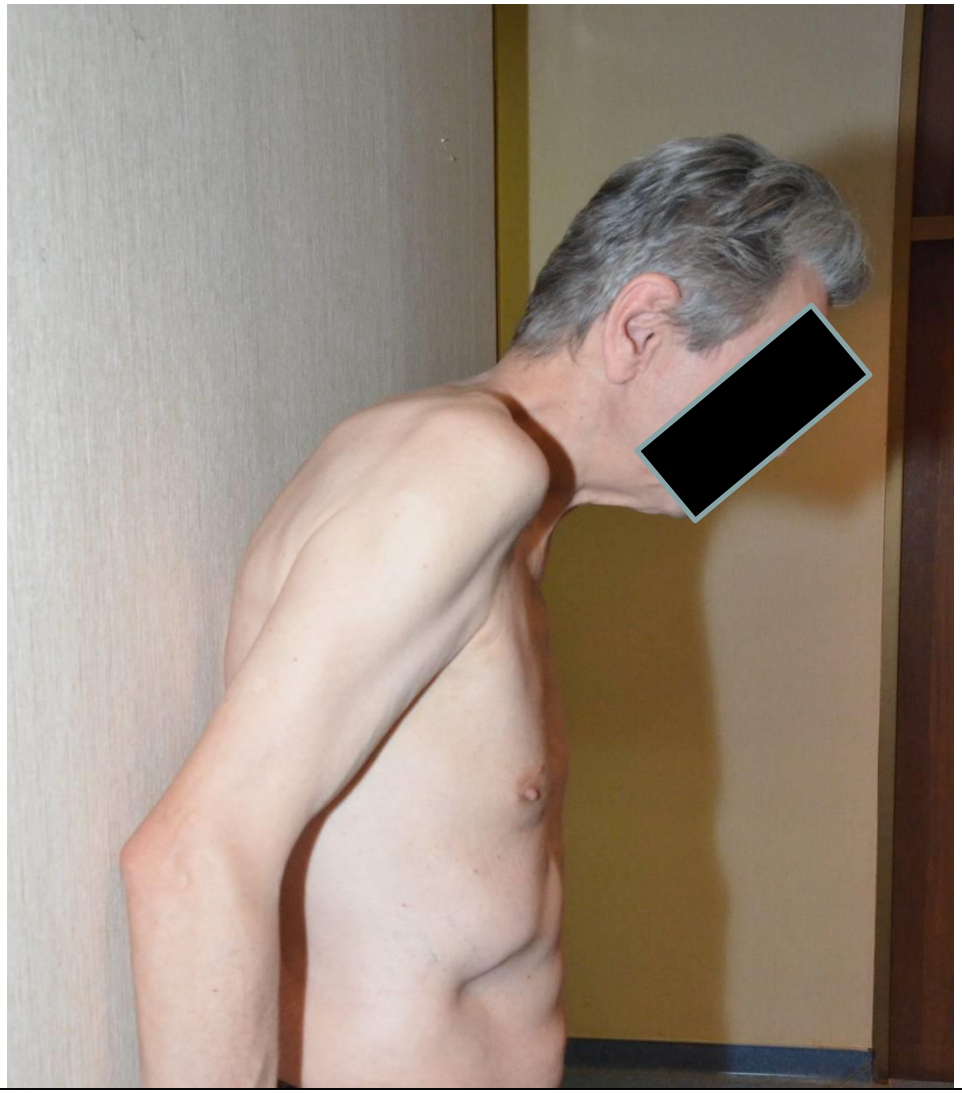


Bolesnik Đ. S. , 59 godina

- Septembar 2014 (VMA – prva hospitalizacija):





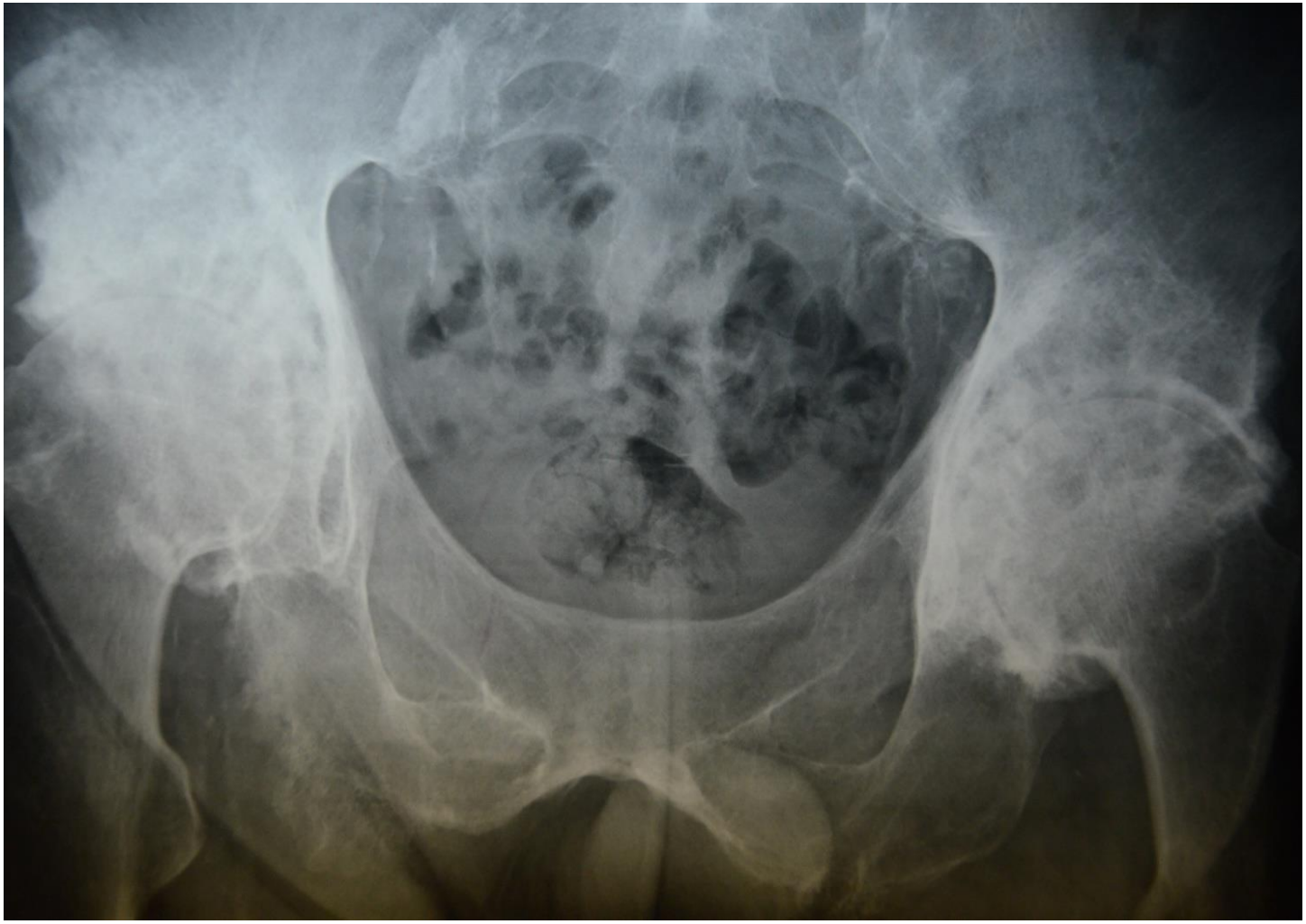


Unable to look ahead while walking

“patient cant see the sun”

Bolesnik Đ. S. , 59 godina

- Godine 2011-2012.g.
- Bolovi u kukovima



SPONDILO-ARTRITISI

Zahvat aksijalnog skeleta

- sakroileitis
- spondilitis

Zahvat perifernih zglobova

- Asimetričan
- Oligoartikularan
- Na donjim ekstremitetima

Zahvat ekstraartikularnih organa

koža, oko, pluća, srce, creva...

Spondiloartritisi

- **1930. -** Crebs/

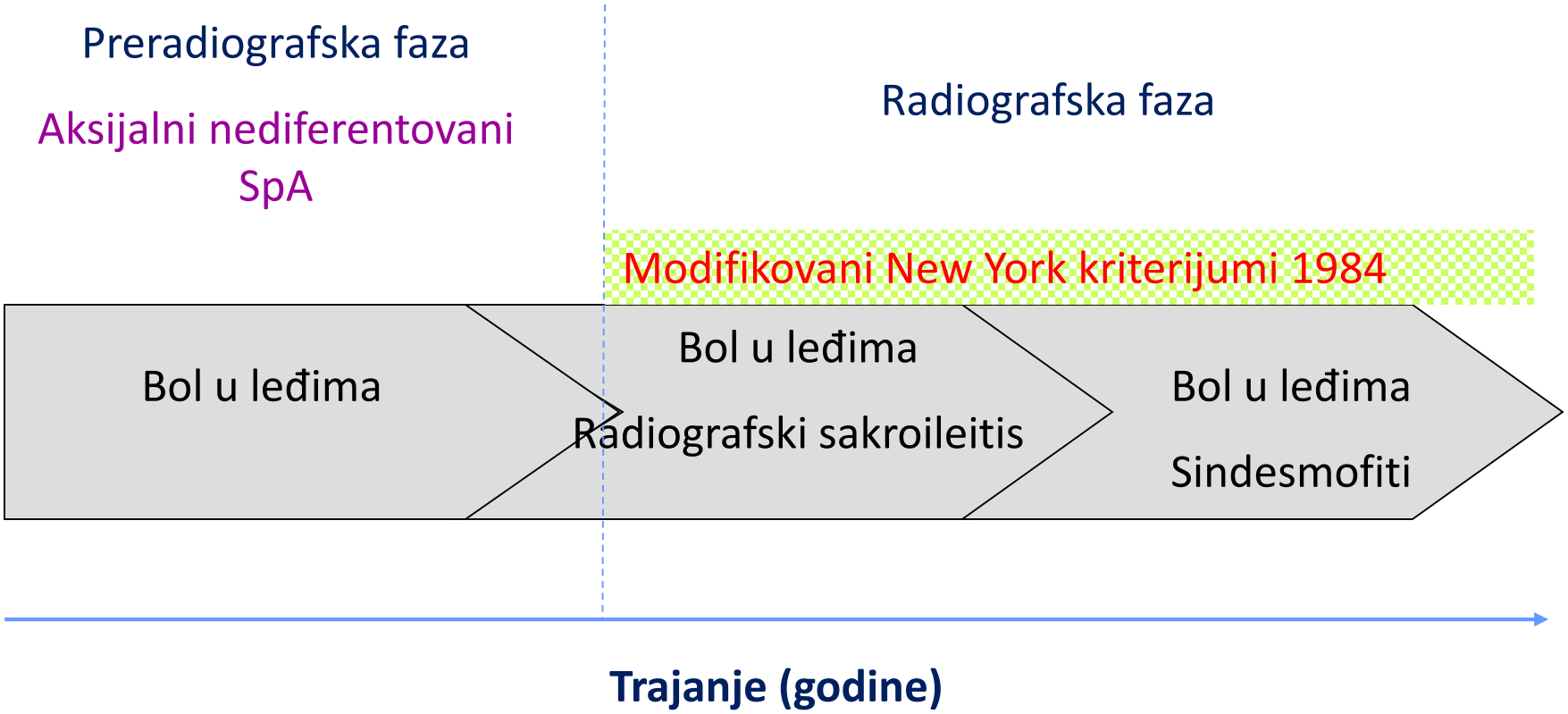
  Rtg SI zglobova/ sakroilitis
- **1970.** - Moll i Wright /

  koncept familije seronegativnih spondiloartropatija/
- **1973.**

  - otkriće HLA B 27 antigena, prisutan u 20 - 95% bolesnika/ iz koncepta izlaze Mb. Behcet i Whippleova bolest/
- 1984. - modifikovani New York klasifikacioni kriterijumi za AS
- 1990. - Amor kriterijumi i potom termin spondiloartritisi
- 1991. - klasifikacioni kriterijumi evropske studijske grupe (ESSG)

Danas - prosečno i do šest godina protekne do postavljanja dijagnoze ?!

