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SPONDYLITIS PSORIATICA

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Accepted 20.ix.71

The combination of psoriasis and peripheral arthritis is well known. However, psoriatic changes in the spine seem to be less familiar to many doctors. Earlier these changes were often described as typical rheumatoid arthritis or spondylitis ankylopoietica. These views have been opposed by several authors during the last years (Kaplan et al. 1964, Bywaters & Dixon 1965, Jajić 1968). They assert that the patients with the skin disease psoriasis may have changes in their spine which are not similar to those seen in Bechterews disease or in rheumatoid arthritis. The designation "spondylitis psoriatica" has been proposed for these specific changes.

The patients described in this paper have been recorded in an orthopedic hospital during a few months in 1970. Some of the patients had no symptoms from peripheral joints. All had suffered from back pain for several years. The back pain started before the skin eruption in some patients, whereas others got back pain later. None began to have symptoms from the skin and the spine simultaneously. This may be one reason why the true cause of the back pain often remains unrecognized for several years. In our opinion this type of psoriatic disease is too little known. For this reason we find it worthwhile to present these few cases.

Case 1. S. H. J.: Fifty-four-year-old man. From the age of forty periods with pain in the middle of the back with several bad periods every year. At the age of fifty he got pain in several peripheral joints and at the same time psoriasis pustulosa. Three years ago X-ray pictures showed destructive changes in the thoracic spine. During the following years there was marked progression and the patient was admitted to our hospital. There were no signs of infection, neither clinical nor serological. X-ray examination three years ago (Figure 1) showed osteophytes, especially in the middle of the thoracic spine.

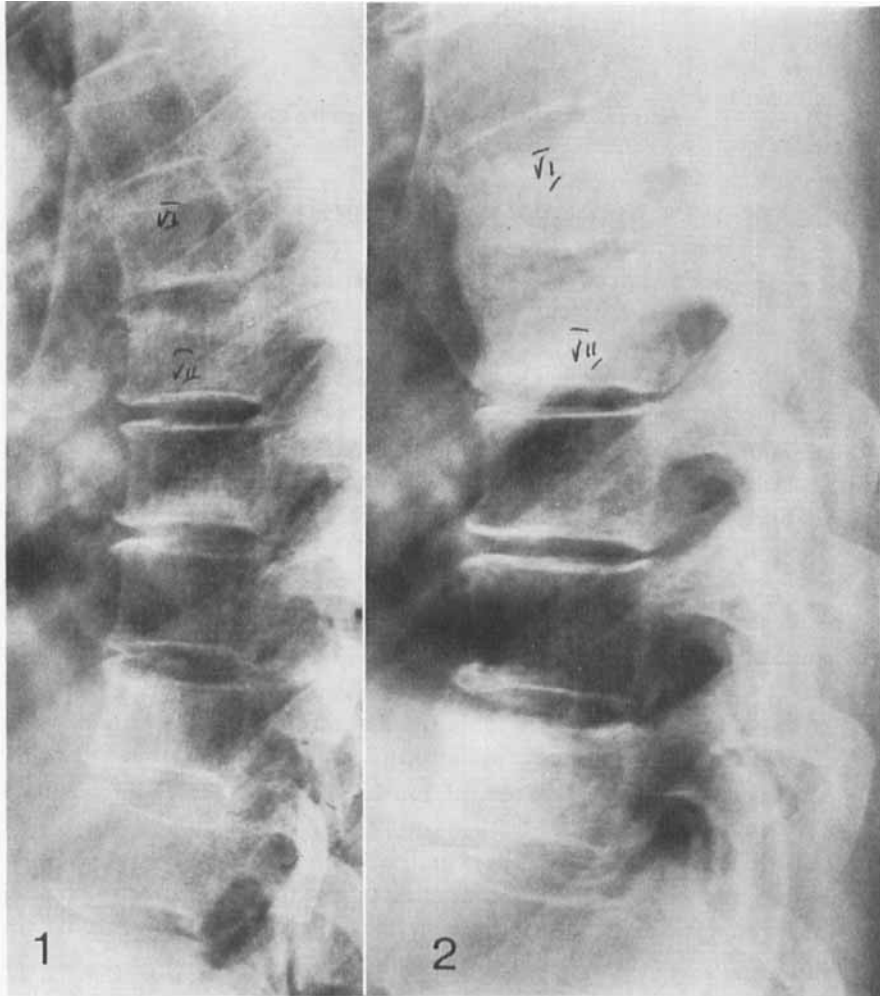


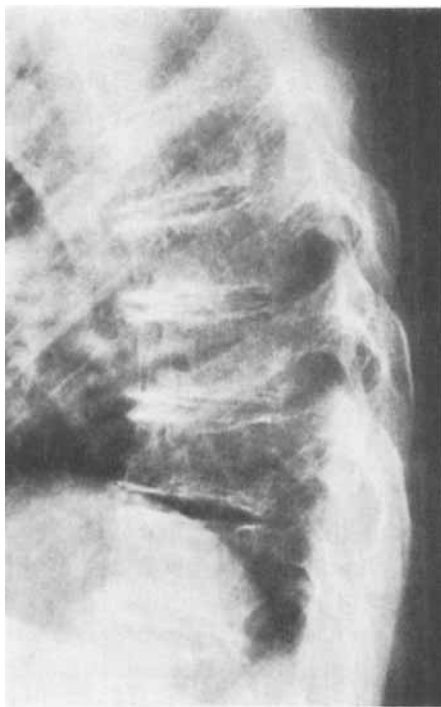
Figure 1. Case 1. Marked destructions of the corpora of Th VI and Th VII.

