

More than Ankylosing Spondylitis

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Ankylosing spondylitis is a chronic inflammatory disease that mainly affects the axial skeleton. The disease may present a swift evolution, involving structural damage with development of bone bridges between vertebrae, which can lead to “bamboo spine” with severe mobility loss and increase in the risk of vertebral fractures¹. Pott’s disease, also known as tuberculous spondylitis, is the most common type of extra pul-

monary tuberculosis where progressive bone infection leads to vertebral destruction, vertebral collapse and kyphosis, the later occurring when thoracic spine is affected².

The authors present an image referring to a 67-year-old male patient, with symptoms of inflammatory low back pain dating back to his 30 years of age, but with a late diagnosis of ankylosing spondylitis at 60 years old, with a HLA-B27 positive. He also presents an history of Pott’s disease (*M. tuberculosis* detection by blood culture isolation) at 20 years of age, affecting T10 vertebra, with appearance of dorsal kyphosis. There is no

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FIGURE 1. “Bamboo spine” and Pott’s disease with vertebral body collapse of T10

previous trauma history. Upon examination the following stands out: marked dorsal kyphoscoliosis, with severe functional limitation (*Bath Ankylosing Spondylitis Functional Index* of 7.2 and *Bath Ankylosing Spondylitis Metrology Index* of 6.6). Radiographic study shows a “bamboo spine” with vertebral body collapse of T10 and bilateral grade 4 sacroiliitis. These long-standing structural changes cause severe restrictions in daily living activities, respiratory function degradation and mechanical pain difficult to control.

Pott's disease and Andersson lesions are prone to differential diagnosis; Andersson lesions x-ray shows a circumscribed defect in one or two neighbouring vertebral bodies with varying degrees of narrowing of the intervening disc space, angular kyphosis and an area of reactive sclerosis in the vertebral bone surrounding the defect^{3,4}; radiographic characteristics of Pott's disease include erosions of the vertebral endplates, loss of disk height, vertebral destruction with collapse and angular kyphosis, without previous trauma history⁵.

Consequently, this patient has an ankylosing spondylitis of long-term evolution with severe structural changes and Pott's disease sequels in the thoracic spine with vertebral collapse of T10, and severe thora-

cic kyphosis. These are entities which when combined imply worse functional prognosis. The vertebral collapse was due to another disease than ankylosing spondylitis. Not always a single disease justifies the clinic of the patient.

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