ANKILOZIRAJUĆI SPONDILITIS

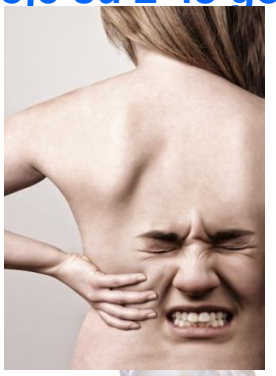


Rudwaleit, Khan & Steper. The challenge of Dx & classification of early As. Do we need new criteria. Arthritis Rheum 2005

Kriterijumi za aksijalni SpA**

kod osoba sa bolom u kičmi ≥3 meseca, a koje su ≤ 45 godina u vreme pojave prvih simptoma, u

Radiografski potvrđen sakroileitis
+
≥ 1 karakteristika SpA †



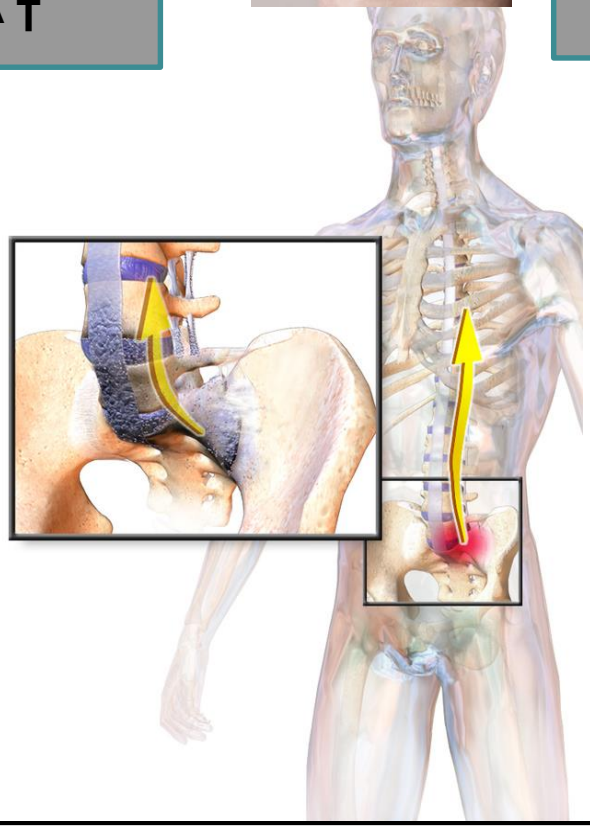
HLA-B27 pozitivnost
+
≥ 2 karakteristike SpA †

Radiografski potvrđen sakroileitis **:**

- aktivna upala sakroilijačnih zglobova na MR pregledu

ili

- definitivan radiografski sakroileitis na osnovu New York kriterijuma



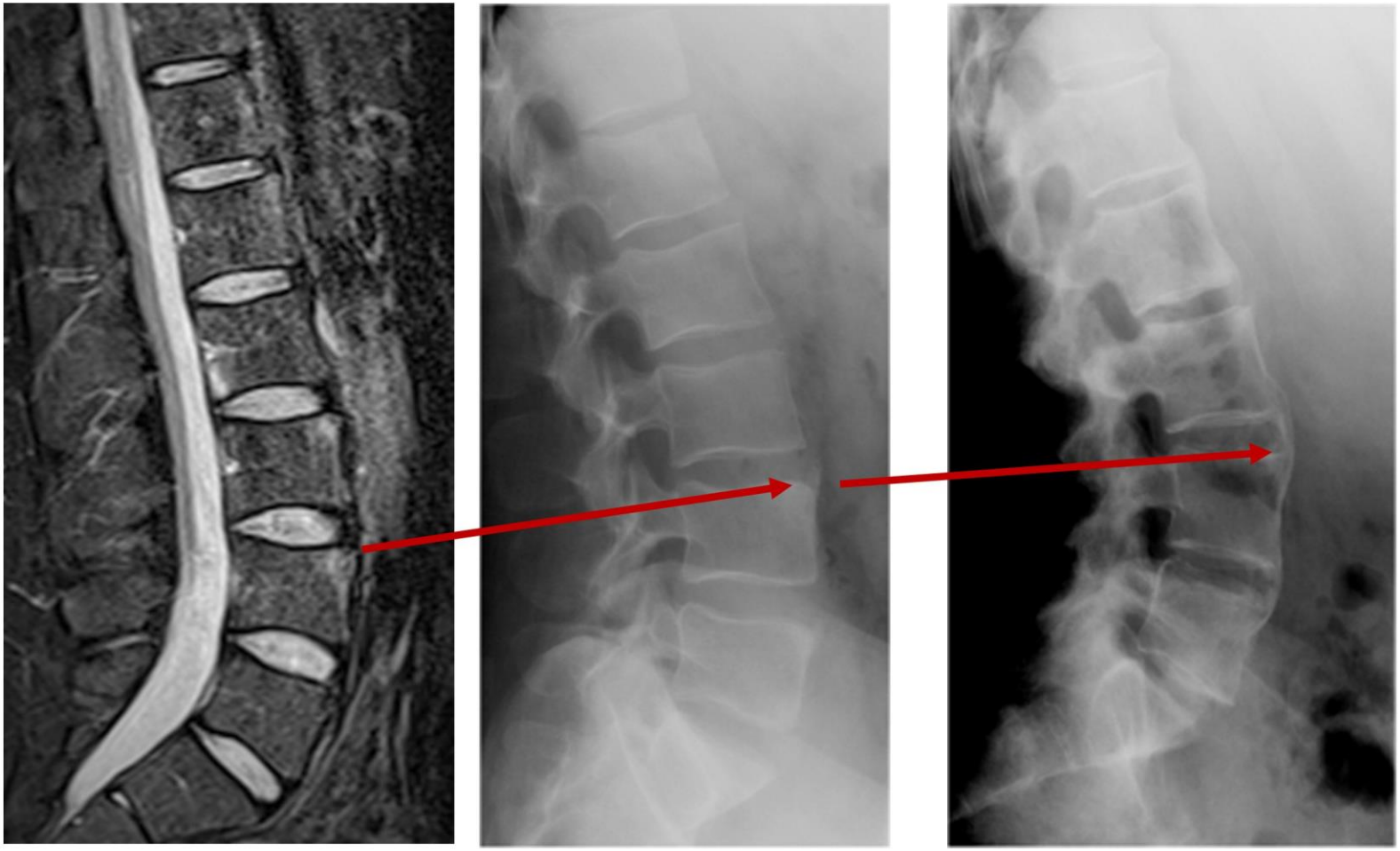
† ***Karakteristike SpA:***

1. Bol u kičmi zapaljenskog karaktera
2. Artritis
3. Entezitis (peta)
4. Uveitis
5. Daktilitis
6. Psorijaza
7. Inflamatorna bolest creva
8. Dobar odgovor na NSAIL
9. Porodično opterećenje za SpA
10. HLA-B27 pozitivnost
11. Povišene vrednosti CRP-a

senzitivnost 82.9%; specifičnost 84.4%.
Radiografski potvrđen sakroileitis (sam) ima senzitivnost 66.2%; specifičnost 97.3%

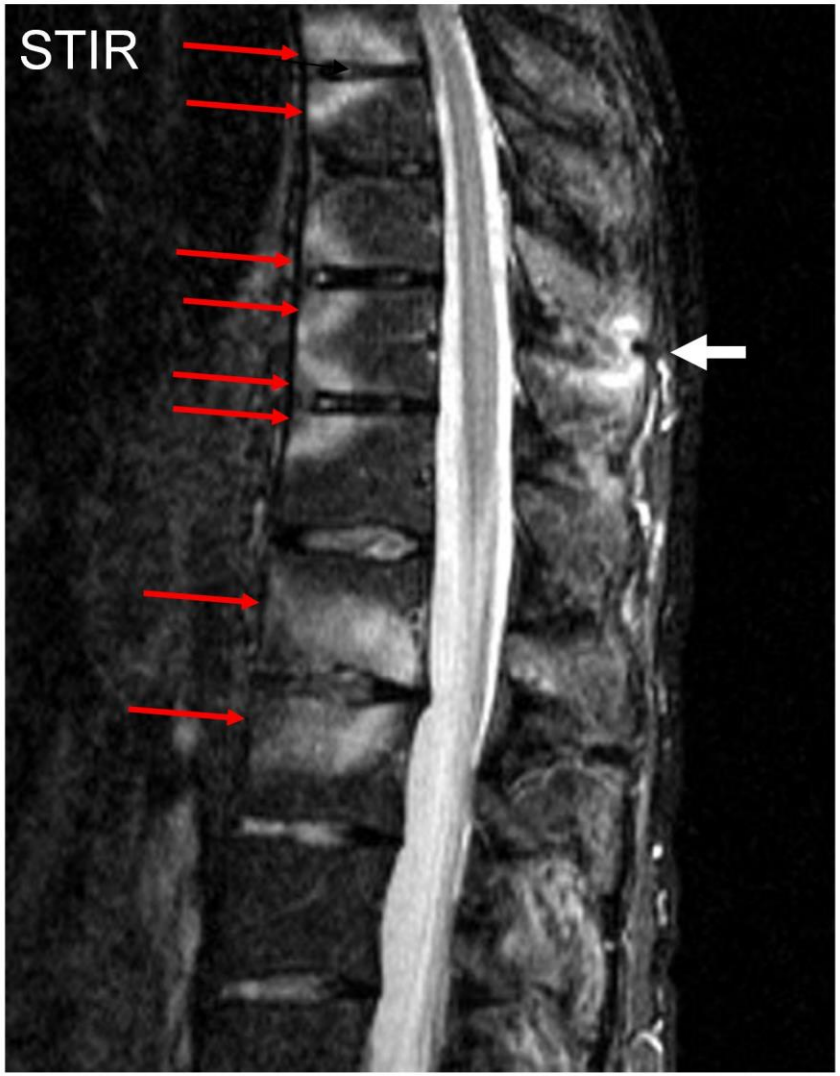
Rudwaleit M et al. Ann Rheum Dis 2009;68:777-

How Does Ankylosis Develop from Inflammation? Can Ankylosis Be Retarded/Prevented?