Figure 2. Case 1. Solid fusion of the same vertebrae as mentioned in Figure 1.

The inferior surface of Th VI and the superior of Th VII showed marked destruction. Two years later the fusion of these two vertebrae started, and upon admission there was a solid fusion (Figure 2). Further, there seems to be some destruction of other thoracic vertebral surfaces. In the lumbar spine there is only a tiny osteophyte on L V.

Case 2. H. M. S.: Sixty-year-old woman with pains in her back and knees for several years and psoriasis pustulosa for one year. Examina-

Figure 3. Case 2. Prominent changes in the thoracic spine.



tion revealed a marked kyphosis of the thoracic spine with poor mobility and with atrophy of the dorsal muscles. X-ray examinations show normal lumbar spine, but in the thoracic spine (Figure 3) there are prominent osteophytes anteriorly on several vertebrae, calcifications in some intervertebral spaces, and lastly some sclerosis and tiny destructions in Th VI–VII and Th IX–X.

Case 3. A. P. E.: Sixty-year-old woman with gradually progressing back pain for more than thirty years. Shortly before hospitalization she got pain and swelling in her right knee and at the same time psoriasis pustulosa. X-ray examinations of her spine seventeen years ago showed tiny osteophytes anteriorly on some of the thoracic corpora. Now we can see a marked progression, and in addition there are some irregularities in the upper and lower surfaces of the vertebrae in the middle of the thoracic spine.

Case 4. S. M. H.: Fifty-year-old woman with psoriatic exanthema since she was thirteen. Ten years ago her exanthema was especially prominent and at the same time she got a lot of peripheral arthro-

pathies. She has suffered from back pain more or less continuously during the last thirty years. The present X-ray examination shows considerable osteophytes anteriorly and partly posteriorly on most of the thoracic vertebrae and in addition ligamental calcifications anteriorly between some vertebrae.

Case 5. B. B.: Thirty-two-year-old woman with typical psoriatic exanthema and progressing back pain during the last fifteen years. X-ray examinations seven years ago showed osteophytes anteriorly on most of the thoracic vertebrae. These changes are now considerably more prominent.

DISCUSSION

In three of our patients X-ray examinations show a quite normal lumbar spine, whereas the other two have considerably less prominent changes in the lumbar than in the thoracic spine. It is noticeable that the changes are especially prominent in the thoracic spine, whereas the usual osteochondritis is localized preferably in the lumbar spine.

Some authors (Bywaters & Dixon 1965, Jajić 1968) have found osteophytes in the thoracolumbar spine especially often in psoriasis, but others (Graber-Duvernay 1957, Kaplan et al. 1964) describe the same changes preferably in the cervical spine. We have not examined the cervical spine systematically in our patients. Several authors (Sterne & Schneider 1953, Dixon & Lience 1961, Wright 1961, Lassus et al. 1964) have also found changes in the sacro-iliac joints in psoriasis. Such changes do not exist in our material. In some reports (Schilling & Schacherl 1967, Jajić 1968) the spinal changes are often combined with peripheral joint affections. This is in agreement with our observations, because four of our five patients have revealed peripheral arthritis. One patient (Case 5) without peripheral arthritis showed comparatively modest spinal changes on the roentgenograms. Concerning psoriasis pustulosa, it is said to be especially often combined with joint affections (Schilling & Schacherl 1967). This is also in conformity with our material as the three patients (Case 1, 2 and 3) with the most prominent spinal changes disclosed this type of skin affection. The diagnosis psoriasis pustulosa is in all three cases verified by dermatologists, as there is known to be other forms of pustulosis where the pustules are not sterile as they are in psoriasis (Andrews & Domonkos 1963). A septic process of the spine caused by spreading from a skin infection is therefore scarcely probable.

In our opinion Cases 1 and 2 had such special changes in their spines that they must be considered as true spondylitis psoriatica. The X-ray pictures in Case 1 show a slowly progressing destructive spondylitis during a period of fourteen years ending in a stage of solid fusion. This kind of fusion seems to be quite unusual in spondylitis psoriatica, but the psoriatic affection is the only reasonable explanation. In Case 2 there are destructive changes like those seen in the earlier X-ray pictures of Case 1. It may be of special interest in these two cases that there is localized destruction near the intervertebral spaces and mostly on both sides of the same space. The theory may be put forward that the disease initially produces changes in the intervertebral space and secondly affects the vertebrae. The final stage may be the solid fusion of vertebrae as seen in Case 1.

SUMMARY

Five patients with spondylitis psoriatica are reported. None got their back pain and exanthema simultaneously. Four had peripheral joint affections, three had psoriasis pustulosa. The most prominent radiological changes were seen in the thoracic spine. We pay special attention to the changes around the intervertebral spaces. In one case there was fusion between two vertebrae.

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