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The website for the answer to all your Orthopaedic Questions

- **Orthopaedic Opinion Online** is a website designed to provide information to patients who have orthopaedic and musculoskeletal problems and are undergoing treatment.
- **Patient information** is provided in the form of downloadable information sheets.
- **Orthopaedic advice** and second opinions can be provided by our expert internationally renowned Consultant Orthopaedic Surgeons.
- **Online review** of patients' X rays or MRI scans can also be provided and any proposed treatment plans reviewed.
- **Book a clinical consultation** with one of our internationally renowned consultant orthopaedic surgeons in Bristol or London.
- **Orthopaedic reports** can be provided for Injury or Accident Claims and Medical Negligence claims.

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Ankylosing Spondylitis

Introduction:

This is an inflammatory disorder of the articulating joints of the skeleton. It affects approximately 1% of the world population, with it being more prevalent in those with Northern European heritage. It affects men three times greater than women and usually develops in early adulthood. There is thought to be a genetic link.

Anatomy:

Ankylosing spondylitis may affect any joints of the skeleton, however, it primarily affects the sacro-iliac joints and all joints of the spine. The hip and shoulder are occasionally affected. Generally, some of the bodies soft tissues such as ligaments and inter-vertebral discs become inflamed and begin to stiffen or ossify (transform into bone). Eventually any joint may become stiff or fused. As a result movement of the spine or affected joint may commonly become restricted and painful.

Indications / Symptoms:

Blood tests are useful in assessing the level of inflammatory markers present which may be indicative (although not conclusive) of the disease. A further blood test may detect the presence of the HLAB-27 antigen which, coupled with a genetic predisposition, may diagnose the condition. Physically, patients present with poorly localised Low Back Pain, morning stiffness in their joints which is relieved with movement. General fatigue and poor physical mobility and function may also be present. X-rays may be used to determine if the spine or any particular joint is affected or fusion has occurred.

Treatment:

Early diagnosis and management of the disease is essential. Non-Steroidal Anti-inflammatory Drugs (NSAID'S) such as Indomethecin or Naproxen may be used to control pain and inflammation. Immuno-suppressants such as Methotrexate and local cortico-steroid injections may also be of benefit. The key to good management of the condition is the development of an effective exercise program and regular adherence to this program. This will require the advice and initial supervision of a physiotherapist.

Complications:

Apart from the decreased movement of joints affecting mobility, other co-existing conditions may cause problems. Irritation of the eyes (iritis), lung fibrosis and bowel problems may be present. Fractures of the overly stiff skeleton may occasionally occur as a result of minor trauma which may be an added complication.

Outcome:

Life expectancy is not affected unless there is a co-existing disease present. Even with some limitations of movement, patients usually remain fully functional and working.

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