Bone Marrow Edema at Multiple Sites of the Spine by MRI

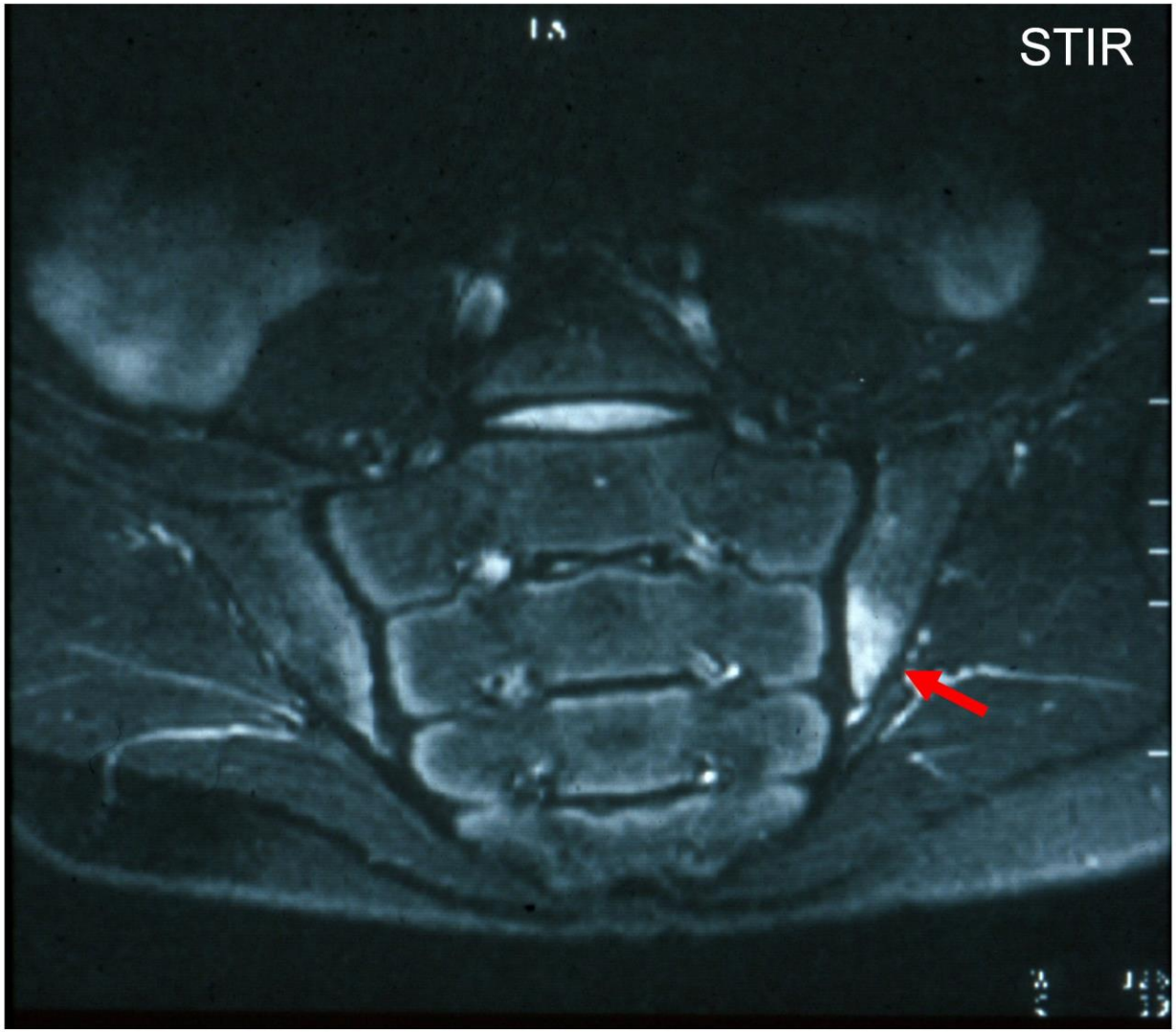
Arrows represent bone marrow edema at multiple sites of the spine



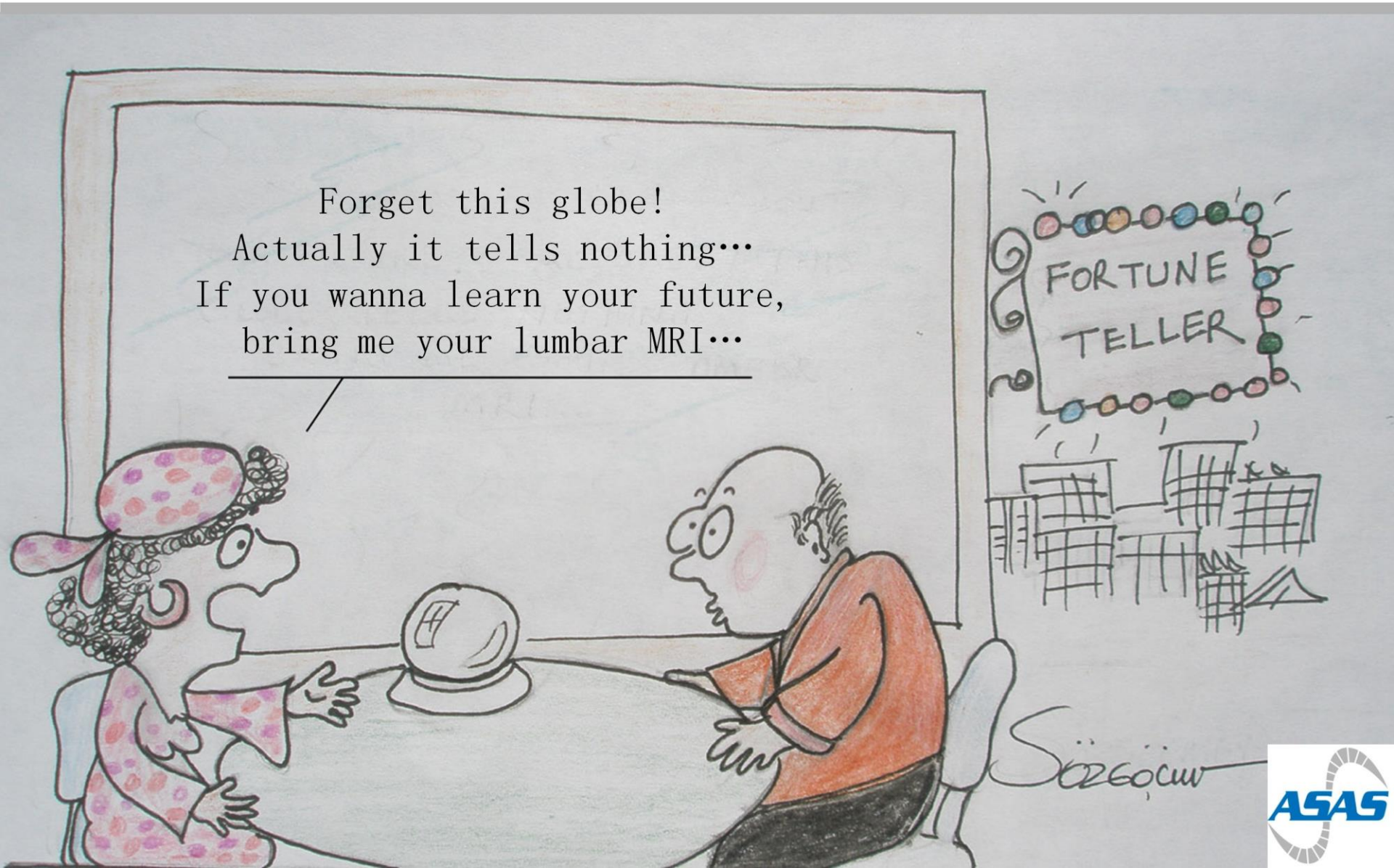
Inflammation of facet joint

Early (limited) Sacroiliits

(Bone Marrow Edema)

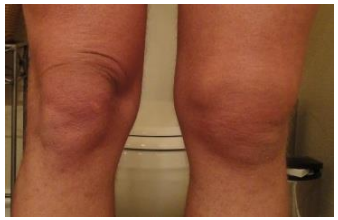


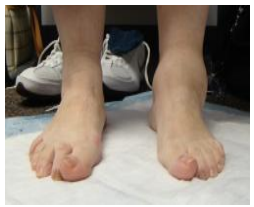
Magic MRI…


Forget this globe!
Actually it tells nothing…
If you wanna learn your future,
bring me your lumbar MRI…
FORTUNE
TELLER

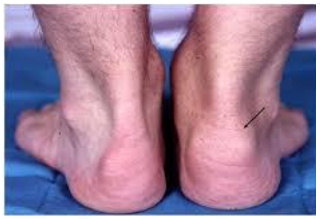
Kriterijumi za periferni SpA

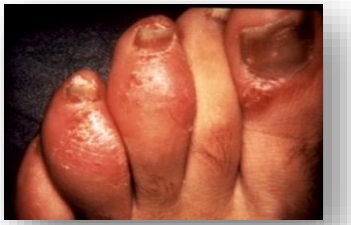
kod osoba kod kojih u kliničkoj slici dominira periferni artritis i podrazumevaju prisustvo:

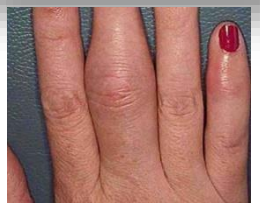




ARTRITIS *ili* ENTEZITIS *ili* DAKTILITIS ††

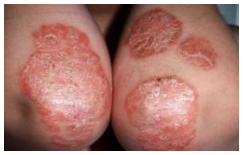


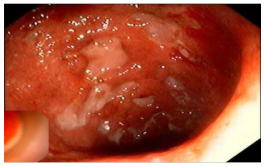


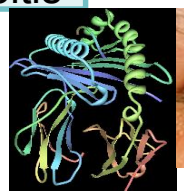


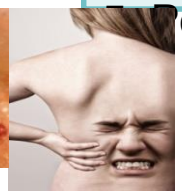
Plus ≥ 1 karakteristika SpA:

1. Psorijaza - prisutna sada ili u anamnezi
2. Inflamatorna bolest creva - trenutno ili ranije prisutna
3. Prethodna infekcija
4. HLA-B27 pozitivnost
5. Uveitis - trenutno ili ranije prisutan
6. Radiografski potvrđen sakroileitis









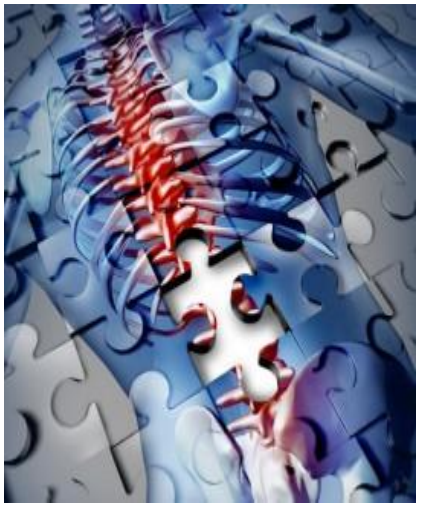
Plus ≥ 2 od ostalih karakteristika:

1. Artritis – trenutno ili ranije prisutan
2. Entezitis (bilo koja enteza) – trenutno ili ranije prisutan
3. Daktilitis – trenutno ili ranije prisutan
4. Bol u kičmi zapaljenskog karaktera ‡ odnosi se samo na ranije prisutan bol
5. Porodično opterećenje za SpA

senzitivnost 77.8%; specifičnost 82.2%

Rudwaleit M et al. Ann Rheum Dis 2011;70:25-31

ASAS algoritam za dijagnozu aksijalnog SpA



Zapaljenski bol u kičmi ≥ 3 meseca

Prisustvo drugih karakteristika SpA (11)

≥ 4

2-3

0-1

RTG

\+

\-

HLA B 27

\+

\-

druga Dg?

HLA B 27

\+

\-

MR

\+

\-

druga Dg?

