

Spondyloarthropathy and Exercise

Spondiloartropati ve Egzersiz

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Dear Editor,

A 32-year-old woman was referred to our department for further evaluations. After routine control x-rays had revealed bilateral grade IV sacroiliitis (Figure 1), and computerized tomography demonstrated ankylosed sacroiliac joints (Figure 2). She denied having any joint pain, morning stiffness, night pain or pain with activity. She only declared that occasionally had minimal low back pain and stiffness which did not necessitate any treatment. On detailed questioning, it was understood that she is a sports teacher and was active all day dealing with sports, folk dance and regular exercises because of her profession. Also she stated that she is doing exercises at least 1 hour in a day.

In physical examination, cervical, flexion, extension, rotation were normal. Lumbar flexion, extension, rotation were also in normal range of motion. There was no any limitations and no pain in both knees and hips Modified Schober was 6 cm, finger-floor distance was 0 cm, and Fabere patrick and gaenslen tests were bilaterally negative. The chin to chest distance was 0 cm; tragus wall distance was 12 cm; chest expansion was 6 cm. Complete blood count and liver/renal function tests, were in normal range. Erythrocyte sedimentation rate was 12mm/h,(0-30) C-reactive protein rate was 5,37 mg/L (0-8) and rheumatoid factor rate was 12,9 IU/ml (0-20). HLA-B27 test was positive. Overall, she was diagnosed to have spondyloarthritis and her asymptomatic disease course was attributed to her lifestyle that comprised significant amount of exercises.

Involvement of the sacroiliac joints is the major and characteristic feature of spondyloarthropathies (SpA). Its relevant symptoms are low back pain and stiffness -especially worse after prolonged inactivity- and during physical examination, spinal mobility is found to be restricted (1). In this regard, exercise has long been recognized as a key component of the therapy; yielding benefits in mobility, pain, stiffness and functionality.

In this report, we present a sports teacher who was diagnosed to have bilateral grade IV sacroiliitis (but without any clinical signs and symptoms) during x-ray evaluations for routine controls.

While TNF agents and NSAIDs can produce significant improvements in pain and functionality, exercise continues to hold a central role in the treatment of SpA. A collection of exercises is available for patients from the Spondylitis Association of America. In one study, patients with AS who performed these exercises for eight weeks had significantly improved functional capacity and decreased pain and depression scores (2). Patients who exercised at least 200 minutes per week and at least five days per week were found to have modest but significant decrease in pain and stiffness and less functional disability than those who

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Figure 1. Anteroposterior X-ray graphy views the grade-IV sacroiliitis



Figure 2. Demonstration of the ankylosed sacroiliac joints with computerized tomography

exercised less. These patients did a variety of exercises including back exercises, swimming, weight lifting and walking (3). Patients who tried a different exercise protocol including back stretching and aerobic exercises also had improvements in spinal mobility and exercise capacity after 12 weeks (4). In our case, she spent her life almost asymptomatic possibly due to her exercise habits.

Touching upon once again the role of exercise treatment in the management of spondyloarthropathies, we imply that physicians should never forget to prescribe such regimens - be it hospital-based or home-based protocols- in their treatment algorithms.

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