

## **ANKYLOSING SPONDYLITIS AND QUANTIFYING HLA B27 IN THE DIAGNOSIS**

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**A**nkylosing spondylitis is a chronic inflammatory sero-negative spondyloarthropathy. AS occurs 0.1 to 0.2% in general population. Genetic and environmental causes have been attributed AS causative influences. AS is believed to have an autosomal dominant inheritance. HLA B27 positivity is seen in 81-96% of patients. Axial skeleton is predominantly involved. Basic pathological change in AS is enthesopathy or enthesitis which results in ossification at places of insertion of tendons and ligaments eventually leading to ankylosis. Predominantly young males involved with male female ratio of 3:1 and usual age of onset is 20-30 years There are no specific lab tests for diagnosis of AS. ESR, CRP, serum IgA and ALP are usually elevated. Rheumatoid factor/anti-CCP/ANA are not associated with the disease. It is important to diagnose the disease early in the course to prevent the development of irreversible deformity. Non-steroidal drugs are mainstay of the treatment. Physical therapy is of paramount importance in the total management to minimize degree of deformity and disability.

## **BIOGRAPHY**

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