

Clinical and Epidemiological Features of Ankylosing Spondylarthritis in A Hospital Setting

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Abstract:

The article describes the results of studies aimed at studying the clinical picture of ankylosing spondylitis (AS) in the real practice of rheumatologists in Uzbekistan. Meanwhile, such studies can provide information not only about the epidemiological aspects of the disease, but also about the diversity of its clinical picture, medical and social significance, make it possible to assess the effectiveness of therapy and plan the system of medical costs for the future.

Keywords: ankylosing spondylitis, prevalence, epidemiology, comorbid conditions.

Introduction

Back pain is one of the most common symptoms encountered not only by a neurologist, but also by a therapist. And for almost a century, the most common diagnosis in this case was "osteochondrosis". The evolution of views on this issue cannot be called rapid. Since the middle of the 19th century, back pain has been attributed to inflammatory lesions of the spinal nerve roots [1, 7], and in the first half of the 20th century, there was a tendency to associate it with the pathology of the intervertebral discs ("discosis", "discosis"). herniated disc). It was then that the term "osteochondrosis of the spine" appeared, which was popularized by Soviet neurologists [14,15] and sounded in diagnoses of both adolescents and the elderly. In our country, there is a persistent misconception that spinal osteochondrosis is the main cause of various dorsalgias. Meanwhile, signs of degenerative-dystrophic changes of the spine are found in half of middle-aged people and in almost all elderly patients, but these signs are not always accompanied by back pain. At present, while the cause of back pain has not been clarified, it is customary to diagnose dorsopathy, which is not a specific nosological form, but a whole group of diseases with similar clinical manifestations [17]. Sometimes, as a result of a careful examination of the patient and a thorough examination, very unexpected and dramatic diagnoses "crystallize" from this vague term.

Ankylosing spondylitis (AS, ankylosing spondylitis) is a chronic systemic disease of the joints with a predominant localization in the sacroiliac joints (ILC), spine and

paravertebral soft tissues. AS is associated with the carriage of the histocompatibility antigen HLA-B27 and belongs to the group of seronegative spondyloarthritis [16,18]. The prevalence of AS in the world ranges from 0.15 to 1.4% [8], in European countries – from 0.08 [10] to 0.26% [6], in Russia (2008) – 0.1% [18]. In women, the first radiographic changes appear much later than in men [9]. The onset of the disease at a young age and early disability emphasize the social importance of its timely diagnosis. According to various authors, it takes from 3 to 10 years from the appearance of the first signs of AS to the establishment of the correct diagnosis. A reliable diagnosis of AS is made in men only 8.4 years on average, and in women 9.8 years after the onset of AS. Difficulties in early diagnosis may be associated with the mild symptoms and clinical diversity of the onset of AS. The disease can manifest itself not only with pain in the lower back, CPS, but also with peripheral arthritis, enthesitis, uveitis. The main radiographic criterion – reliable sacroiliitis – is often absent in the early stages of the disease.

The main clinical symptom of AS is inflammatory pain in the lower back and spine, which is a consequence of inflammation in the sacroiliac joints (sacroiliac joints) and vertebral structures [2,3]. At the onset of the disease and in patients with a high degree of activity, enthesitis, coxitis, lesions of the eyes (uveitis) and heart (aortitis, conduction disorders) are often observed [11,13].

AS is a continuously progressive rheumatic disease (RD) of great medical and social significance. The main contingent of patients are young people, and the disease often leads to long-term disability and early disability, thereby affecting the psychological state of patients and significantly worsening their quality of life. In the first 5 years of the disease, more than 20% of patients with AS become disabled, 45% of patients with the age of the disease for more than 10 years, and 65% of patients with peripheral joint lesions. In the group of patients with a significant history of the disease, mortality rates are significantly higher than in the general population [18,5].

Taking into account the above, the aim of our work was to analyze the clinical manifestations of AS in the real practice of a rheumatologist.

Objective

To study the clinical and epidemiological features of ankylosing spondylitis according to the registry data in the 3rd clinic of the Tashkent Medical Academy.

