

ASSOCIATED AND INTERESTING MANIFESTATIONS

Three patients presented the triad of Reiter's syndrome, i.e., urethritis, iritis and arthritis involving both the spine and some of the peripheral joints. One patient had complete ankylosis of the temporomandibular joints and was unable to separate his jaws sufficiently to permit the intake of solid food. The condyles of the mandible were resected. Ankylosis recurred several months later; it was then relieved by arthrotomy and replacement of the condyles by Vitallium prostheses. Thirteen patients (4.5%) had iritis or iridocyclitis; six of these had involvement of the peripheral joints also. Five patients (1.8%) had psoriasis; all had involvement of the peripheral joints also. Thirty-six (13.5%) had various forms of anomalies of the spinal column; these are indicated in table 5.

DIAGNOSIS

Rheumatoid spondylitis is easily recognized in patients in whom the disease is well developed. During its early stages, however, the diagnosis is often difficult. When objective manifestations of the disease, or corroborative radiographic changes, are lacking, the fatigability, weight loss and inconstant pain in joints or muscles of the spine are usually ascribed to psychogenic factors. Since there are no specific diagnostic tests, it is often impossible to arrive at the correct diagnosis until characteristic signs of the disease or abnormal radiographic changes appear. We found the following of considerable value in diagnosing the disease: (1) aching in any part of the back in a young man which occurred often during the night and induced him to get off the bed to "limber up"; (2) careful evaluation of results of leg and spinal maneuvers, and particularly the flexibility or rigidity of the spine on body movements; (3) meticulous examination of x-rays of the sacro-iliac joints, and especially of the inclined views of these joints. The laboratory data were of limited value in diagnosing the disease. The erythrocyte sedimentation rate and C-reactive protein were elevated in the majority of patients. The hemoglobin level was slightly to moderately decreased in approximately half of the patients.

TABLE 5.—Associated and interesting manifestations

Reiter's syndrome.....	3
Iritis	13
Psoriasis	5
Anomalies of vertebral column:	
Transitional lumbosacral joint.....	15
Spina bifida occulta.....	8
Spondylolysis	6
Spondylolisthesis	3
Miscellaneous	4

MANAGEMENT

Seven patients were asymptomatic at the time of observation and needed no therapy. The remaining 260 patients were treated with a variety of therapeutic measures. The complaints and findings of each patient were carefully considered prior to outlining his therapeutic regimen. Boards were placed under the mattress to prevent sagging of the bed, and the patient was advised to use no pillow under his head while lying in the supine position. Pillows were used until the head when the patient was lying on his side; they were also used until the lumbodorsal spine while lying in the supine position, or at some level under the trunk while lying in the prone position, provided such positioning of the pillow added to his comfort. State factors such as tilting of the pelvis, inequalities in the length of the lower extremities or weak feet were corrected by construction of heel lifts, metatarsal bars, arch supports, etc. Dental care was given. Instruction in deep breathing and in exercise to correct postural abnormalities and to strengthen the muscles of the back and abdominal wall was given. Appropriate dietetic management was prescribed, i.e., patients who were underweight were given a high calorie and high protein diet (approximately 3,000 calories containing 100 to 150 gm. of protein daily), and overweight patients were placed on a reducing diet (800 to 1,200 calories). Dry or moist heat (infrared, diathermy, hydrocollator pack) was applied locally to the painful regions of the spine and to the involved peripheral joints. Ultrasound was applied in some instances. Occupational and corrective therapy was employed. When present, synovial fluid was aspirated in peripheral