Ankylosingspondylitis: understanding the causes, symptoms, and treatment options

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Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily affects the spine, causing pain, stiffness, and limited mobility. It belongs to a group of rheumatic diseases known as spondyloarthritis, characterized by inflammation of the spine and sacroiliac joints. The exact cause of AS is still unknown, but genetic and environmental factors are believed to contribute to its development. Common symptoms include chronic pain and stiffness, limited mobility, fatigue, and joint pain and swelling. Diagnosis can be challenging due to overlapping symptoms with other conditions, but a combination of medical history, physical examination, imaging tests, and blood tests can aid in the diagnosis. While there is no cure for AS, treatment options focus on managing symptoms and improving quality of life. These include medication, physical therapy, posture and body mechanics, surgery (in severe cases), and lifestyle modifications. Regular monitoring and support from healthcare professionals can help individuals with AS effectively manage their condition and lead fulfilling lives.

Keywords: Ankylosing spondylitis; Chronic inflammatory disease; Spine; Sacroiliac joints; Spondyloarthritis

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INTRODUCTION

Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily affects the spine, causing pain, stiffness, and limited mobility. It is a type of rheumatic disease known as spondyloarthritis, which involves inflammation of the spine and sacroiliac joints [1]. AS can have a significant impact on an individual's quality of life, affecting their ability to perform daily activities and participate in various physical activities. The exact cause of ankylosing spondylitis remains unknown. However, research suggests that both genetic and environmental factors play a role in its development. The presence of a specific gene called HLA-B27 is found in a majority of individuals diagnosed with AS, although it is not a definitive indicator of the disease. Other genetic and environmental factors are believed to contribute to the onset and progression of AS, but further research is needed to fully understand their mechanisms [2]. AS is characterized by a range of symptoms that vary from person to person. The most common symptoms include chronic pain and stiffness in the lower back, buttocks, and hips. These symptoms are typically worse after periods of rest or inactivity and improve with movement and exercise. In addition to spinal involvement, AS can also affect other joints, such as the hips, shoulders, and knees, causing pain, swelling, and limited range of motion [3]. Diagnosing ankylosing spondylitis can be challenging due to its overlapping symptoms with other conditions. Medical professionals rely on a combination of methods to make an accurate diagnosis. This includes a thorough medical history evaluation, physical examination, imaging tests such as X-rays, magnetic resonance imaging (MRI), and computerized tomography (CT) scans, as well as blood tests to assess markers of inflammation. While there is currently no cure for ankylosing spondylitis, various treatment options are available to manage symptoms and improve the quality of life for individuals with AS [4]. Nonsteroidal antiinflammatory drugs (NSAIDs) are commonly prescribed to reduce pain and inflammation. In more severe cases, disease-modifying antirheumatic drugs (DMARDs) and biologic medications may be recommended to slow the progression of the disease. Physical therapy and regular exercise play a crucial role in maintaining flexibility, improving posture, and reducing pain [5]. Additionally, lifestyle modifications, such as practicing good posture, using proper body mechanics, maintaining a healthy weight, quitting smoking, and managing stress levels, can positively impact the management of AS. In summary,

ankylosing spondylitis is a chronic inflammatory disease that primarily affects the spine and can lead to pain, stiffness, and limited mobility [6]. While the causes of AS are not fully understood, genetic and environmental factors are believed to contribute to its development. Early diagnosis and appropriate treatment options can help individuals with AS effectively manage their symptoms and maintain a good quality of life.

DISCUSSION

Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily affects the spine, causing pain, stiffness, and in severe cases, limited mobility. Although AS primarily affects the spine, it can also impact other joints, such as the hips, shoulders, and knees. This condition belongs to a group of rheumatic diseases known as spondyloarthritis, which is characterized by inflammation of the spine and sacroiliac joints.

Causes and risk factors

The exact cause of ankylosing spondylitis is still unknown. However, research suggests that both genetic and environmental factors play a role in its development [7]. The majority of individuals diagnosed with AS carry a specific gene known as HLA-B27. Having this gene doesn't necessarily mean a person will develop AS, but it does increase the risk.

Symptoms: The symptoms of ankylosing spondylitis can vary from person to person, but the most common ones include:

Chronic pain and stiffness: AS typically causes persistent pain and stiffness in the lower back, buttocks, and hips. The discomfort may worsen after periods of rest or inactivity

Limited mobility: As the disease progresses, inflammation can lead to the fusion of the spinal vertebrae, resulting in reduced flexibility and mobility of the spine [8].

Fatigue and loss of appetite: Many individuals with AS experience fatigue, which can be attributed to the chronic inflammation in the body. Additionally, loss of appetite and weight loss may occur.

Joint pain and swelling: AS can also affect other joints, causing pain, swelling, and stiffness, particularly in the hips, shoulders, and knees [9].

Diagnosis

Diagnosing ankylosing spondylitis can be challenging, as its symptoms can mimic those of other conditions. Medical professionals typically employ a combination of methods, including:

Medical history: Discussing the patient's symptoms, family history, and overall health can provide valuable insights into the condition.

Physical examination: A thorough examination of the spine, joints, and range of motion can help identify signs of inflammation and stiffness.

Imaging tests: X-rays, magnetic resonance imaging (MRI), and computerized tomography (CT) scans can detect changes in the spine, sacroiliac joints, and other affected areas.

Blood tests: While there is no specific blood test for AS, certain markers of inflammation, such as the C-reactive protein (CRP) and the erythrocyte sedimentation rate (ESR), can be elevated in individuals with the condition.

