

A Rheumatology Clinic Experience in Mansoura Revealed the Demographic, Clinical, and Radiological Features of Egyptian Patients with Seronegative Spondyloarthritis

Introduction: Seronegative spondyloarthritis (Gym) is a group of habitual potentially disabling conditions that affect substantially axial joints in addition to extra-articular instantiations similar as enteritis, ductility's and uveitis.

Aim of the work: To assess the demographic features, clinical instantiations and radiological findings of Gym in Egyptian cases.

Cases and styles: Fifty- three Gym cases were signed from the Rheumatology and Immunology Unit of Mansoura University Hospital. Demographic, clinical and remedial data were collected. Skin was precisely assessed for psoriasis. Erythrocyte sedimentation rate (ESR) and C- reactive protein (CRP) were measured. All cases were estimated by conventional radiographs of hands, knees, ankles, sacroiliac joints (SIJ) and lumbosacral backbones in addition to glamorous resonance imaging (MRI) of the SIJs

Results: Ankylosing spondylitis (AS) was the most current (55) followed by psoriatic arthritis (PsA) (38) and 2 cases had enteropathic arthritis, one had reactive arthritis and another had undifferentiated Gym. The mean age of the cases was 39 ± 10.8 times; complaint duration was 10 ± 3.5 times with a manly ascendance (58). Seditious low reverse pain was present in all the cases and 77.4 had both axial and supplemental arthritis. Extra-articular instantiations as enteritis, bursitis and ductility's were detected in only 9.4 of cases. Sacroiliitis was detected in 81.1 of cases using conventional radiographs. MRI detected bone gist edema in 9.4, narrowing in 11.3, sclerosis in 17 and ankylosis in 52.8.

Conclusion: The demographic, clinical and radiological characteristics of Egyptian Gym cases are similar to those from other countries except for the ower frequency of extra-articular instantiations

Keywords: Spondyloarthritis • Ankylosing spondylitis • Psoriatic arthritis • Enteropathic arthritis • Reactive arthritis • Mansoura

Introduction

Seronegative spondyloarthritis (Gym) is a group of habitual seditious rheumatic conditions that affect the axial and/ or supplemental joints. The complaint is generally seen between alternate and fourth decades of life. The prevalence of Gym varies, depending on the examined populations, from 0.2 to 1.9. Males are more affected than ladies. Piecemeal from inheritable factors,

environmental factors also feel to play a part in the multifactorial causes of Gym. These conditions all partake a common clinical pattern and pathophysiological mechanisms. Sacroiliitis is the hallmark of the complaint still; enteritis, ductility's and uveitis are also common features of Gym. Seronegative SpA conditions include ankylosing spondylitis (AS), psoriatic arthritis (PsA), reactive arthritis (ReA), and enteropathic arthritis (EntA)

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for those associated with seditious bowel complaint (IBD) and undifferentiated spondyloarthritis (uSpA). Generally there are good characteristic response to anti-inflammatory boluses of no steroidal anti-inflammatory medicines (NSAIDs) [1, 2].

There's a growing interest in early opinion for cases with Gym which is a complaint condition defined by a combination of symptoms and signs. Multiple imaging modalities including conventional radiography, glamorous resonance imaging (MRI) and ultrasonography (US) are available for evaluation of Gym. The diapason of common involvement shouldn't be limited to Sacroiliitis and subclinical supplemental arthritis has also been reported in Egyptian Gym cases. Subclinical arthritis was constantly set up in cases with psoriasis by MRI.

Quite lately, considerable attention has been paid to estimate the epidemiological distribution and clinical features of seronegative Gym. Still, this issue has not been sufficiently studied in Egypt. In this composition we present the demographic, clinical and radiological characteristics as well as the remedial profile of seronegative Gym cases attending the Rheumatology clinic and unit of the Mansoura University Hospital in Egypt [3, 4].

