

Back Pain in Adults Could Be Spondyloarthritis

BY HEIDI SPLETE

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

ATLANTA – Approximately 20% of cases of chronic low back pain in younger adults seen in primary care settings might be caused by spondyloarthritis, based on data from 364 patients aged 19-45 years.

In the cross-sectional study, 77 of 364 patients (22%) met the diagnosis of axial spondyloarthritis on examination by a rheumatologist. The average age of the

back pain was 9 years.

The diagnostic techniques included a detailed patient questionnaire about inflammatory back pain, physical examination, and patient history; blood tests to assess C-reactive protein levels and the presence of HLA-B27 (a gene that has been linked to spondyloarthritis); and conventional and MRI images of sacroiliac joints. Two radiologists reviewed the images for the signs of inflammation and bone lesions that might indicate axial spondyloarthritis.

Fifty-two patients were diagnosed ac-

er 12 patients were diagnosed according to a positive HLA-B27 test plus two additional spondyloarthritis features, said Dr. Angelique Weel of Maasstad Ziekenhuis, Rotterdam, the Netherlands. In addition, 24 patients (6.6%) met the criteria for ankylosing spondylitis.

The results suggest that spondyloarthritis is underdiagnosed as a cause of chronic back pain in the general population. Dr. Weel recommended that primary care physicians suspect spondyloarthritis when they see younger adults with chronic back pain, and refer these patients to a rheumatologist if they suspect an inflammatory basis for the pain.

"We also tried to make a simple ques-



Dr. Weel speaks about spondyloarthritis in a video interview posted at www.rheumatologynews.com.

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Major Finding: In 20% of patients first seen in primary care settings, axial spondyloarthritis was the cause of chronic low back pain.

Data Source: A cross-sectional study of 364 adults aged 19-45 years with chronic back pain.

Disclosures: Dr. Weel said that she had no financial conflicts.

patients was 36 years, 43% were male, and the average duration of chronic low

cording to MRI criteria plus one additional spondyloarthritis feature. The oth-

tionnaire for general practitioners, so they can determine which patient with chronic low back pain should be sent to a rheumatologist to investigate possible spondyloarthritis," she noted. Possible red flags on the questionnaire include the response to NSAIDs and a family history of spondyloarthritis, Dr. Weel said. ■

Arthrodesis Seems to Be Effective in Midfoot Arthritis

BY KERRI WACHTER

FROM THE ANNUAL MEETING OF THE AMERICAN ORTHOPAEDIC FOOT AND ANKLE SOCIETY

NATIONAL HARBOR, MD. — Arthrodesis is a safe procedure for midfoot arthritis, with an excellent union rate and high patient satisfaction, according to findings in a small, retrospective study.

Union was achieved in 92% of 104 feet after the primary operation, and fusion after revision was achieved in 99%. In addition, most of the patients (90%) were satisfied with the results of their procedures, reported Dr. Scott A. Nemec.

Patients included in the study had primary midfoot arthritis with or without radiologic or clinical arch collapse. The researchers identified 95 patients (104 feet)

Other outcomes included complications and reoperations, the AOFAS midfoot score, the visual analog scale pain score (0-10), and patient satisfaction.

In all, 297 joints were fused – roughly 3 per patient. Gastrocnemius recession was performed in 80% of the feet, and 56% had a forefoot procedure. In terms of bone grafts used, autograft was used in 91% of the feet, allograft in 4%, and no grafts were used for 5%. The most commonly fused joints were the first, second, and third tarsometatarsals and the naviculocuneiform. No further surgery was required for one asymptomatic third TMT nonunion. One delayed union was consolidated with immobilization. Radiographically, improvement was seen in all parameters.

Major complications included three deep infections and one instance of chronic pain. The infections were treated with debridement. The patient with chronic pain was referred to a pain clinic.

There were 11 reoperations—7 for refusion, 3 for debridement, and 1 gastrocnemius recession. Four of the refusion patients and one debridement patient were not satisfied with their results. Hardware removal was required for a quarter of the feet

at an average of 20 months, said Dr. Nemec, who is an orthopedic specialist in private practice in Petoskey, Mich.

Patient-reported outcome data were available for 68 patients (74 feet), with a mean follow-up of 56 months. The visual analog scale pain score dropped by a significant average of 4.6 points after surgery. The AOFAS score increased by a significant 47 points (maximum 100). ■

who had undergone arthrodesis. Most were women and their mean age was 61 years. The primary indication for surgery was disabling foot pain that was not relieved by other measures. On radiograph, pre-and postoperative measurements were made of the anteroposterior talus and first metatarsal angle, the lateral talus and first metatarsal angle, the medial cuneiform height, and the talonavicular uncoverage.

VITALS

Major Finding: Union occurred in 92% of 104 feet after the primary operation, and fusion after revision occurred in 99%. Most of the patients (90%) were satisfied with the results.

Data Source: Retrospective study of 95 patients with midfoot arthritis.

Disclosures: Dr. Nemec and his coinvestigators reported that they have no relevant financial relationships.

Foot Deformities Usually Are Correctable With Early Action

BY HEIDI SPLETE

FROM THE ANNUAL SCIENTIFIC MEETING OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

ATLANTA – Got bunions? Thank your parents. Bunions were inherited in 89% of adults younger than 60 years, according to genetic data from more than 2,000 adults.

Bunions and other foot disorders can limit mobility and exacerbate other musculoskeletal weaknesses, but interventions are available, and they are most effective if foot deformities are identified early, said Marian Hannan, D.Sc., of Harvard Medical School, Boston.

Foot disorders occur in 20%-60% of adults, and researchers have long suspected genetic involvement, but this study is the first to examine specific

associations between genes and foot deformities, Dr. Hannan said.

Dr. Hannan and her colleagues reviewed data from 959 men and 1,220 women in the Framingham Foot Study of 2002-2005. A trained examiner evaluated the study participants for any of 20 different foot disorders. In this study, Dr. Hannan reported data about the most common and least common of

VITALS

Major Finding: Of adults younger than age 60 years who have bunions, 89% inherited the condition.

Data Source: A genetic analysis and foot examination of 2,179 adults.

Disclosures: Dr. Hannan had no financial conflicts to disclose.

the disorders: hallux valgus (bunions) and pes cavus (high arches).

Overall, 675 individuals (31%) had bunions and 154 (7%) had high arches. A bunion was defined as a big toe angled at least 15 degrees toward the first metatarsal. High arches were identified by calculating weight-bearing arch width.

The researchers used statistical genetics software to determine the heritability of the two conditions. Across all ages, 39% of women and 38% of men inherited their bunions, and 68% of women and 20% of men inherited their high arches. Among individuals younger than 60 years, 99% of women and 63% of men inherited their high arches. The heritability estimates were statistically significant for both conditions. Participants' average age was 66 years, and 57% were women. ■

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'[I]t's been only recently that we've come to focus on the possibility of achieving remission,' after 20 years of 'puttering around ... with symptom control.'

Dr. Duncan Porter, speaking about advances in RA care, p. 39