AS

SpA

SpA

van den Berg R. et al. Arthritis Rheum 2013;72:1646-53

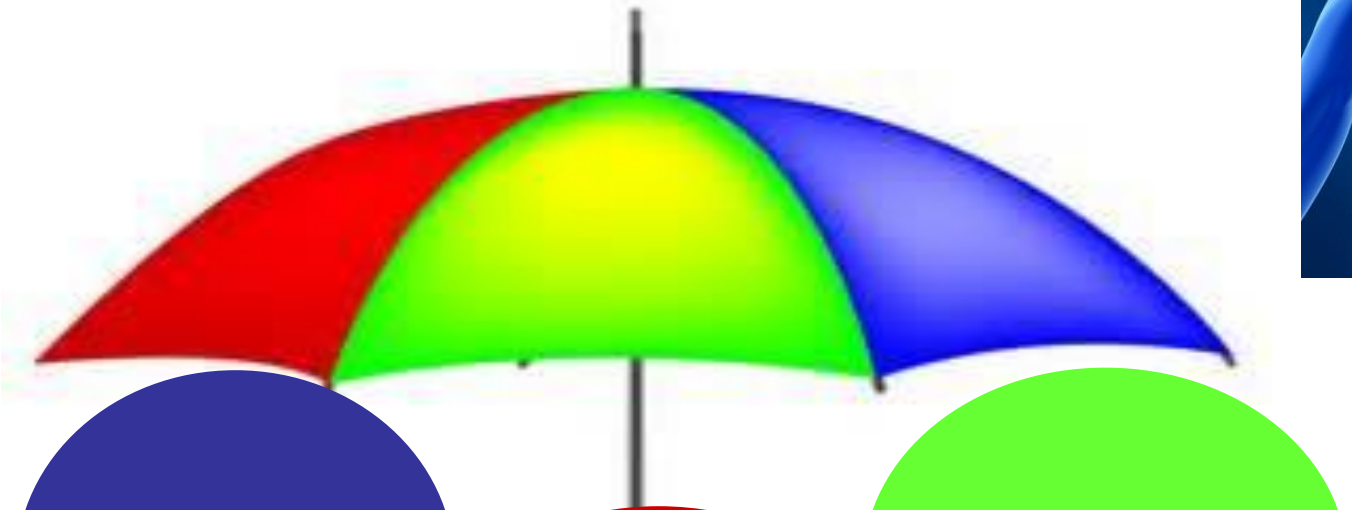
Familija spondiloartritisa

Predsednik radne grupe: Gorica Ristić

Članovi:
Mirjana Zlatković Švenda, Slađana Živojinović,
Sonja Stojanović, Tanja Janković

SPONDILO-ARTRITISI

koncept aksijalnog spondiloartritisa – SpA



SPA+IBD

PsA

Ankilozirajući spondilitis

nr-AxSpA

Nediferentovani spondiloartritis

Reaktivni artritis

Zablude o ankilozirajućem spondilitisu

Pogrešno

- Retko oboljenje
- Blago oboljenje
- Mnogo češće oboljevaju muškarci
- Dijagnoza je jednostavna

Tačno

- Učestalost AS/SpA približna RA
- Bolesnici imaju 3 puta češći invaliditet i smanjen kvalitet života
- Samo 2-3 puta učestaliji kod muškaraca
- Dijagnoza AS je teška u ranoj fazi bolesti i često se previdi

Akkac N, Khan MA. Ankylosing spondylitis and the Spondyloarthropathies, 2006

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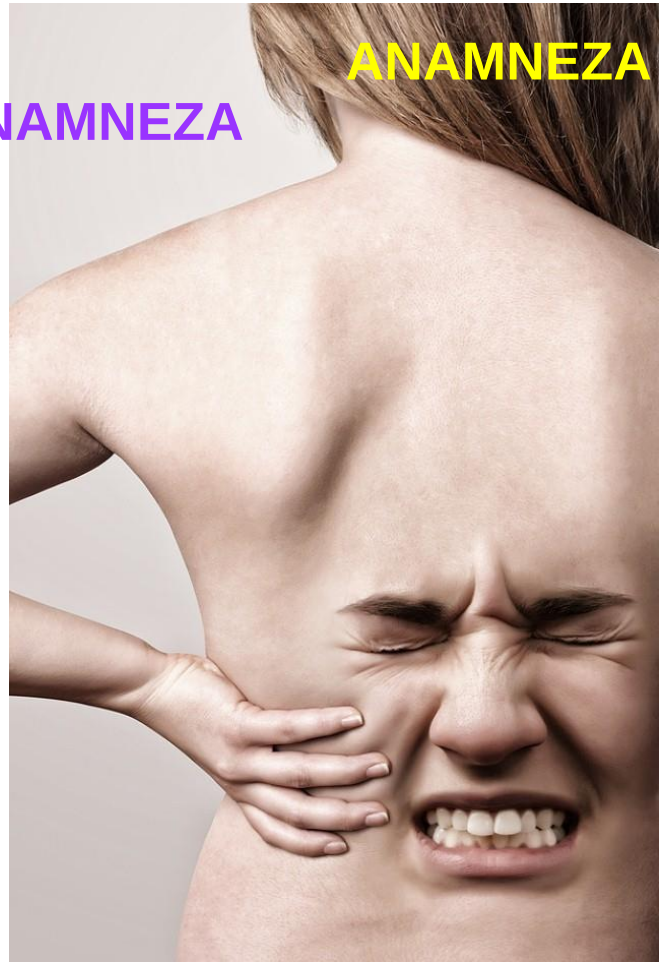

CRiteria for inflammmatory back pain according to ASAS

Back pain , during at least 3 consecutive months

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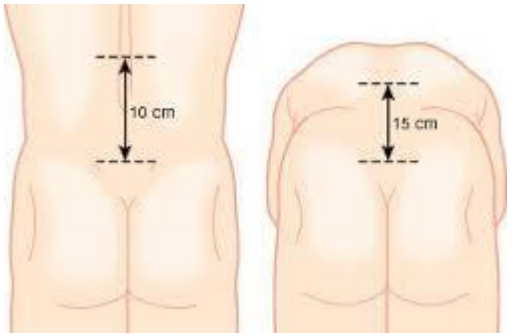
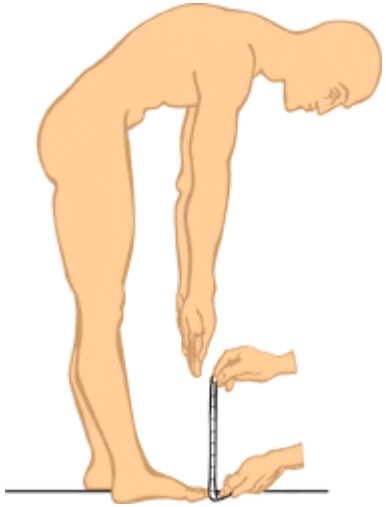
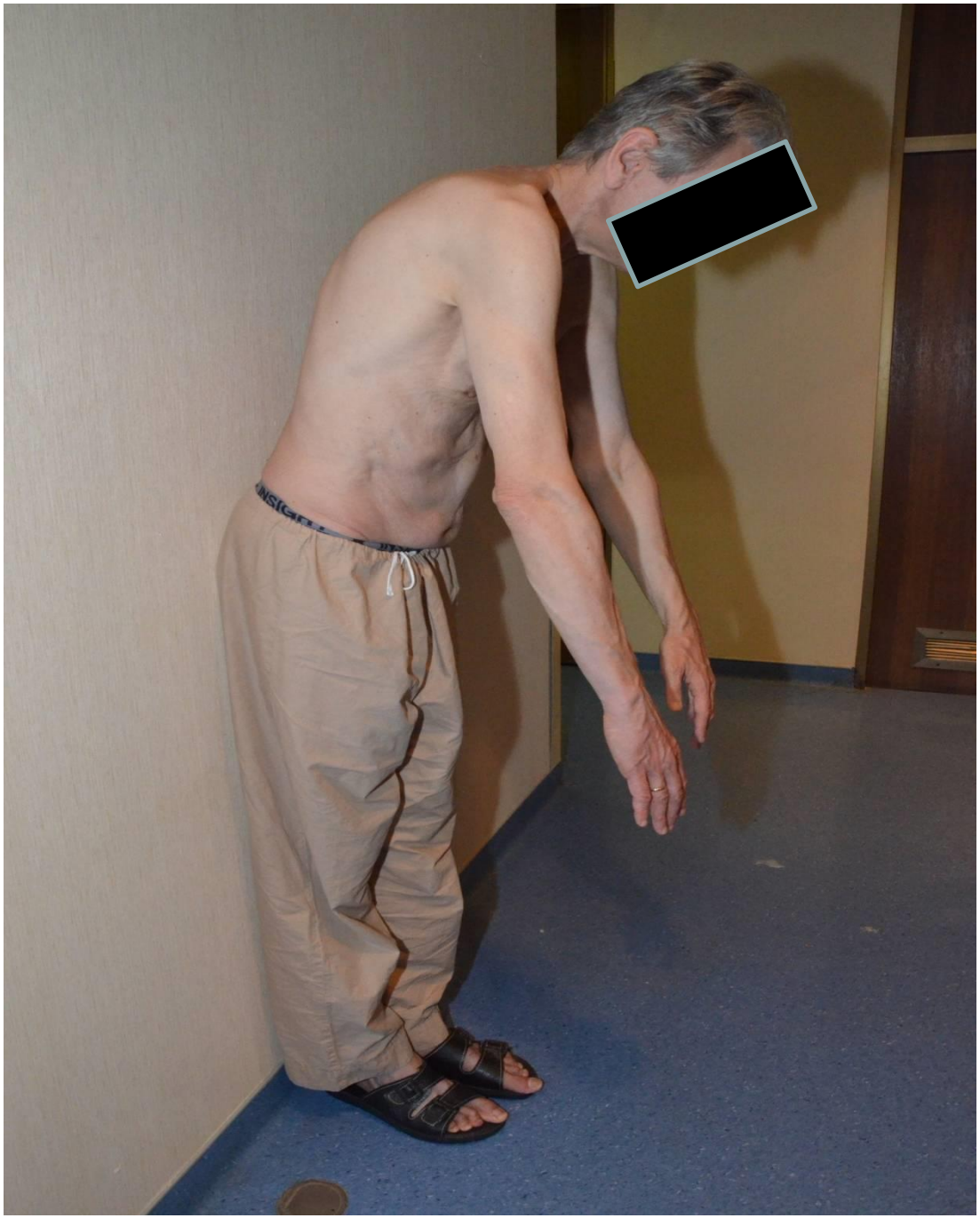
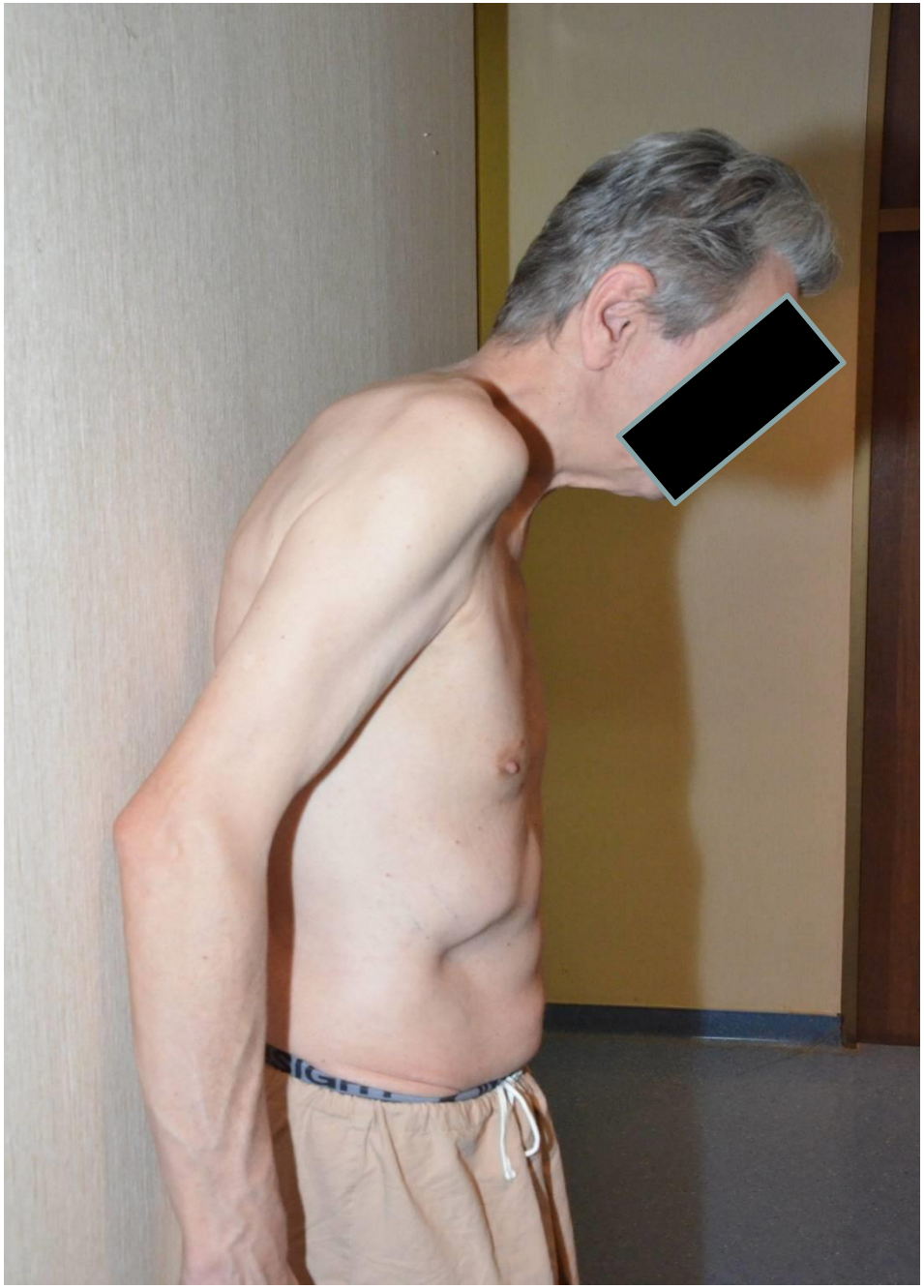
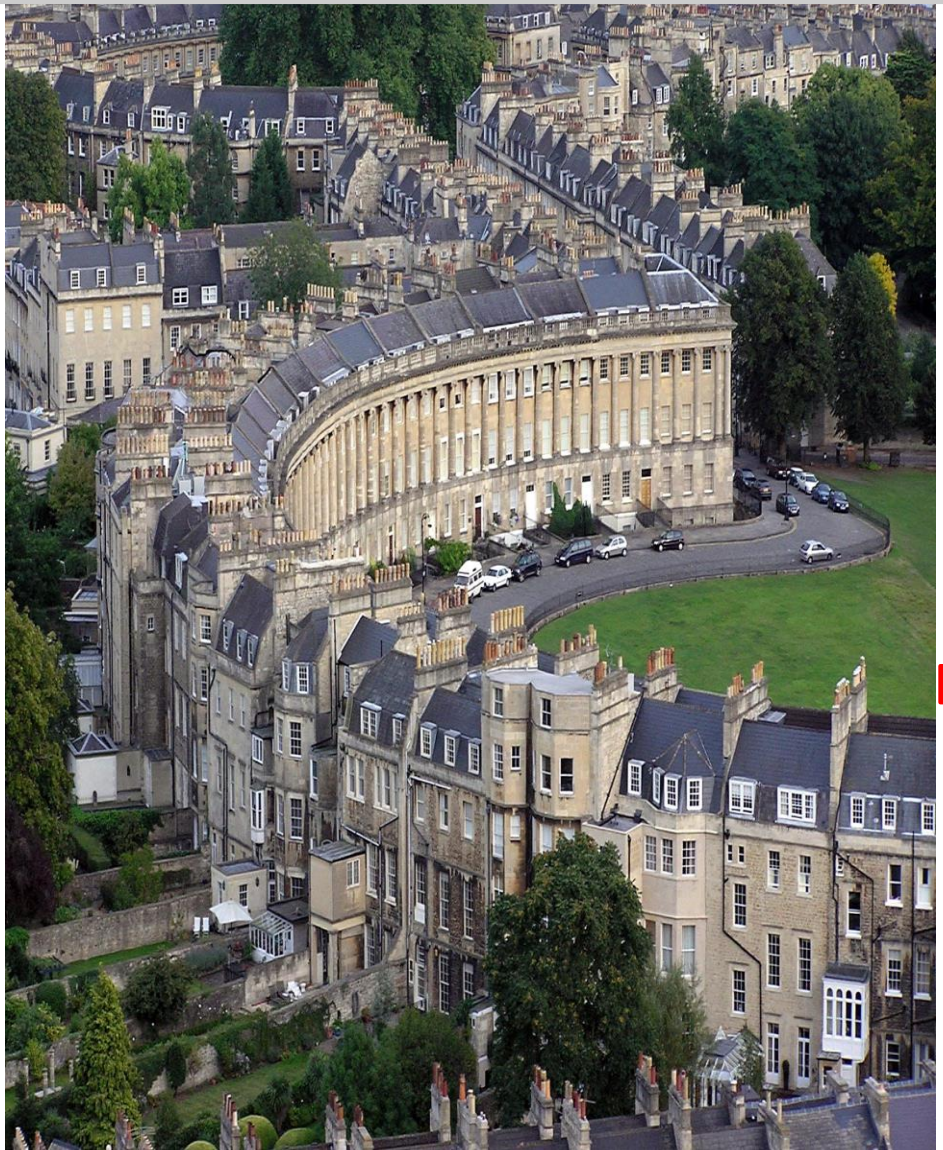








