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SERONEGATIVE SPONDYLOARTHRITIS SECONDARY TO CROHN DISEASE: A CASE REPORT

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Background: Crohn's disease is an auto-immune condition where immunological inflammation may affect other organs apart from the intestines, such as the joints. These are disorders that develop secondarily to the inflammatory bowel disease (IBD), but appear independently of IBD exacerbations. One of these conditions is classified as seronegative spondylarthritis, sometimes called enteropathic arthritis.

Case report: We report a case of a 30-year-old woman known with Crohn's disease from the age of five, who was hospitalized for pain and swelling in the sacroiliac joints. She had been in treatment with adalimumab 40 mg twice daily, prior to hospital admission. The MRI investigation of sacroiliac joints revealed bilateral reduction in joint spaces, but no bone edema or other significant changes. Blood tests showed chronic anemia (Hb 11.4 g/dl and Ht 35.7%) with normal ESR and C-reactive protein and negative HLA-B27 phenotyping. The diagnosis of seronegative spondyloarthritis was made by excluding other joint pathology, based on the European group criteria for this condition.

Results & Conclusion: Based on the clinical, immunological and imaging findings, I believe that the patient has developed reactive spondylarthritis, most likely secondary to Crohn's disease. Nonsteroidal anti-inflammatory drugs (NSAIDs) are the medication of choice for spondyloarthritis; however we chose to avoid them while IBD is active and refer the patient for physiotherapy. The patient has concomitantly continued her treatment with adalimumab. She has had a good result after the first sessions of physiotherapy, with reduced swelling and recovered mobility in her joints.

Biography

Luiza Lazarescu has graduated at Carol Davila University of Medicine, Bucharest, and Specialist in Internal Medicine from 2008 and Mayor in Internal Medicine from 2016.

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