Material and Methods of Research

Retrospective studies were conducted in the 3rd clinic of the Tashkent Medical Academy with the analysis of 160 medical histories of patients who received inpatient treatment for ankylosing spondylarthritis. The diagnosis of ankylosing spondylarthritis at the inpatient stage of treatment was established according to the existing criteria of the national guidelines for the diagnosis and treatment of patients Ankylosing spondylitis. As part of the planned study, the developed individual patient chart of a

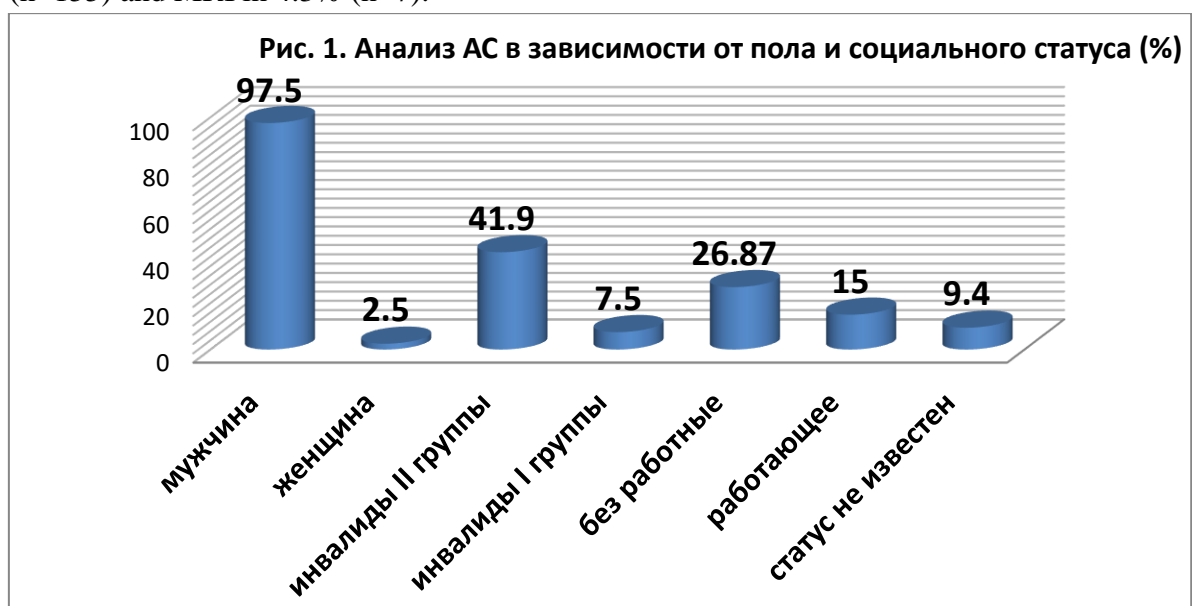
single sample was filled out, consisting of questions for a retrospective assessment of the features of the anamnesis, risk factors, and associated conditions.

Methods of statistical analysis of research results. It was carried out with the help of the MEDIOSTAT package of applied statistical programs. Standard methods of variational statistics were used: calculation of mean, standard deviation ($M \pm m$), Student's test ($p < 0.05$).

