

Spondyloarthritis and Emergency Room Care

Spondyloarthritis is a form of inflammatory arthritis characterized by systemic inflammation, stiffness, and pain throughout the spine and pelvis. The disease also can affect the shoulders, hips, ribs, heels, skin, and even the eyes, intestines, lungs, or heart. In some cases, it can limit spinal mobility, cause severe pain, and lead to spinal fusion over time.

Spondyloarthritis is inflammatory in nature. Inflammation takes place in body tissues, notably at the junction where ligaments, tendons or joint capsules attach to bone. Inflammation can destroy tissue and stimulate nerve fibers that cause pain. When inflammation occurs deep in the spine, it affects the ligaments and muscles surrounding the spine as well, sometimes leading to widespread, extremely painful muscle spasms. Pain and stiffness tend to worsen with rest and inactivity, and improve with movement.

As the inflammation subsides, the lesion begins to heal by forming scar tissue, which replaces the destroyed cartilage or joint capsule. If this scar tissue is supplied by nerves, it may become very sensitive and an additional source of pain. In the final stage, the scar tissue can calcify and turn into bone, which leads to fusion of the joint.

Spondyloarthritis encompasses a family of closely related diseases, including:

- Ankylosing Spondylitis
- Non-Radiographic Axial Spondyloarthritis
- Psoriatic Arthritis
- Enteropathic Arthritis (Arthritis with IBD)
- Juvenile Spondyloarthritis
- Undifferentiated Spondyloarthritis
- Reactive Arthritis

Pharmacologic treatments can include:

NSAIDs, biologic medications – TNF inhibitors, and IL-17 inhibitors, short-term corticosteroids, sulfasalazine and methotrexate in some cases, and, when pain is not adequately addressed by other means, opioid analgesics.



Elevated risks in those with spondyloarthritis include:

Spinal Fractures:

- Patients with spondyloarthritis are at increased risk of spinal fracture following even very minor trauma. This is because chronic inflammation in the spine can weaken bone. Patients should be treated with the “Brittle Spine Disease” protocol in the ER, and undergo imaging to rule out spinal fracture following even minor trauma, such as a fall.
- Care must be taken during transfer and imaging as extension of the neck with normalization of any existing kyphosis can cause spinal cord injury. It has been reported in the medical literature that there is an estimated 35% to 58% mortality rate in people with spondyloarthritis following a spinal fracture.

Special Airway Restrictions:

- Concerns underlie intubation during the hyperextension of the neck practiced during standard intubation. Careful radiographic assessment of the cervical spine with visualization of the lower cervical spine should be performed.

For more information and specific precautions, please contact the patient's physician.