SPONDILOARTRITISI
procena aktivnosti bolesti



BASDAI - **Bath** Ankylosing Spondylitis Disease Activity Index

BASFI - **Bath** Ankylosing Spondylitis Functional Index

BASMI - **Bath** Ankylosing Spondylitis Metrology Index

BASG - **Bath** Ankylosing Spondylitis Global Score

Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

- BASDAI – pacijentova subjektivna procena aktivnosti bolesti

- Procena **5** važnih simptoma SpA:

1. Slabost
2. Bol u kičmi
3. Bol ili otok zglobova
4. Entezitis, upala tetiva ili ligamenata
5. Kvalitet i kvantitet jutarnje ukočenosti (trajanje i težina)

Svi se procenjuju pomoću visuelne analogne skale **(VAS): 0–10 (cm)**
[0 = bez simptoma; 10 = izraženi simptomi].

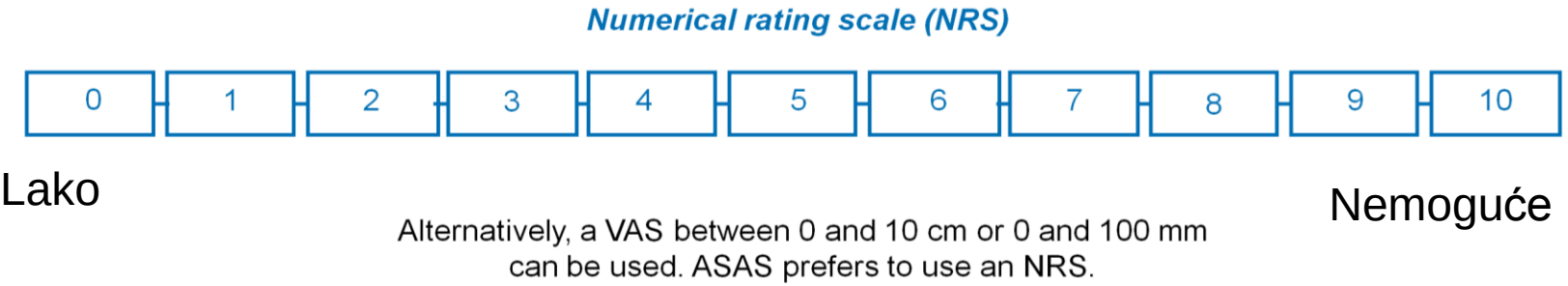
Garrett S, Jenkinson T, Kennedy LG, et al. *J Rheumatol*. 1994;21:2286-2291.

Bath Ankylosing Spondylitis Functional Index = BASFI

- Grupa od 10 pitanja dizajniranih da **odrede stepen funkcionalog ograničenja**.

- Prvih 8 pitanja: testira **aktivnosti povezane sa anatomskim ograničenjima** zbog bolesti.

- Poslednja 2 pitanja: procenjuju **sposobnost pacijenta da funkcionise u svakodnevnom životu**.

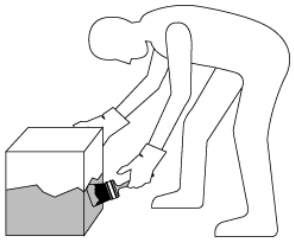


Calin A et al. J Rheumatol 1994;21:2281-85 (with permission)

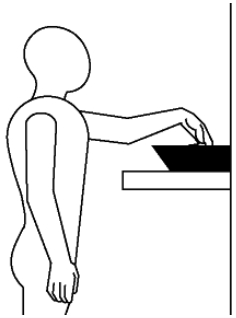
BASFI (1)

- Obuvanje čarapa bez pomoći ili pomagala

- Savijanje iz struka napred da biste podigli olovku sa poda, bez pomaga



- Dohvatite predmet sa visoke police bez pomoći ili pomagala



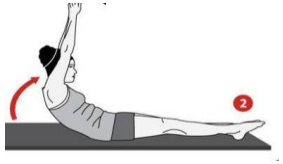
- Ustajanje sa stolice bez bez naslona za ruke, bez korišćenja ruku ili druge pomoći

Calin A. et al. *J Rheumatol*. 1994;21:2281-2285. Grazio S et al. Reumatisam 2009:56:63-76

BASFI (2)

- Stajanje bez oslanjanja u trajanju od 10min bez osećanja nelagodnosti

- Penjanje 12-15 stepenika bez korišćenja rukohvata ili pomoći pri hodu (jedno stopalo na svaki stepenik)
- Ustajanje sa poda iz ležećeg položaja na leđima, bez pomoći



- Gledanje preko ramena bez okretanja tela

BASFI skor:

– Zbir podeljeno sa 10

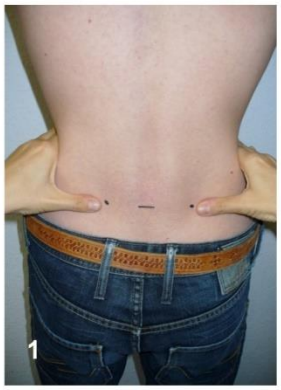
- Obavljanje fizički zahtevnih aktivnosti (fizioterapijske vežbe, rad u bašti ili sport)
- Obavljanje celodnevnih aktivnosti kod kuće ili na poslu

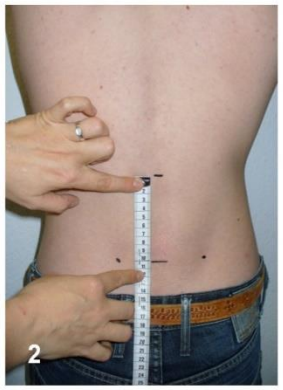
Bath Ankylosing Spondylitis Metrology Index = BASMI

