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A.D.A.M. Medical Encyclopedia. Atlanta (GA): A.D.A.M.; 2011.

Ankylosing spondylitis

Rheumatoid spondylitis; Spondylitis; Spondylarthropathy

Last reviewed: June 15, 2012.

Ankylosing spondylitis is a long-term disease that involves inflammation of the joints between the spinal bones, and the joints between the spine and pelvis.

These joints become swollen and inflamed. Over time, the affected spinal bones join together.

Causes, incidence, and risk factors

The cause of ankylosing spondylitis is unknown, but genes seem to play a role.

The disease most often begins between ages 20 and 40, but it may begin before age 10. It affects more males than females.

Symptoms

The disease starts with low back pain that comes and goes.

- Pain and stiffness are worse at night, in the morning, or when you are not active. They may wake you from sleep.
- The pain typically gets better with activity or exercise.
- Back pain may begin in the sacroiliac joints (between the pelvis and spine). Over time, it may involve all or part of the spine.

You may lose motion or movement in the lower spine. You may not be able to fully expand your chest because the joints between the ribs are involved.

Fatigue is also a common symptom.

Other, less common symptoms include:

- Eye swelling or uveitis
- Heel pain
- Hip pain and stiffness
- Joint pain and joint swelling in the shoulders, knees, and ankles
- Loss of appetite
- Slight fever
- Weight loss

Signs and tests

Tests may include:

- CBC
- ESR
- HLA-B27 antigen
- X-rays of the spine and pelvis
- MRI of the spine

Treatment

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Your doctor may prescribe nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce swelling and pain.

Different medicines are prescribed to calm swelling and the immune system:

- Corticosteroid therapy such as prednisone
- Sulfasalazine
- Methotrexate (taken once a week)
- TNF-inhibitors (etanercept, adalimumab, infliximab, golimumab)

Surgery may be done if pain or joint damage is severe.

Exercises can help improve posture and breathing. Lying flat on your back at night can help maintain a normal posture.

Expectations (prognosis)

The course of the disease is hard to predict. Symptoms may come and go at any time. Most people are able to function unless the hips are severely involved.

Rarely, people may have problems with:

- Abnormal heart rhythm
- Scarring or thickening of the lung tissue
- The aortic heart valve

Calling your health care provider

Call your health care provider if:

- You have symptoms of ankylosing spondylitis
- You have ankylosing spondylitis and develop new symptoms during treatment

References

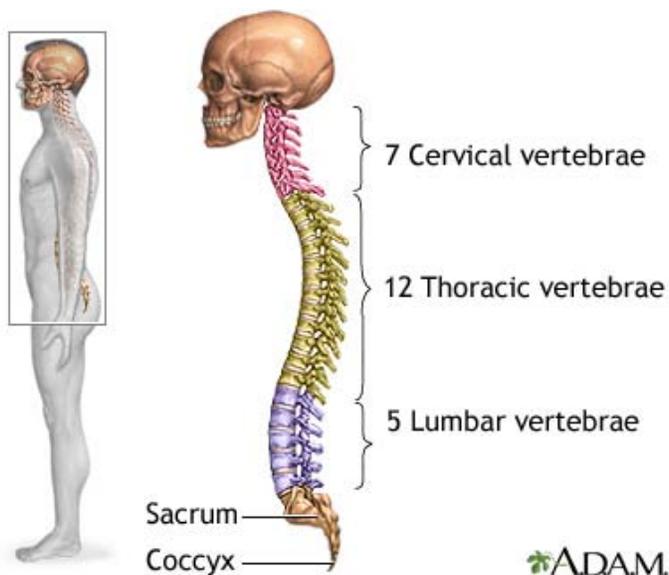
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Reviewed by: Ariel D. Teitel, MD, MBA, Clinical Associate Professor of Medicine, NYU Langone Medical Center. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M. Health Solutions, Ebix, Inc.

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Figures



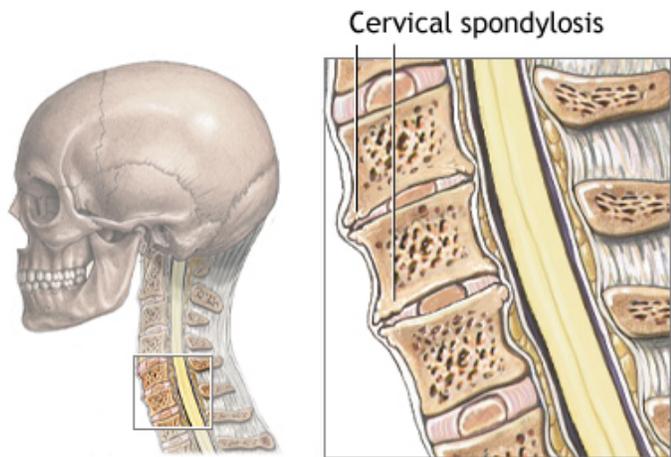
Skeletal spine

The spine is divided into several sections. The cervical vertebrae make up the neck. The thoracic vertebrae comprise the chest section and have ribs attached. The lumbar vertebrae are the remaining vertebrae below the last thoracic bone and the top of the sacrum. The sacral vertebrae are caged within the bones of the pelvis, and the coccyx represents the terminal vertebrae or vestigial tail.

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Cervical spondylosis

Cervical spondylosis is a disorder that results from abnormal growth of the bones of the neck and degeneration and mineral deposits in the cushions between the vertebrae. Progressive neck pain is a key indication of cervical spondylosis. It may be the only symptom in many cases. Examination often shows limited ability to bend the head toward the shoulders and limited ability to rotate the head. The goal of treatment is relief of pain and prevention of permanent spinal cord and nerve root injury.

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