Treatment Options: While there is no cure for ankylosing spondylitis, treatment aims to alleviate symptoms, prevent complications, and improve the patient's quality of life. The treatment plan may include:

Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) are often prescribed to reduce pain and inflammation [10]. In more severe cases, disease-modifying antirheumatic drugs (DMARDs) and biologic medications may be recommended to slow the progression of the disease.

Physical therapy: Regular exercise and physical therapy can help maintain flexibility, improve posture, and reduce pain. Strengthening the core muscles can provide additional support to the spine.

Posture and body mechanics: Practicing good posture and using proper body mechanics throughout daily activities can minimize strain on the spine and reduce pain. Surgery: In rare cases, surgery may be considered to correct severe spinal deformities or to replace damaged joints.

Lifestyle modifications: Making certain lifestyle changes can positively impact the management of ankylosing spondylitis. These include maintaining a healthy weight, quitting smoking, and managing stress levels. Living with ankylosing spondylitis can be challenging, but with the right treatment approach, most individuals can lead fulfilling lives. Regular check-ups with healthcare professionals specializing in rheumatology can help monitor the progression of the disease and make adjustments to the treatment plan as needed. Support groups and patient education programs can also provide valuable information and emotional support for individuals living with AS. Ankylosing spondylitis is a chronic inflammatory disease that primarily affects the spine and can lead to pain, stiffness, and limited mobility. While the exact cause is unknown, genetics and environmental factors play a role in its development. Timely diagnosis, appropriate treatment, and lifestyle modifications can help manage symptoms and improve the overall well-being of individuals living with AS.

CONCLUSION

Ankylosing spondylitis is a chronic inflammatory disease that poses challenges for individuals due to its impact on the spine, joints, and mobility. While the exact causes of AS are not yet fully elucidated, research suggests a combination of genetic and environmental factors play a role in its development. The disease manifests with symptoms such as chronic pain, stiffness, limited mobility, and joint inflammation, affecting various aspects of daily life. Early and accurate diagnosis of ankylosing spondylitis is crucial for implementing appropriate treatment strategies. Medical professionals utilize a combination of medical history evaluation, physical examination, imaging tests, and blood tests to confirm the diagnosis. Once diagnosed, a multidisciplinary approach is employed to manage the condition effectively. Treatment options for AS focus on alleviating symptoms, slowing disease progression, and improving quality of life. Nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly prescribed to reduce pain and inflammation. Disease-modifying antirheumatic drugs (DMARDs) and biologic medications may be used in severe cases to control the disease activity. Physical therapy and regular exercise play a vital role in maintaining joint mobility, improving posture, and managing pain. Additionally, lifestyle modifications such as adopting good posture, practicing proper body mechanics, maintaining a healthy weight, quitting smoking, and managing stress levels can contribute to overall well-being. While living with ankylosing spondylitis can present challenges, with proper management and support from healthcare professionals, individuals with AS can lead fulfilling lives. Regular monitoring of the condition, staying informed about the latest research and treatment options, and connecting with support networks can help individuals cope with the challenges posed by AS. In conclusion, ankylosing spondylitis is a chronic inflammatory disease that affects the spine and joints, causing pain, stiffness, and limited mobility. Although it is a lifelong condition, timely diagnosis, appropriate treatment, and a comprehensive management plan can significantly improve the quality of life for individuals with AS. Ongoing research and advancements in treatment options offer hope for better outcomes and enhanced understanding of the disease in the future.

- REFERENCES
- Gold JS, Antonescu CR, Hajdu C. Clinicopathologic correlates of solitary fibrous tumors. *Cancer.* 2002; 94(4): 1057-1068.
- 2. Kayani B, Sharma A, Sewell MD, et al. A Review of the Surgical Management of Extrathoracic Solitary Fibrous Tumors. *Am J Clin Oncol.* 2018; 41(7): 687-694.
- Baldi GG, Stacchiotti S, Mauro V. Solitary fibrous tumor of all sites: outcome of late recurrences in 14 patients. *Clin Sarcoma Res.* 2013; 3: 4.
- 4. Choi H, Charnsangavej C, Faria SC. Correlation of computed tomography and positron emission tomography in patients with metastatic gastrointestinal stromal tumor treated at a single institution with imatinib mesylate: proposal of new computed tomography response criteria. J Clin Oncol. 2007; 25(13): 1753-1759.
- Chiusaroli R, Piepoli T, Zanelli T, et al. Experimental pharmacology of glucosamine sulfate. Int J Rheumatol. 2011; 2011: 939265.

- Taniguchi S, Ryu J, Seki M. Long-term oral administration of glucosamine or chondroitin sulfate reduces destruction of cartilage and up-regulation of MMP-3 mRNA in a model of spontaneous osteoarthritis in Hartley guinea pigs. J Orthop Res. 2012; 30(5): 673-678.
- Uitterlinden EJ, Jahr H, Koevoet JL, et al. Glucosamine reduces anabolic as well as catabolic processes in bovine chondrocytes cultured in alginate. *Osteoarthritis Cartilage*. 2007; 15(11): 1267-1274.
- Reginster J-Y, Bruyere O, Neuprez A. Current role of glucosamine in the treatment of osteoarthritis. *Rheumatology*. 2007; 46(5): 731-735.
- Reginster JY, Neuprez A, Lecart MP, et al. Role of glucosamine in the treatment for osteoarthritis. *Rheumatol Int.* 2012; 32(10): 2959-2967.
- 10. Scholtissen S, Bruyère O, Neuprez A, et al. Glucosamine sulphate in the treatment of knee osteoarthritis: cost-effectiveness comparison with paracetamol. *Int J Clin Pract*. 2010; 64(6): 756-762.