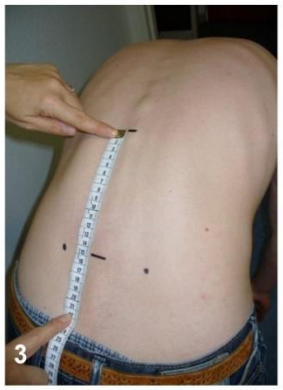
- 5 kliničkih mera **za procenu pokretljivosti kičmenog stuba**

- Stepen lateralne fleksije
- Distanca tragus-zid
- Lumbalna fleksija (modifikovani Šober)
- Intermaleolarna distanca
- Cervikalna rotacija

Pokretljivost kičme – Šoberov test

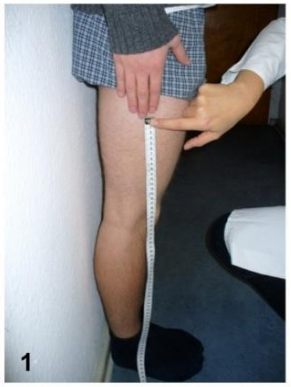


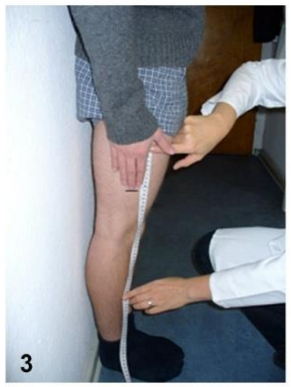




- Markirati mesto između dve zadnje gornje ivice ilijačne kosti
- Markirati drugo mesto 10 cm iznad prvog
- Pacijent se savije unapred
- Razmak između 2 markirana mesta je normalno veći od 15 cm

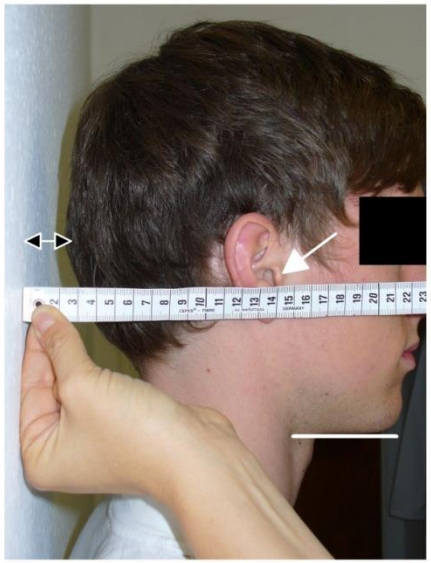
Pokretljivost kičme - laterofleksija





- Kičma i pete su prislonjeni uz zid
- Meri se distanca između srednjeg prsta i poda
- Pacijent se savija u stranu bez savijanja kolena i ponavlja se merenje
- Razlika od preko 10 cm je normalna

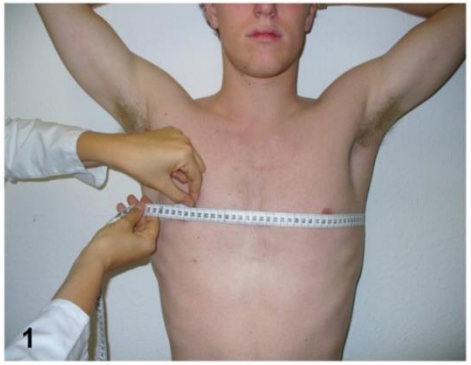
Pokretljivost kičme

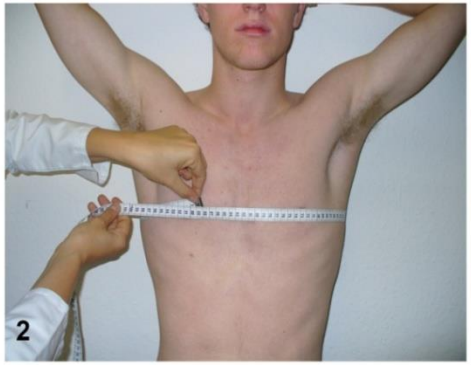


- Kičma i pete su prislonjeni uz zid
- U standardnom položaju
- Pacijent oslanja glavu na zid
- Meri se razmak od okcipitalne kosti do zida (u cm) i obostrano od tragusa do zida (srednja vrednost u cm)

Prilagođeno prema: ASAS Priručnik, Ann Rheum Dis 2009; 68 (Suppl II)

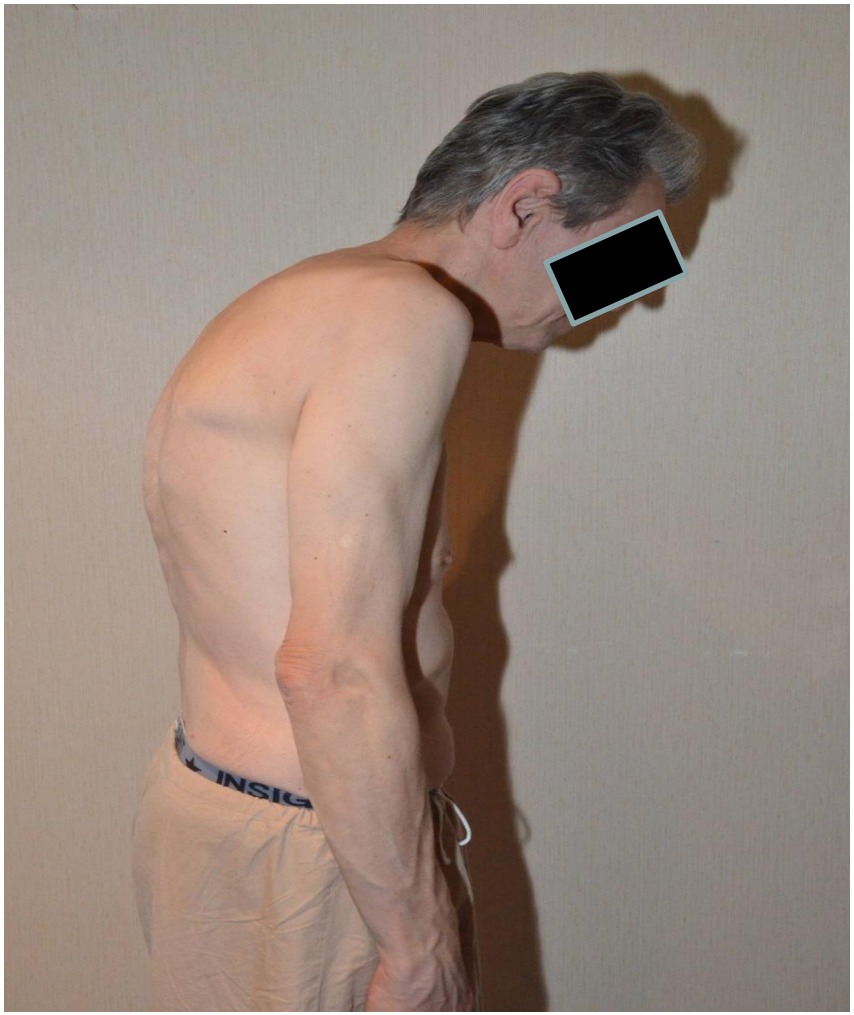
Pokretljivost kičme – index disanja

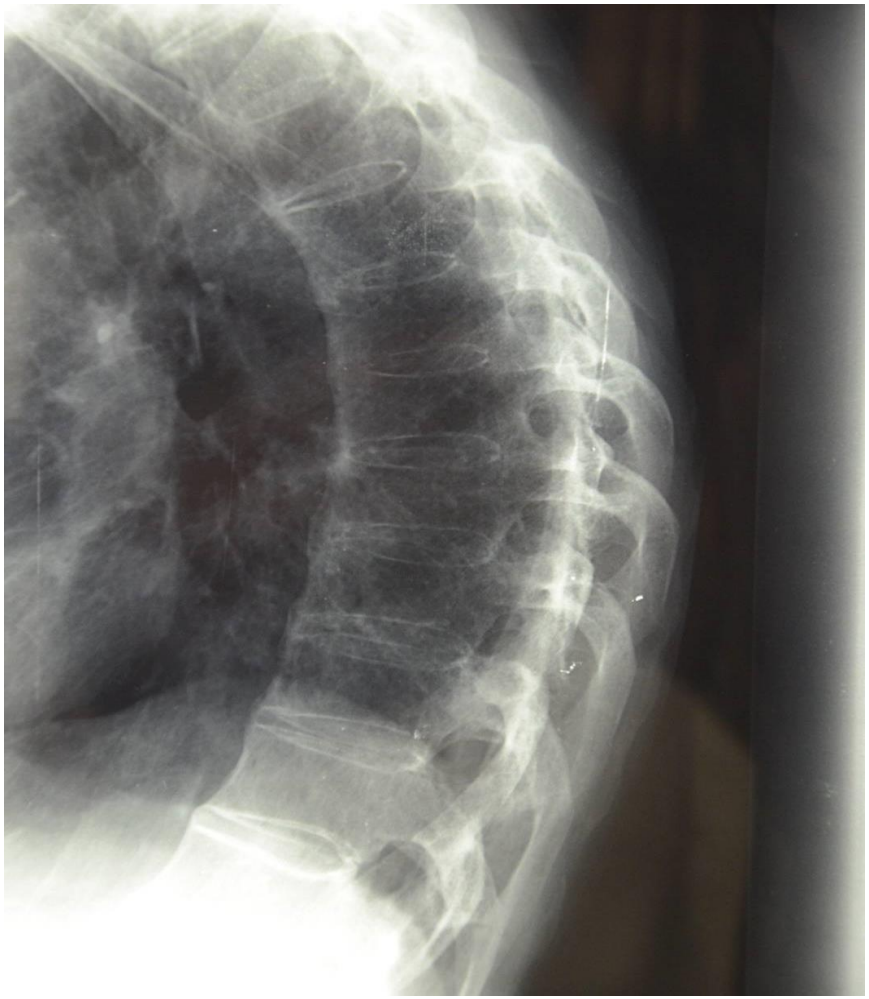




- Ruke pacijenta su iznad glave
- Meri se u visini 4-og interkostalnog prostora
- Beleži se razlika između max inspirijuma i ekspirijuma
- Upisuje se srednja vrednost nakon 2 merenja

