PS29

Od križobolje do bambusovog štapa: prikaz slučaja ankilozantnog spondilitisa u 29-godišnjaka

Lara Fotez[1]; Vinko Michael Dodig[1]; Lucija Fotez[1]; Dubravka Bobek[2]

1 Medicinski fakultet Sveučilišta u Zagrebu
2 Zavod za fizikalnu medicinu i rehabilitaciju s reumatologijom, Klinička bolnica Dubrava

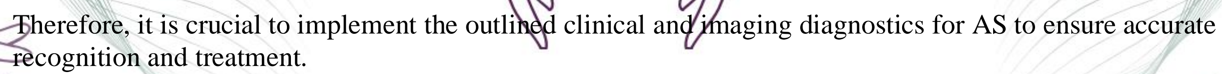
ID Lara Fotez 0000-0002-4612-4274; Vinko Michael Dodig 0000-0003-3562-3841; Lucija Fotez 0000-0002-5185-0684; Dubravka Bobek 0000-0003-4492-3491 https://doi.org/10.26800/LV-145-supl7-PS29

KLJUČNE RIJEČI: ankilozantni spondilitis; HLA-B27 antigen; infliksimab; reumatologija; sakroileitis

UVOD: Ankilozantni spondilitis (AS) je kronična upalna reumatska bolest koja primarno zahvaća aksijalni skelet i velike periferne zglobove. Rani karakteristični simptomi su križobolja te zakočenost križa u ranojutarnjim satima. Progresijom bolesti pacijenti poprimaju fleksijsko držanje tijela, odnosno „stav skijaša", i prepoznatljivu promjenu kralježnice oblika bambusovog štapa.
PRIKAZ SLUČAJA: 29-godišnji pacijent dolazi zbog bolova u križima i vratu koji traju najmanje godinu dana. Bolovi mu ometaju san i izraženiji su ujutro. U kliničkom statusu dominiraju izravnata cervikalna lordoza, pojačana torakalna kifoza, hipotrofija *mm.pectorales* i *intercostales* i kontraktura kukova koji odgovaraju „stavu skijaša". Indeks disanja iznosi 2 cm, Schoberova mjera 1 cm i udaljenost tragus-zid 15 cm. Pokretljivost kralježnice gotovo je blokirana u svim smjerovima i segmentima. RTG kralježnice prikazuje gubitak intervertebralnih prostora i ankilozu prikazanih kralježaka opisane kao znak bambusovog štapa. MR kralježnice i sakroilijakalnih zglobova (SIZ) prikazuje gubitak širine SIZ-ova, zatim ventralne, okomito usmjerene sindezmofite na svim razinama te koštani edem i eroziju pokrovnih ploha kralježaka Th12/L1 i S2/S3 u smislu upalne lezije. Također u prilog dijagnozi AS, pacijent je HLA-B27 pozitivan. Ordiniran mu je indometacin peroralno, potom adalimumab subkutano kroz godinu dana, ali bez povoljnog učinka. Tijekom liječenja pacijent razvija ulcerozni kolitis, te se uvodi mesalazin uz promjenu biološke terapije na intravenski infliksimab rezultirajući poboljšanjem simptoma.
ZAKLJUČAK: Zbog neprepoznate upalne križobolje i neodgovarajućeg liječenja, pacijent je u ranoj dobi razvio uznapredovali stadij AS, koji ozbiljno narušava kvalitetu i aktivnosti svakodnevnog života. Stoga je iznimno važno usvojiti opisane karakteristike AS u kliničkoj i slikovnoj dijagnostici kako bi bolest bila pravovremeno prepoznata i ispravno liječena.

From Lumbar Pain to Bamboo Spine: A Case Report of Ankylosing Spondylitis in a 29-year-old Male

INTRODUCTION: Ankylosing spondylitis (AS) is a chronic inflammatory rheumatic disease primarily affecting the axial skeleton and large peripheral joints. Early characteristic symptoms are early-morning back pain and stiffness. In later stages, patients take on a flexed body posture, i.e. the skier's posture, and spinal change resembling a bamboo stick.
REPORT: A 29-year-old patient presented with persistent lower back and neck pain, more pronounced in the mornings, interrupting his sleep. Clinical examination revealed flattened cervical lordosis, increased thoracic kyphosis, *mm. pectorals* and *intercostales* hypotrophy, and hip contracture corresponding to the skier's posture. His breathing index is 2 cm, Schober measures 1 cm, and tragus-wall distance is 15 cm. Spinal mobility is severely restricted in all directions. Spine X-ray shows loss of intervertebral spaces and vertebrae ankylosis with the *bamboo spine* sign. MRI of the thoracic spine and sacroiliac joints (SIJ) reveals ventral vertically oriented syndesmophytes, SIJs width loss, bone edema, and Th12/L1 and S2/S3 vertebrae erosion, indicating an inflammatory lesion. The patient's HLA-B27 positivity supports the AS diagnosis. He was prescribed indomethacin orally, then adalimumab subcutaneously for a year without improvement. During the treatment, he developed ulcerative colitis. Therefore, mesalazine is introduced with a biological therapy change to intravenous infliximab resulting in improved symptoms.
CONCLUSION: Due to unrecognized inflammatory low back pain and inappropriate treatment, at an early age, the patient developed an advanced stage of AS that seriously impairs activities and daily life quality.



Therefore, it is crucial to implement the outlined clinical and imaging diagnostics for AS to ensure accurate recognition and treatment.

KEYWORDS: spondylitis, ankylosing; HLA-B27 antigen; infliximab; rheumatology; sacroiliitis