Results

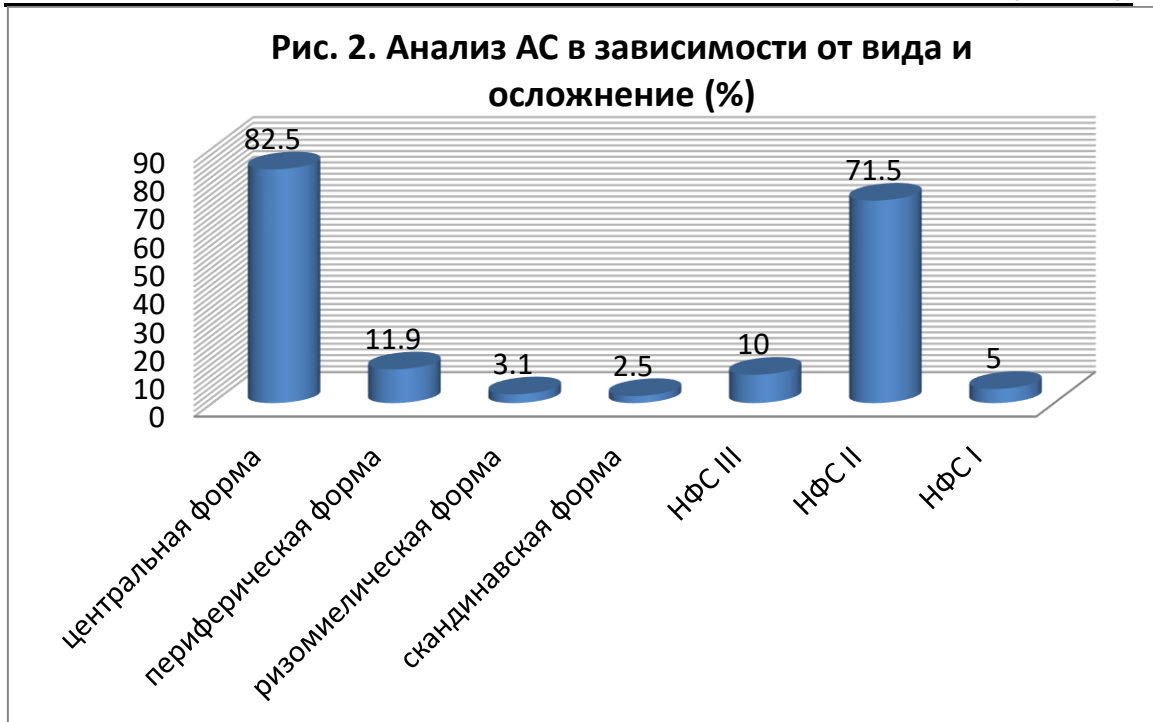
The mean age of the patients was 35.7 ± 12 years. Of these, 97.5% ($n=156$) were men and 2.5% ($n=4$) were women. Among the patients included in the study, 41.9% ($n=67$) were group II disabled, 7.5% ($n=12$) were group I disabled, 26.87% ($n=43$) were unemployed, 15% ($n=24$) were employed, and 9.4% ($n=15$) had an unknown status (Fig. 1).

A complete blood count was performed in 100% ($n=161$) of patients with an average ESR of 25 ± 0.7 , ECG in 99.4% ($n=159$), ultrasound in 93.1% ($n=149$), X-ray in 96.9% ($n=155$) and MRI in 4.3% ($n=7$).