Bolesnik Đ. S. , 59 godina

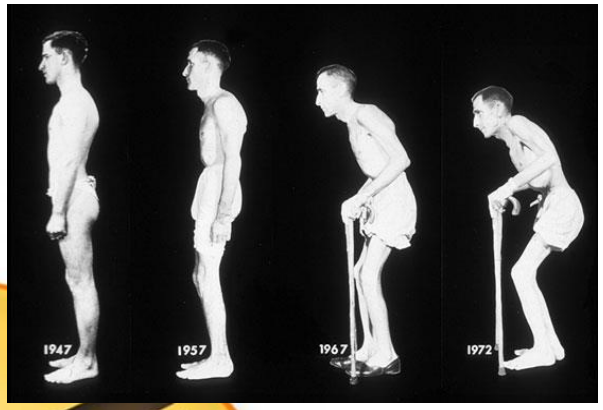


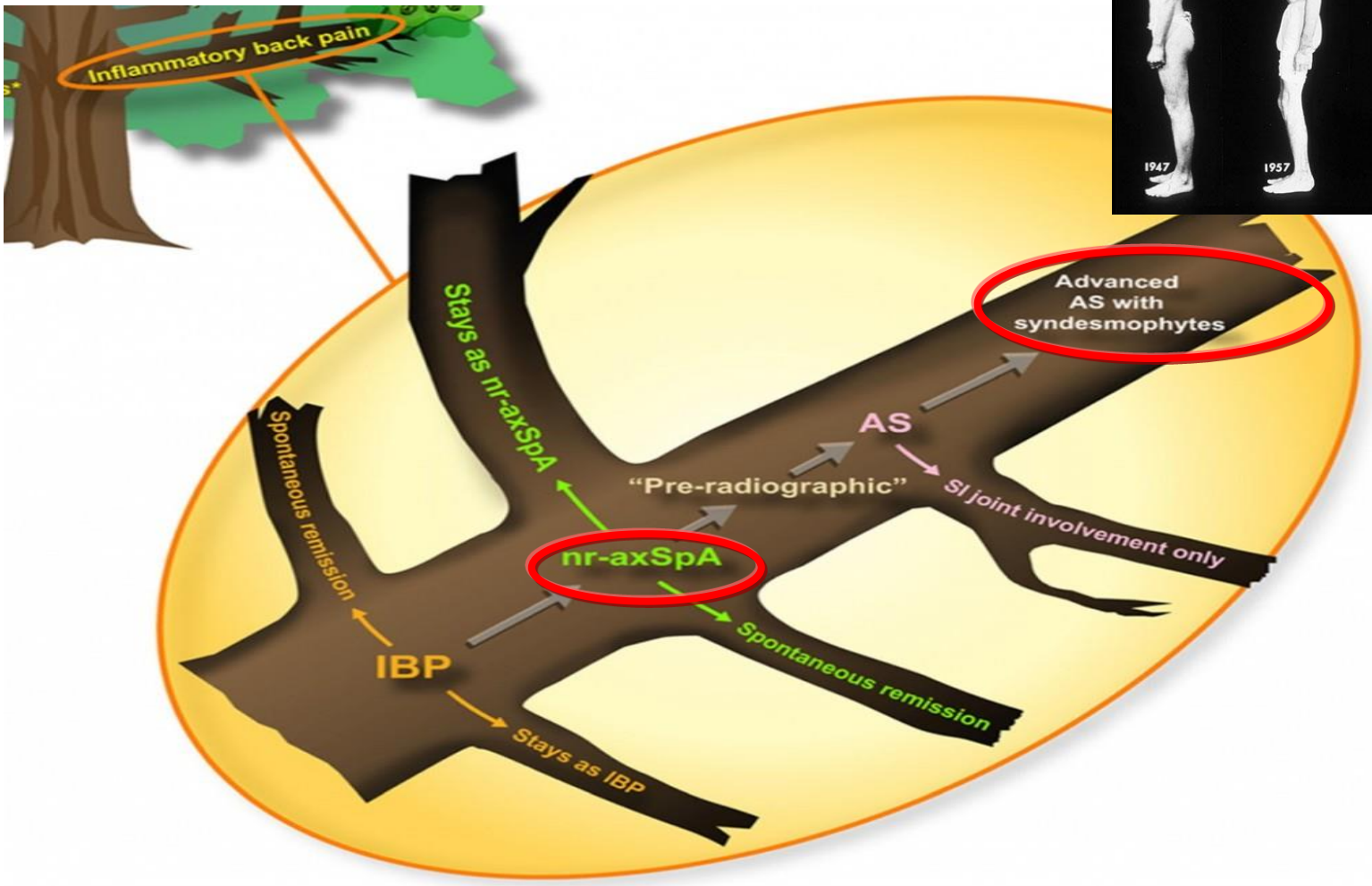


BASMI 7, BASFI 8, BASDAI 4.65.

RI 1 cm, Šober 1 cm, brada- sternum 5 cm, C rotacija 0°, tragus –zid 31cm, prsti- pod 61cm.

Put od zapaljenskog bola u kičmi do manifestnog spondiloartritisa





ASAS/EULAR recommendations for the management of ankylosing spondylitis

J Zochling, D van der Heijde, R Burgos-Vargas, E Collantes, J C Davis, Jr, B Dijkmans, M Dougados, P Géher, R D Inman, M A Khan, T K Kvien, M Leirisalo-Repo, I Olivieri, K Pavelka, J Sieper, G Stucki, R D Sturrock, S van der Linden, D Wendling, H Böhm, B J van Royen and J Braun

Ann Rheum Dis 2006;65;442-452; originally published online 26 Aug 2005; doi:10.1136/ard.2005.041137

Edukacija

Fizikalna terapija

Udruženja pacijenata

NSAIL

Bolest aksijalnog skeleta

Bolest perifernih zglobova

Sulfasalazin

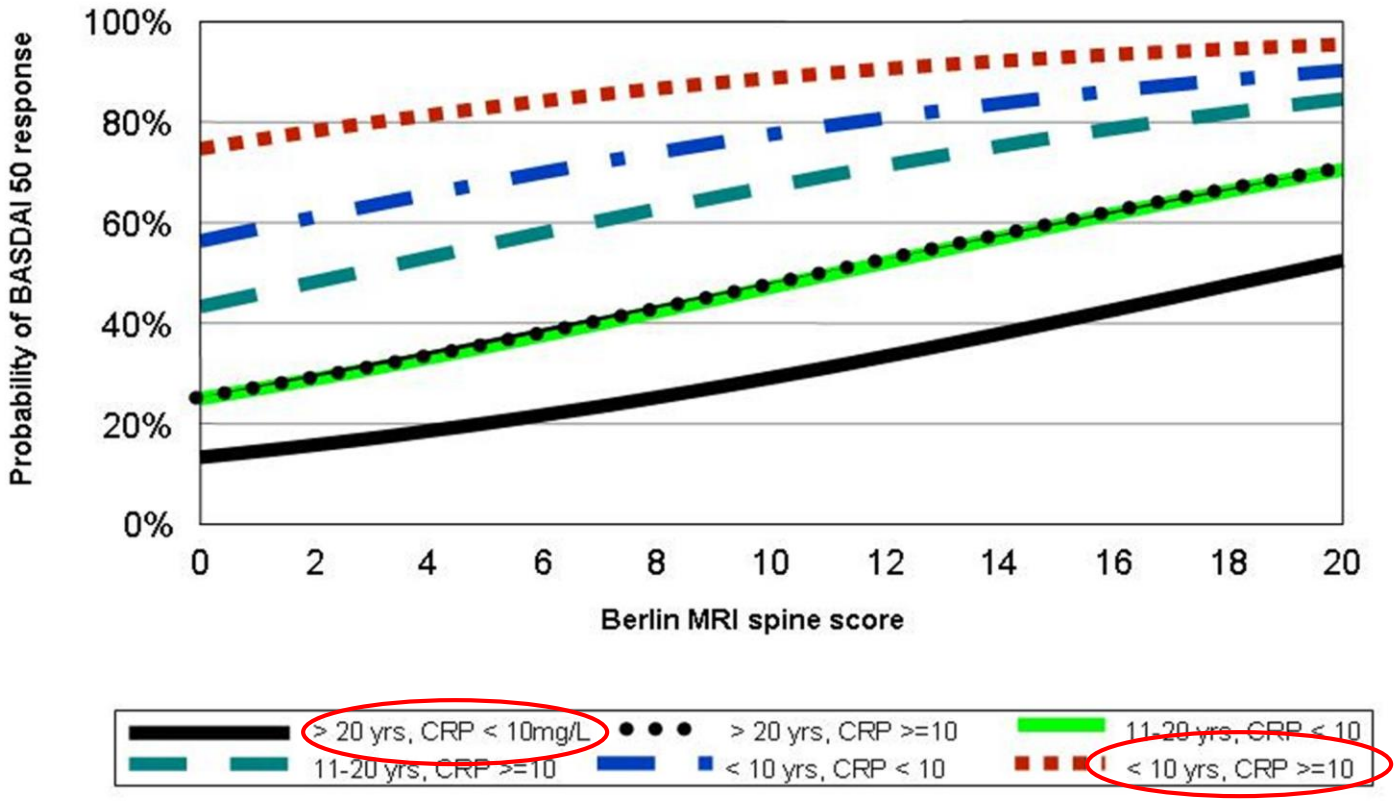
Lokalno kortikosteroidi

TNFα antagonisti

Analgetici

Hirurgija

Predictive Value of a Combination of Parameters Indicating BASDAI 50 Response to Anti-TNFα-Therapy



Rudwaleit M et al. Ann Rheum Dis 2008;67:1276-81(with permission)

Predicting the outcome of ankylosing spondylitis therapy

Nathan Vastesaeger,[1] Désirée van der Heijde,[2] Robert D Inman,[3] Yanxin Wang,[1] Atul Deodhar,[4] Benjamin Hsu,[5] Mahboob U Rahman,[6] Ben Dijkmans,[7] Piet Geusens,[8] Bert Vander Cruyssen,[9] Eduardo Collantes,[10] Joachim Sieper,[11] Jürgen Braun[12]

Ann Rheum Dis 2011;**70**:973–981.

Matrix presentation of outcome rates of different patient subpopulations (%) defined by the categorised predictor variables:

- Age
- BASFI
- Enthesitis
- CRP
- HLA-B27

Smolen JS, *et al. Ann Rheum Dis* 2014;**73**:6–16.

Recommendation

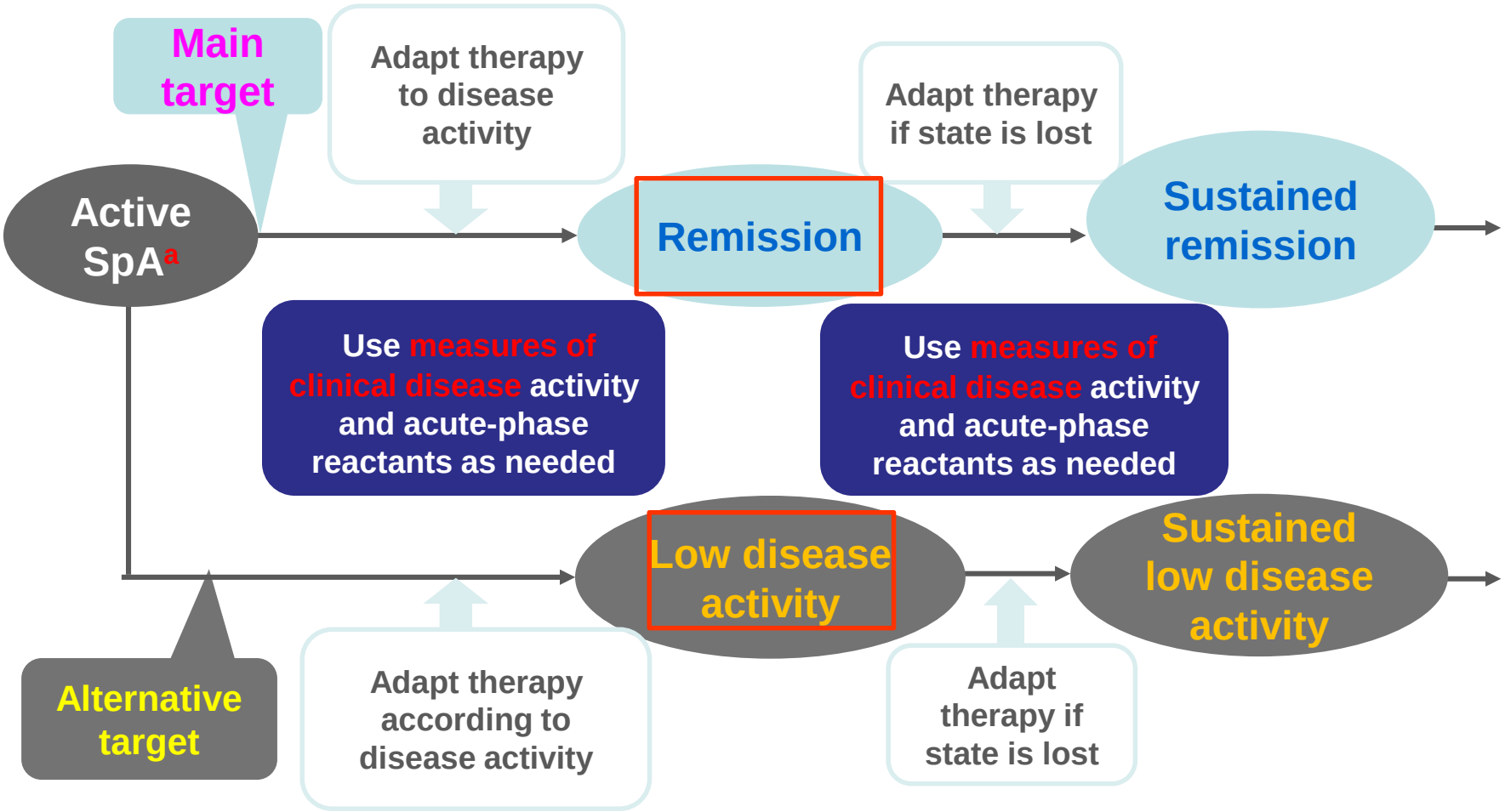
OPEN ACCESS

EXTENDED REPORT

Treating spondyloarthritis, including ankylosing spondylitis and psoriatic arthritis, to target: recommendations of an international task force

