APPENDIX II

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RHEUMATOID SPONDYLITIS: MANIFESTATIONS AND MANAGEMENT*

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Rheumatoid spondylitis is one of the most common arthritic diseases affecting young and middle aged men during their most productive years and, with the exception of trauma, is probably one of the most common causes of backache in this segment of the population. Its importance as a cause of morbidity and disability in young men is attested to by the numerous articles which appeared in the medical literature during the war years and thereafter. However, despite this keen interest, the disease in many patients is unrecognized during its early stages and is allowed to progress until irreversible deformities develop before the correct diagnosis is made and proper management for its control is instituted. It appears, therefore, that some aspects of this disease need further clarification, especially in regard to its earlier recognition and to the institution of proper and effective therapeutic measures.

METHODS

The records of 267 patients in whom the diagnosis of rheumatoid spondylitis was made were carefully reviewed. Some of the available data pertient to this study are indicated in table 1. With few exceptions, all patients were examined and treated by one of us (A. M. L.). Since this study was made at a Veterans Administration hospital, where the majority of patients are males, all these patients were of that sex. The diagnosis of rheumatoid spondylitis in every instance was made on the basis of the history, physical findings and radiographic evidence. Roentgenographic examination included A–P and lateral views of the lumbosacral, dorsal and cervical spines. Whenever indicated, special inclined views of the sacroiliac joints and oblique views of the lumbar and cervical spines were obtained. Blood studies included the following determinations: hemoglobin, white blood cell count, erythrocyte sedimentation rate and, in a few patients, C-reactive protein, total serum proteins, albumin, globulin and A/G ratio. The results are shown in table 2. Treatment consisted of physiotherapy, irradiation of painful areas of the spine, instruction in breathing and postural exercises, measures of rehabilitation, dietetic management, correction of static factors, braces, aspirin, and, in a few patients, hydrocortisone and Butazolidin. During the later period of this study only those patients were treated with irradiation of the spine who failed to respond to the other measures.

TABLE 1.—CLINICAL FEATURES

	Number of patients	Percent
Family history of arthritis	25 of 201	12.4
Trauma	66 of 229	28.8
Subjective complaints of arthritis in peripheral joints	166 of 264	62.8
Objective signs of arthritis in peripheral joints	113 of 266	42.4
Radiographic changes in sacroiliac joints	267 of 267	100.0
Radiographic changes in hip joints	41 of 267	15.3
Calcification of ligaments	89 of 267	33.3
Osteoporosis	64 of 267	23.9

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