AB16
Cervical spine damage in patients with rheumatoid arthritis
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Background: Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease. It is one of the most severe forms of arthritis resulting in disability. Every joint can be affected by RA including spine vertebrae especially cervical spine. Cervical spine damage can be found in 17 – 86% patients with RA [1]. Clinically it manifests with neck pain, C2 root pain. Cervical instability can be visualised on radiographs as atlantoaxial subluxation, vertical subluxation and subaxial cervical subluxation [2].

Objective: To obtain data from patients with RA to evaluate disease activity, cervical spine damage and link between major complaints about neck and radiographic changes. To compare results of study with data found in literature.

Methods: In this clinical study were included patients admitted to Stradin’s University Hospital Rheumatology ward with diagnosis RA in the time period from January to May 2003. Patients were examined radiologically with cervical spine x-ray in anterior – posterior and lateral positions and C1 – C2 level x-ray through open mouth.

Results: The total number of patients were 53 (87% female and 13% male); mean age 58 ± 11 years; mean duration of RA 12.7 ± 9.8 years; mean DAS28 6.5 ± 1.4; DAS28 > 5.1 had 79% patients, DAS28 > 3.2 ≤ 5.1 19%, DAS28 ≤ 3.2 2% patients. 83% were complaining about the pain in the neck; 87% were examined radiologically; 38% had cervical spine damage on x-ray and 40% from those patients had cervical spine subluxation (atlantoaxial subluxation 25%, vertical subluxation 30%, combination of both 25%) but 50% had radiological changes in cervical spine such as asymmetric spaces of atlantoaxial joint, subchondral sclerosis or erosions. Remaining 10% were defined as possible subluxation. Mean age of patients with subluxation was 16 ± 9 years.

Conclusions: Patients included in this study received disease modifying antirheumatic drugs but majority could not reach stable remission showing the necessity of treatment with biologic agents. Each patient needs complex investigation to evaluate disease activity and prognosis. This applies to radiological investigation of cervical spine even there are no complaints. This will allow us to detect cervical spine damage as early as possible and to choose the right treatment.

References