



PREVALENCE OF AXIAL AND PERIPHERAL SPONDYLOARTHRITIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE AND THEIR CORRELATION WITH PLASMA CALPROTECTIN AND MUSCULOSKELETAL ULTRASONOGRAPHY

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BACKGROUND

Few studies have evaluated the prevalence of axial and peripheral spondyloarthritis (SpA) in patients with inflammatory bowel disease (IBD) and their correlation with biomarkers like plasma calprotectin and joint and enthesitis ultrasonography (US).

MATERIALS AND METHODS

This is an observational cross-sectional study. Patients from Federal University Hospital in the state of Espírito Santo were interviewed. Those patients identified with signs and / or symptoms of the spectrum of SpA, such as inflammatory low back pain for more than 3 months and / or arthritis and / or enthesitis and / or dactylitis and / or uveitis were selected for complementary examinations. The variables of interest in the study were ESR, CRP, US (synovitis and enthesitis), fecal and plasma calprotectin, whereas HLA B27 and MRI of sacroiliacs were used only for the purpose of SpA classification according to ASAS criteria. All biochemical variables that evaluate inflammation were collected at the same time. MRI of sacroiliacs was evaluated by a single radiologist experienced in imaging of the musculoskeletal system and who did not have access to the clinical picture of the patient. The evaluation of joint and enthesitis by US was performed by two experienced rheumatologists who performed independent and blind evaluations. The p-value lower than 0.05 was considered in the analyzes.

RESULTS

30.5% of the studied sample (N 118) of patients with IBD presented at least one inflammatory musculoskeletal manifestation. The overall prevalence of enteropathic SpA was 13.55%, being 10.16% of axial SpA and 4.23% of peripheral SpA according to the ASAS criteria. 42.1% of the patients with MASEI greater than 18, 35.2% of patients with synovitis and 14.7% with tenosynovitis by US, increasing the frequency of diagnosis of enteropathic SpA to 22.8%. Plasma calprotectin correlated with fecal calprotectin (p 0.041), but not with US; 58.3% of the patients who reported some musculoskeletal manifestation never visited a rheumatologist.

CONCLUSION

One third of patients with IBD had some inflammatory musculoskeletal complaints and 13.5% had ASAS criteria for enteropathic SpA. Symptomatic joint and enthesitis US increased the diagnostic sensitivity of peripheral SpA. Plasma calprotectin correlated with fecal calprotectin.