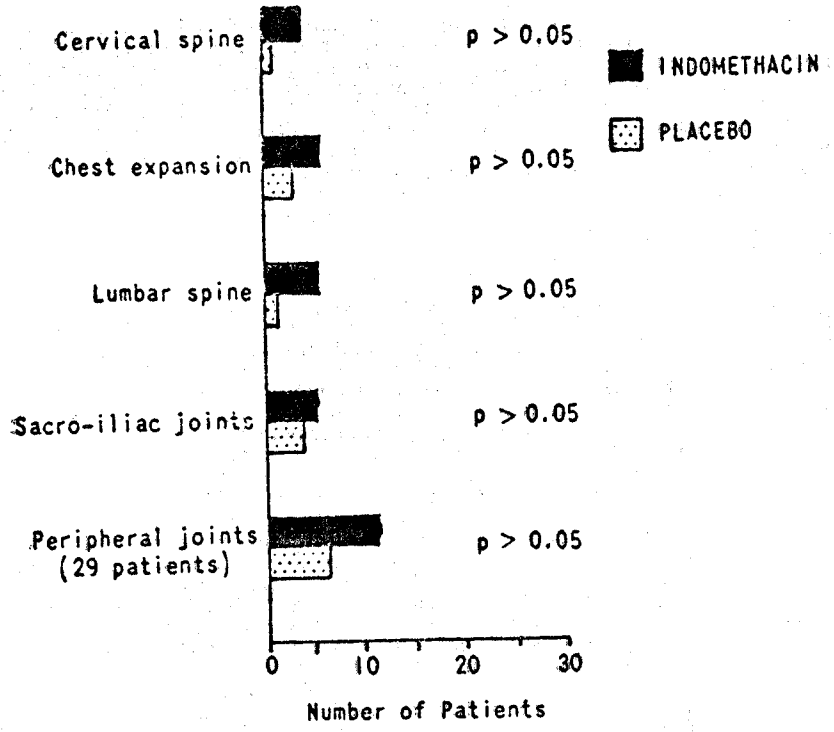

Fig. 2.—Objective response to therapy in 30 patients with ankylosing spondylitis.

Laboratory results

No abnormal results were encountered before or during both forms of treatment with respect to the serum antinucleoprotein test, latex fixation test, creatinine and BUN. Similarly, none of the patients exhibited a significant difference in the total white blood cell or differential counts on either drug. It should be noted that two of the three patients who developed a pulmonary infection were able to react with a neutrophilic leukocytosis (range: 11,000 to 21,000 per c.mm.) while the third showed no such response.

Abnormal urine was noted intermittently in eight patients (27%) while taking indomethacin and in 10 patients (33%) while taking a placebo; of the total of 18 patients there were four who had an abnormal urinalysis while receiving both indomethacin and placebo. Thus, 14 patients (47%) in this group showed abnormalities in the urinary sediment. These abnormalities were characterized by minimal proteinuria and microscopic pyuria and were usually not associated with dysuria. Their rate of occurrence could not be related to the administration of indomethacin ($p > 0.05$).

The development of anemia (a fall of hemoglobin of greater than 1 g. %) was noted in six patients (20%) while receiving indomethacin and in two patients (6%) while receiving placebo (Table III): this was not significant at the 0.05 level ($p > 0.05$). It should also be noted that an anemia of less than 13 g. % (range: 9–13 g. %) was present in six other patients before the administration of either drug and remained stable throughout the period of observation. Two patients who complained of symptoms suggestive of peptic ulcer also developed anemia. Investigation of these patients failed to demonstrate occult blood in the stool or, by barium meal examination, an upper gastro-intestinal tract ulceration.

Elevation of the ESR was found at some time during the study in 25 (83%) of the 30 patients, but in only eight, of whom six were receiving indomethacin and two placebo, did the ESR return to nourmal ($p > 0.05$) (Table IV). By