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INTRODUCTION

Radiographic axial spondyloarthritis (axSpA) or typical ankylosing spondyloarthritis (AS) is a classification of axial spondyloarthritis with the classic radiographic features of sacroiliitis. Axial spondyloarthritis is a disabling spondyloarthropathy of the spine that presents with chronic back pain, usually before the age of 45. It may be associated with extraspinal features including dactylitis, synovitis, and enthesitis in addition to other nonarticular signs like uveitis, psoriasis, and inflammatory bowel disease (IBD). The association of HLA-B27 occurs in about 85-90% of cases of ankylosing spondylitis. Chronic back pain is one of the most common presenting symptoms for AS, but frequently there is a 5-7 year delay between the onset of symptoms and diagnosis of the disease. A standard AP plain radiograph demonstrating changes to the sacroiliac joint including erosions, ankylosis or sclerosis along with the patient's complaints of chronic back pain are strong indicators for AS. Our patient presented with a 4-month history of diffuse joint pain including neck, back, bilateral hips, knees and ankles along with decreased appetite and 40-pound unintentional weight loss. To the author's knowledge, after a comprehensive review of the English literature, there are few cases with a dramatic weight loss in such a short period of time and features of loss of appetite. We present a case of an atypical presentation of AS in a patient with recently diagnosed asthma and no other past medical history who had a 40-pound rapid weight loss and polyarticular joint pain. Our case is unusual due to the short time course between presenting symptoms and time to diagnosis.

CASE REPORT

A 41 year old Hispanic male with a recent diagnosis of asthma presented to the clinic as an emergency department (ED) follow up and to establish care. He had recently been seen in the ED with complaints of pelvic pain, abdominal pain, and loss of appetite for four months. Laboratory analysis demonstrated a CMP significant for AST 44, ALT 115, and alkaline phosphatase (ALP) 424. CBC revealed a Hgb 11.6, MCV 83.7, RDW 14.3, PLT 676, Lymph 20.6. Urinalysis and urine culture were negative. Hepatitis workup was negative for hepatitis A, B, and C. CT abdomen and pelvis revealed bilateral hip joint effusions and sclerosis at the level of the sacroiliac joints bilaterally which was suggestive of sacroiliitis. During the visit, patient reported diffuse joint pain including: neck, back, bilateral hips, knees and ankles, in association with decreased appetite and 40-pound unintentional weight loss. Patient also reported epigastric abdominal pain and intermittent dark stools. On physical examination, he had limited passive and active range of motion of the affected joints due to pain and significant epigastric abdominal tenderness.

Given his presentation with unintentional weight loss, epigastric pain, loss of appetite, and anemia with no known source of bleeding, he was worked up for potential GI malignancy. Upon the initial workup, CBC was significant for Hg 10.5/Hct 34.4, MCV 84.7, RDW 14.1, reticulocyte count 1.46, LDH 131, Iron 17, TIBC 258, Iron saturation 7, Ferritin 527, Transferrin 173 and PLT 686. These findings were indicative of anemia of chronic disease. Elevation of ALP and GGT pointed towards a hepatic source for the ALP with normal AST/ALT. Fecal occult blood test, HIV, and TB Quantiferon tests were all negative. In addition, cancer markers CEA, CA-125, CA-19-19 were all negative. Abdominal US, EGD and colonoscopy had no significant findings. Rheumatologic work up including RF, ANA, anti-DSDNA, anti-Jo-1, anti-chromatin, p-ANCA antibody, anti-cardiolipin, anti-CCP, anti-centromere, c-ANCA antibody, anti-phospholipid antibody, RNP antibody, SCL-70 antibody, Sjogren's SSA and SSB and anti-smith antibody were all negative.

Although, our patient had a negative workup for malignancy and rheumatologic disorder, we had a high suspicion for AS, polymyositis, and polymyalgia rheumatica given the patient's clinical picture of polyarticular joint pain, elevated ESR, CRP, and sacroiliitis. Patient was started on prednisone 40 mg daily after which he reported improvement, had increased appetite, and weight gain of about 11 pounds. Further workup demonstrated no acute osseous abnormality on thoracic and cervical spine x-rays, however the patient was HLA-B27 positive and the diagnosis of ankylosing spondylitis was confirmed.

DISCUSSION

Radiographic axial spondyloarthritis (axSpA) or typical ankylosing spondyloarthritis (AS) is a classification of axial spondyloarthritis with the classic radiographic features of sacroiliitis. The Assessment of Spondyloarthritis International Society (ASIS) criteria for patients presenting with lower back pain below the age of 45 includes sacroiliitis in imaging plus one spondyloarthropathy feature or HLA-B27 plus two spondyloarthropathy features. In this case, the patient is a 41-year-old male with inflammatory back pain, elevated ESR, sacroiliitis on CT scan, and HLA-B27 positivity fulfilling the ASIS criteria. Typically, due to the late appearance of unequivocal radiographic sacroiliitis, AS is frequently diagnosed 5-10 years after the onset of clinical symptoms. In this case, an early diagnosis of ankylosing spondylitis was made within 6 months of onset of symptoms, therefore it is important to maintain a high degree of suspicion in patients presenting with various joint pain and significant weight loss to make an early diagnosis.