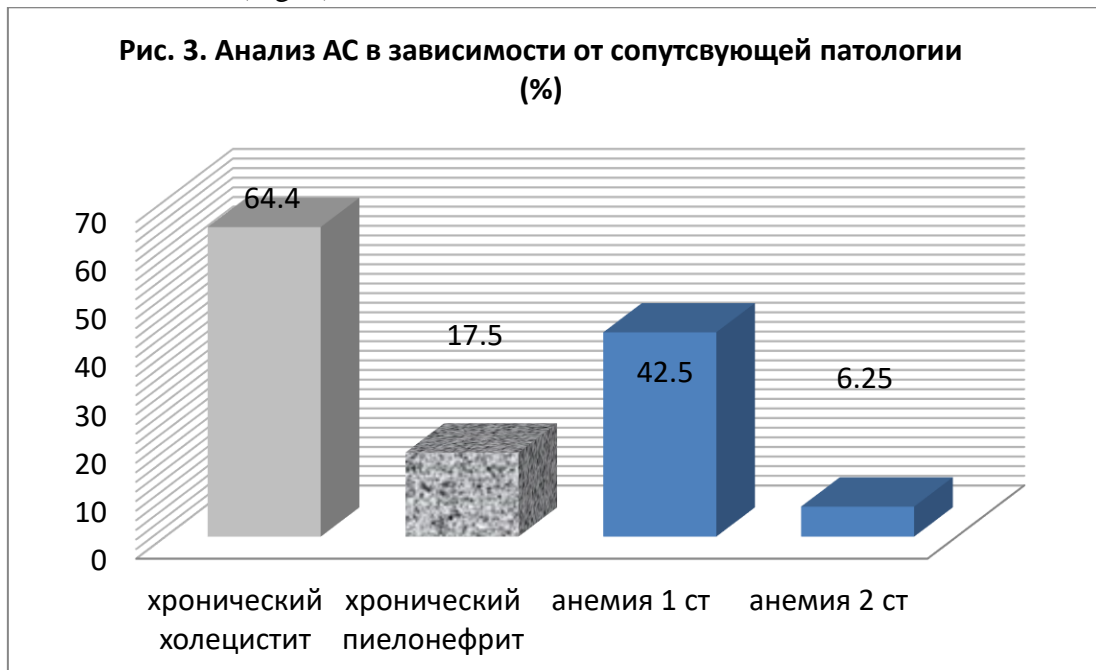


It was found that the incidence of the central form of AS was 82.5% ($n=132$), the peripheral form 11.9% ($n=19$), the rhizomyelic form 3.1% ($n=5$), and the Scandinavian form 2.5% ($n=4$).

In 86.25% ($n=138$) of cases, a complication of AS WAS DETECTED: NFS III in 10% ($n=16$), NFS II in 71.25% ($n=114$), NFS I in 5% ($n=8$), uncomplicated variants of AS were registered in 13.75% ($n=22$) of cases (Fig. 2).



In 64.4% (n=103) of cases, AS was detected against the background of chronic cholecystitis, 17.5% (n=28) of cases against the background of chronic pyelonephritis. At the same time, anemia of the first stage was 42.5% (n=68), and of the second stage 6.25% (n=10). At the same time, the average hemoglobin index is 112 ± 7.07 , the color index is 0.8 ± 0.07 (Fig. 3).



ECG analysis showed that 22% (n=35) of cases had sinus tachycardia, sinus bradycardia 1.9% (n=3), sinus arrhythmia 17.5% (n=28), including extrasystole in 1.3% (n=2), AV

block of I st in 1.9% (n=3), bundle branch block in 8.1% (n=13), QT shortening syndrome in 3.1% (n=5), and LVH in 16.9% (n=27) of patients.

Analysis of ultrasound diagnostics of internal organs revealed that in 33.1% (n=55) of cases, hepatomegaly, signs of chronic 73.1% (n=117), calculous cholecystitis 2.5% (n=4), including signs of chronic nephritis in 17.5% (n=28) and MCD in 5.6% (n=9) of patients.

X-ray analysis showed that bilateral sacroiliitis was detected in 95% (n=152) of patients, intervertebral spondyloarthritis in 53.1% (n=85) of patients, coxarthrosis in 11.25% (n=18) of patients, scoliosis in 4.3% (n=7) of patients, and endoprosthetics in 2.5% (n=4) of patients.

Discussion

On the basis of retrospective studies, it was revealed that the average age of patients was 35.7 years, compared to the literature data 5-6 years younger. Disability among patients is higher than the average statistics for Europe and Russia (55.4% of people with disabilities). This indicator can be associated with late diagnosis, on the one hand, and on the other hand, late treatment of patients (as well as the quality of medical services). Occurrence by AS forms, They didn't differ much with literatral data. Complication rates were higher than in the literature, and 90% of patients had a complication. Concomitant pathologies were found in all patients, regardless of the form of the disease. Anemia of varying degrees was detected in 48.75% of patients. On the part of the cardiovascular system, 55.8% of patients had various types of cardiac arrhythmias. Ultrasound of the internal organs revealed the presence of hepatomegaly in 38% of patients, biliary disease of the excretory tract in 75.6% of patients, including stone stone disease in 2.5% of patients. Renal changes were observed in 33.6% of patients.

Conclusions

In real practice, the diagnosis of AS is usually established later from the onset of the disease, which is largely due to the ignorance of its clinical picture by specialists from other fields of medicine. The examined group of patients with AS is characterized by relatively high activity and pronounced functional disorders, which is primarily due to the peculiarities of patient selection.

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