

115 年奇美醫院胸腔內科臨床病例討論會

- 1 時間：115 年 10 月 06 日 PM: 4:00-5:00
- 2 課程活動題目：Ankylosing spondylitis in CXR
- 3 主講人：柯獻欽
- 4 地點：奇美醫學中心 10 樓空橋討論室
- 5 聯絡人：黎安騏 (06-2812811 #57132)
- 6 摘要：

ANKYLOSING SPONDYLITIS

Characterized by progressive inflammatory disease involving the axial spine and adjacent soft tissues.

CLINICAL MANIFESTATIONS

- Arthritis of the spine and sacroiliac joints, with pain and limitation of motion.
Low back pain due to ankylosing spondylitis has the following features:
 - age at onset between 15-40 years
 - family history
 - morning stiffness
 - improvement with exercise
 - involvement of other systems*Schober's test*: after making a mark on the spine at the level of L5 and one 10 cm above that, the patients bends forward maximally. The test is positive if the distance between the two marks is <5 cm.
- Enthesopathic involvement:
 - plantar fasciitis
 - Achille's tendinitis
 - costochondritis
- Cardiovascular involvement (6%):
 - aortitis
 - aortic root dilatation
 - aortic regurgitation
 - complete heart block
- Lung involvement (5%):
 - chest wall restriction due to ankylosis of costovertebral joints
 - fibrosis of the upper lung fields
 - bullous apical lesions
- Anterior uveitis, iritis (25%)
- Cauda equina syndrome, with neurogenic bladder
- Fatigue, weight loss, low-grade fever

LABORATORY

- Increased
- Anemia of chronic disease.

FINDINGS

ESR

RADIOGRAPHIC

FINDINGS

- Involvement of the sacroiliac joints, with erosions, sclerosis, and fusion
- Involvement of the spine, with squaring of superior and inferior margins of vertebral bodies.

There is progressive fusion of the apophyseal joints of the spine.

TREATMENT

- Physical therapy
- NSAIDs, such as indomethacin (aspirin is not effective)
- Selective COX-2 inhibitors
- MTX
- Glucocorticoids
- Etanercept

Etanercept (TNF-alpha inhibitor) 25 mg SC twice weekly for 4 months results in sustained improvement.