Editorial

IT Medical Team
https://www.itmedicalteam.pl/

Acta Rheumatologica

2025
Vol. 12 No. 2: 78

Inflammatory Back Pain: Recognizing an Overlooked Cause of Chronic Discomfort

Isbel Castrej*

Department of Rheumatology. Hospital General, Universitario Gregorio Marañón, Madrid, Spain

Received: 01-April-2025, Manuscript No: ipar-25-15739; **Editor assigned:** 04-April-2025, PreQC No: ipar-25-15739 (PQ); **Reviewed:** 18-April-2025, QC No: ipar-25-15739; **Revised:** 25-April-2025, Manuscript No: ipar-25-15739 (R); **Published:** 30-April-2025

Corresponding author:
Isbel Castrej

castrej.isbel@gmail.com

Department of Rheumatology. Hospital General, Universitario Gregorio Marañón, Madrid, Spain

Citation: Castrej I (2025) Inflammatory Back Pain: Recognizing an Overlooked Cause of Chronic Discomfort. Acta Rheuma, Vol. 12 No. 2: 78.

Introduction

Back pain is one of the most common health problems worldwide, affecting people across all ages and professions. While many cases are due to mechanical causes such as muscle strain, poor posture, or degenerative changes, a distinct form known as inflammatory back pain (IBP) has gained increasing recognition. Unlike mechanical pain, IBP arises from chronic inflammation of the spine and sacroiliac joints and is often associated with conditions such as spondyloarthritis. Early recognition of IBP is crucial, as timely intervention can prevent long-term disability and improve quality of life.

What is Inflammatory Back Pain?

Inflammatory back pain is not a disease itself but rather a clinical symptom pattern strongly linked to axial spondyloarthritis (axSpA), including ankylosing spondylitis. The inflammation originates in the entheses—the sites where ligaments and tendons attach to bone—particularly in the spine and sacroiliac joints. Unlike mechanical pain, which typically improves with rest, IBP behaves differently and follows a distinct course.

Key Features of Inflammatory Back Pain

Clinicians use specific criteria to help differentiate IBP from mechanical causes. Common features include:

Age of onset: Usually begins before the age of 40.

Insidious onset: Pain develops gradually rather than suddenly.

Morning stiffness: Lasting longer than 30 minutes.

Improves with activity: Exercise and movement relieve pain, while rest often worsens it.

Night pain: Discomfort that may wake patients in the second half of the night.

These features, when present together, raise suspicion of inflammatory back pain and warrant further investigation.

Causes and Associated Conditions

The primary condition associated with inflammatory back pain is **axial spondyloarthritis**, a spectrum that includes non-radiographic axSpA and ankylosing spondylitis. Other conditions linked to IBP include:

Psoriatic arthritis (with spinal involvement).

Inflammatory bowel disease–associated arthritis.

Reactive arthritis (following infections).

A strong genetic association exists between IBP and the HLA-B27 gene, which is present in the majority of patients with ankylosing spondylitis. However, environmental triggers such as infections may also contribute.

Diagnosis

Diagnosing inflammatory back pain requires careful evaluation because its symptoms can overlap with common mechanical back problems. A physician typically considers:

Patient history and symptom patterns (onset, duration, relief with activity).

Physical examination to assess spinal mobility and sacroiliac joint tenderness.

Imaging tests:

X-rays may show sacroiliitis in advanced cases.

MRI scans can detect early inflammation, even before structural changes occur.

Laboratory tests: Blood tests may include inflammatory markers

(CRP, ESR) and HLA-B27 testing.

Treatment and Management

Although inflammatory back pain cannot be cured, effective treatments are available to control symptoms and slow disease progression.

Non-steroidal anti-inflammatory drugs (NSAIDs): First-line therapy to reduce pain and stiffness.

Biologic therapies: TNF inhibitors and IL-17 inhibitors are highly effective in patients with axial spondyloarthritis who do not respond to NSAIDs.

Physical therapy and exercise: Regular stretching, posture training, and strengthening exercises are essential to maintain mobility and reduce disability.

Lifestyle modifications: Smoking cessation, maintaining a healthy weight, and regular physical activity can improve outcomes.

Importance of Early Recognition

One of the greatest challenges with IBP is delayed diagnosis, as patients may be misdiagnosed with mechanical back pain for years. On average, the delay between symptom onset and diagnosis of ankylosing spondylitis is **7–10 years**. Early identification of IBP features and timely referral to a rheumatologist are key steps in preventing irreversible spinal changes and improving long-term prognosis.

Conclusion

Inflammatory back pain represents a unique and important category of chronic back pain that differs fundamentally from mechanical causes. Characterized by early onset, improvement with activity, and association with conditions like spondyloarthritis, IBP requires heightened awareness from both patients and healthcare providers. Early diagnosis, combined with effective treatment strategies—including medication, exercise, and lifestyle adjustments—can greatly improve quality of life and help prevent permanent disability. As research advances, recognition of IBP will play a vital role in ensuring better outcomes for those living with chronic inflammatory conditions of the spine.