



Spondyloarthropathy

What is it?

Spondyloarthropathy is an inflammatory disease that most commonly involves large joints in the lower part of the body — including hips, knees and ankles, and the areas where tendons and ligaments attach to bones. It can also affect the joints of the spine, pelvis, and other joints.

Spondyloarthropathy tends to be episodic — that is, the symptoms are present for a few weeks or months and lessen or disappear for a time, and then flare up at unpredictably. This pattern episodic pattern often is repeated many times. Some patients with long-standing joint inflammation (arthritis) develop permanent joint damage.

Enthesitis

Frequently, the first symptom of spondyloarthropathy is enthesitis. This is a painful inflammation at the site where ligaments and tendons attach to bones. The pain is usually near a joint but not in the joint. Common places for enthesitis are under the heel or toes, the back of the heel, around the knee, or in the lower back.

Arthritis

Initially, some children initially have joint pains without obvious swelling (arthralgias). Most children have (or later develop) true arthritis, which may show up as joint swelling, increased joint warmth, or difficulty moving joints normally. The combination of enthesitis and arthritis of the hips, knees, or ankles is typical of spondyloarthropathy, although other joints may also be involved.

Subtypes

Depending on the features of their particular illness, a child's arthritis may be classified as belonging to a particular subtype of spondylarthropathy. The most common type is called SEA syndrome. Children with SEA syndrome have a negative blood test for rheumatoid arthritis ("are Seronegative") and the enthesitis and arthritis as described above, but none of the features of the other subtypes listed below. Some children with spondyloarthropathy have lower back pain or stiffness due to enthesitis, but when these problems are due to arthritis of the spine or sacroiliac joints then it is called ankylosing spondylitis. Other forms of spondyloarthropathy are associated with other inflammation in areas besides the joints. The arthritis of inflammatory bowel disease is a form of spondyloarthropathy associated with inflammation of the intestinal tract due to ulcerative colitis or Crohn's disease. Children with psoriasis (a skin disease) are more likely to develop a form of arthritis called psoriatic spondyloarthropathy. Reactive arthritis or Reiter's syndrome is an arthritis that develops as a child is recovering from a

viral or bacterial infection, and may be associated with eye pain, pain on urination, rashes and mouth sores, and fever. Some children will even have problems that suggest more than one type of spondylarthropathy.

Cause

The cause of spondyloarthropathy is not known. We know that children with spondyloarthropathy often have blood relatives with spondylarthropathy and related diseases. These children are also more likely than other children to have inherited a gene called HLA-B27 from one or both parents, but this gene is not the sole cause of the disease. In fact, most children with HLA-B27 are perfectly healthy, and many with spondyloarthropathy do not have HLA-B27. We know that certain infections can trigger the development of spondyloarthropathy, but no associations have been found with particular foods or diets, vitamin deficiencies or allergies.

Treatment

Treatment usually involves a combination of medicine and exercise.

Most children receive an anti-inflammatory medicines similar to aspirin. If the inflammation is resistant to such medicines, a child might need other medicines that work differently to reduce inflammation.

Normal physical exercise and stretching help the joints remain flexible and keep muscles strong. Physical and occupational therapists can design an appropriate exercise program if needed, and assess equipment the need for equipment that reduces the strain on painful areas or improves joint mobility.

Other things to consider

Even though spondyloarthropathy is a chronic condition that may last into adulthood, most children with the condition lead active lifestyles.

That said, episodic pattern can be stressful for a child and for parents. Be sure to let your doctors, nurses or therapists know about any problems that develop so they can help.