Josef S Smolen,[1,2] Jürgen Braun,[3] Maxime Dougados,[4] Paul Emery,[5] Oliver FitzGerald,[6] Philip Helliwell,[5] Arthur Kavanaugh,[7] Tore K Kvien,[8] Robert Landewé,[9,10] Thomas Luger,[11] Philip Mease,[12] Ignazio Olivieri,[13] John Reveille,[14] Christopher Ritchlin,[15] Martin Rudwaleit,[16] Monika Schoels,[2] Joachim Sieper,[17] Martinus de Wit,[18] Xenofon Baraliakos,[3] Neil Betteridge,[18] Ruben Burgos-Vargas,[19] Eduardo Collantes-Estevez,[20] Atul Deodhar,[21] Dirk Elewaut,[22] Laure Gossec,[23] Merryn Jongkees,[18] Mara Maccarone,[18] Kurt Redlich,[1] Filip van den Bosch,[22] James Cheng-Chung Wei,[24] Kevin Winthrop,[25] Désirée van der Heijde[26]

Algorithm to treat SpA to target



[a]Axial SpA, peripheral SpA or PsA

Smolen JS, et al. Ann Rheum Dis 2014;73:6–16.

Ankylosing Spondylitis Disease Activity Score (ASDAS)

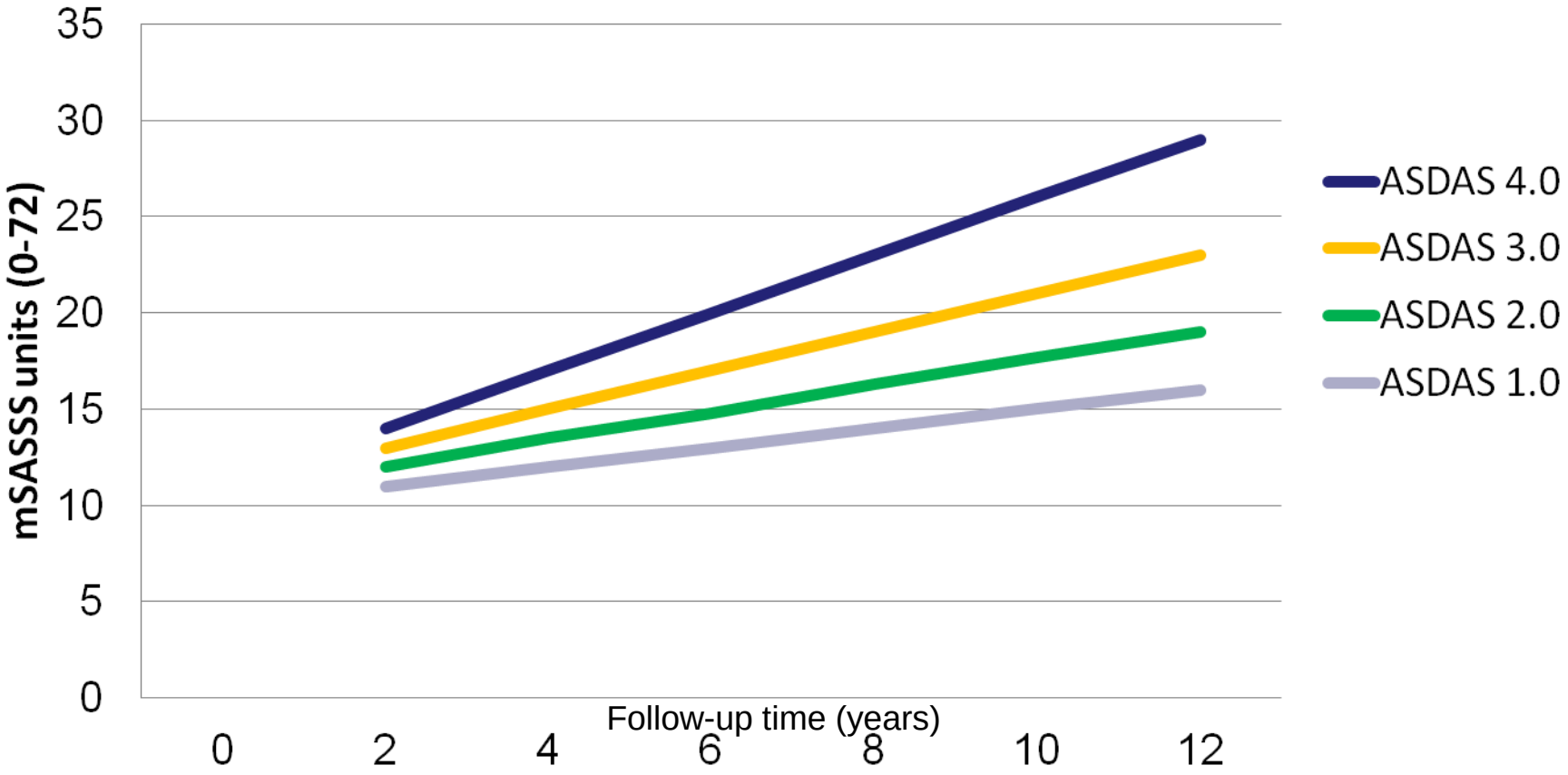
Parametri koji se koriste za izračunavanje ASDAS skora:

1. Ukupan **nivo bola u kičmi (BASDAI pitanje 2)**
2. **Pacijentova globalna procena (VAS)**
3. Ukupan **nivo bola/otoka u zglobovima**? **(BASDAI pitanje 3)**
4. Trajanje jutarnje ukočenosti **(BASDAI pitanje 6)**
5. CRP u mg/l ili brzina sedimentacije eritrocita

Lukas et al. Ann Rheum Dis 2009:68:18-24.

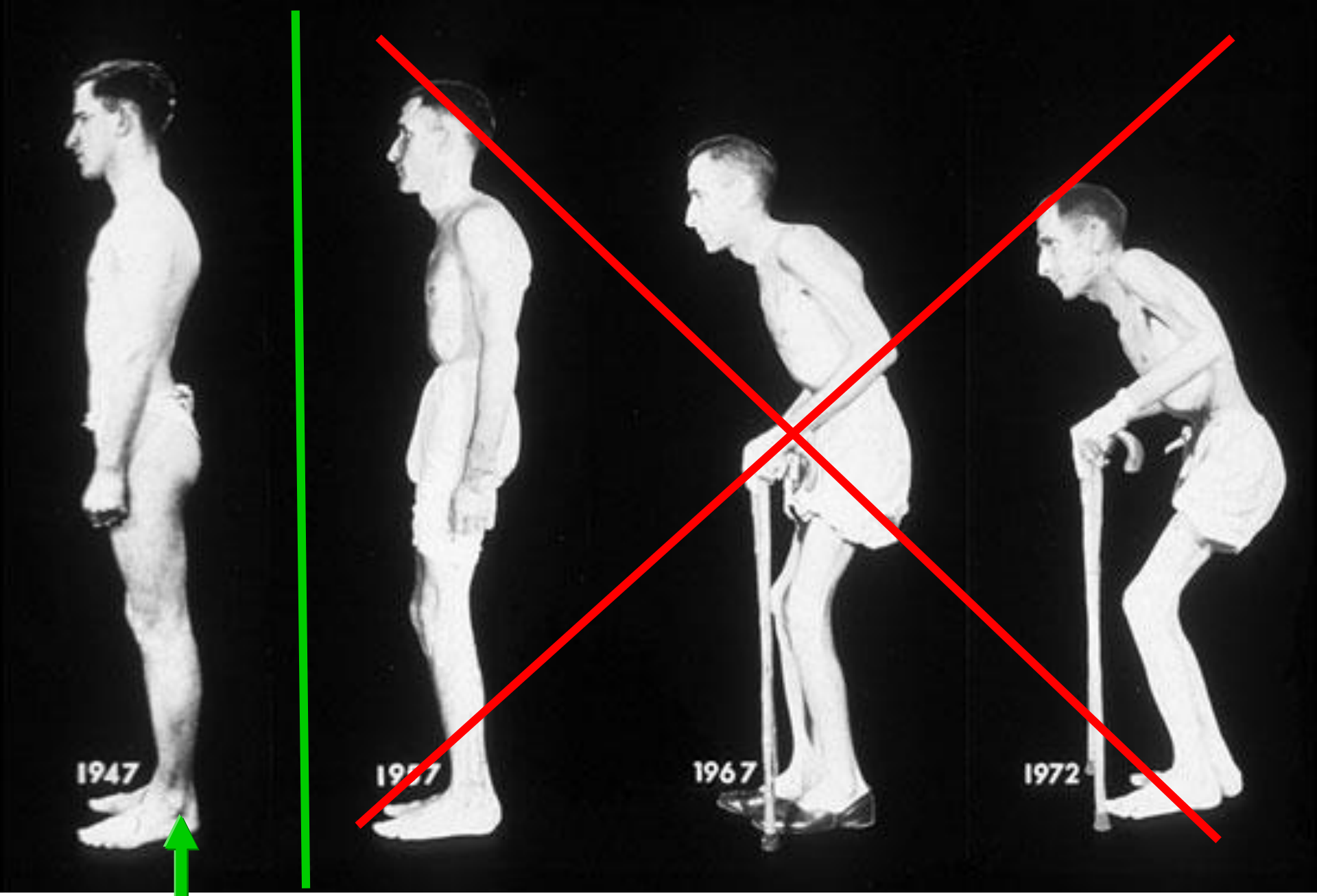
van der Heijde D. Et al. Ann Rheum Dis 2009:68:1811-8

Veća aktivnost bolesti dovodi do većeg oštećenja u ranoj fazi AS: razultati iz OASIS



Ramiro S, et al. Ann Rheum Dis ;73:1455-61. Sep 2014

ASDAS počinje da se koristi u Srbiji za merenje aktivnosti SpA?



Rana Dg i Th……preveniraju ireverzibilna oštećenja