Materials and Method

The opinion of seronegative Gym was verified according to Assessment of Spondyloarthritis transnational Society (ASAS) championed criteria for classifying cases with axial and supplemental Gym as well as CASPAR criteria for PsA. Any case with imbrication with other rheumatic conditions was barred. Demographic data were collected including age, coitus and socioeconomic status. Disease duration was recorded and clinical data were estimated including the presence of seditious low reverse pain (ILBP) at the onset of the complaint. Axial or supplemental joints involvement was determined and any associated per articular instantiations like enteritis and bursitis was also estimated. Toes and fritters were precisely examined searching for any signs of acute or habitual ductility's. Skin was precisely assessed searching for any psoriatic skin lesions. Also, detailed information was attained regarding history of diabetes mellitus, hypertension, past history of uveitis and family history of seronegative Gym [5, 6].

The erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were recorded. Descriptive remedial history including NSAIDs, original and systemic steroids, conventional and natural complaint

modifying AntiRheumatic medicines (DMARDs) was attained. All cases were estimated by conventional radiographs of hands, knees, ankles, sacroiliac joints (SIJ) and lumbosacral backbones in addition to MRI of the SIJs. In AS cases, complaint exertion was assessed using the Bath ankylosing spondylitis complaint exertion indicator (BASDAI).

Statistical analysis Statistical Package for Social Science (SPSS) program interpretation 15 was used for an analysis of data. Data were epitomized using mean and standard divagation (mean \pm SD) for quantitative and figures and probabilities for categorical variables. p-Value < 0.05 was considered significant [7, 8].

Discussion

Seronegative Gym denotes a family of seditious arthritis's that include AS, PsA, ReA and enteropathic arthritis associated with IBD. It's well known that the frequency of seronegative Gym shows considerable differences among ethnical groups and populations and encyclopaedically reported to be ~ 1 . The frequency of Gym was calculated as 0.32 – 1.73 in Europe, 0.45 in southern Sweden, 0.01 in Japan and 2.5 in Northern Arctic natives. The exact frequency of Gym in the United States isn't clear. This variation in frequency of Gym as a complaint may be attributed to geographic variation in the frequency of HLA- B27. Also, it may be explained by variation in quality and bias of the methodology approaches.

The frequency of males with Gym was slightly increased than that of ladies. In agreement a coitus rate of Gym in favour of males has been reported. It isn't unexpectedly that all studied cases had ILBP at complaint onset as the Gym conditions affect substantially axial joints. Also, ILBP was present in all Tunisian AS cases. Enteritis, which is a characteristic point of Gym conditions, was only set up in 9.4 of cases. On the negative, 64.4 of the ethereal spots in Egyptian cases with early Gym were abnormal by ultrasonography

In this study, uveitis was present in 6 (11.3) cases. Also, uveitis was reported in 18.6 of Chilean Gym cases and in 20 of Egyptian Gym cases. It was the most frequent extra articular point in Gym that was reported to develop in 25 of AS cases and up to 10 with early PsA. The frequency increases with complaint duration and is advanced in HLA- B27-positive [9].

Importantly, family history of Gym, AS followed by PsA, was positive in 11 (20.8) of the studied cases. Family history was well reported in Gym cases, further in AS due to inheritable factor and association of HLA- B27.

By plain-ray, normal supplemental joints and SIJs were present in 60.4 and 18.9 independently, while the rest of the cases had sclerosis, narrowing and ankylosis of SIJs. MRI on the sacroiliac joints showed ankylosis in about half of the cases. This may contribute to long complaint duration, imperfect remedy and delayed treatment with natural remedy. Spondyloarthropathies (Gym) are a group of diseases that primarily affect the synovial joints of the axial and appendicular shell of variable predispositions. Plain radiography is the original and standard system of disquisition in axial gyms. Still, MRI has been decreasingly used in assessing gyms during the early phases of the complaint or when radiographic findings are equivocal. The part of imaging in the evaluation and operation of Gym has endured a rejuvenescence of interest with the preface of MRI.

Different types of gyms demonstrate different imaging characteristics that are important to identify to reach the correct opinion.

The present study is limited by the design of the study which doesn't allow follow up of the cases for assessment of the efficacy of the recently introduced natural remedy. The number of cases was fairly small and other validated scores, e.g. BASRI weren't used.

In conclusion, the results of this study show a broad characterization of different aspects of Gym cases in Mansoura Governorate. These data allow a better understanding of the complaint and thus may be useful for planning unborn care and service demands [10].

Conflict of Interest

None.

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