Case report

Isolated HLA-B27 associated Achilles tendinitis

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SUMMARY The case of a 37 year old man with a longstanding HLA-B27 associated bilateral Achilles tendinitis without seronegative spondyloarthropathy is reported. This case suggests that heel enthesopathy may for a long time be the only clinical manifestation of the HLA-B27 associated disease process.

Key words: seronegative spondyloarthropathy, enthesopathy, ankylosing spondylitis.

Inflammation at the sites of a tendon, fascia, ligament, or joint capsule attachment to bone (inflammatory enthesopathy or enthesitis) is a distinctive pathological feature of seronegative spondylarthritides.¹⁻³ Achilles tendinitis and plantar fasciitis are the most frequent extravertebral and extra-articular enthesopathies^{4,5} and may antedate the other clinical manifestations.⁶ Heel enthesopathy is common and closely associated with the HLA-B27 antigen both in adolescents and in adults with seronegative spondylarthritides.^{7,8} Unlike adolescents with Achilles tendinitis, who have inflammation limited to the insertion, adults may show a nodular or diffuse tendon thickening.⁸

We report here the case of an HLA-B27 positive man with a longstanding Achilles tendinitis without any history or clinical evidence of other HLA-B27 associated syndromes.

Case report

A 37 year old man, who had suffered for 3 years and 10 months from persistent bilateral Achilles tendinitis, presented to the rheumatic disease unit in December 1986. Initially only the right side was involved. Heel pain was often disabling and resistant to non-steroidal anti-inflammatory drugs. There was no history of physical injury, inflammatory low back pain and stiffness, peripheral arthritis, uveitis,

conjunctivitis, urethritis, diarrhoea, psoriasis, or cardiac symptoms. The family history was negative for HLA-B27 associated syndromes.

Physical examination showed soft tissue swelling (Fig. 1), warmth and tenderness along the Achilles tendon and at its calcaneal insertion. These signs were more prominent on the right side.

There was no limitation of cervical or lumbar spine motion. Chest expansion and cardiovascular examination were normal. Enthesopathic changes at other sites were not found.

The only aspect of laboratory evaluation worth

Fig. 1 Soft tissue swelling along the right Achilles tendon and at its calcaneal insertion.

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of note was the erythrocyte sedimentation rate measured by the Westergren method (40 mm/1st h). HLA typing was positive for the B27 antigen.

Radiographs of the heels showed posterior calcaneal erosions.

Ultrasonography, performed by the technique of Fornage⁹ with an Ansaldo AU 920 echograph, showed a moderate diffuse thickening of the right Achilles tendon compared with that on the left one (6 mm against 3 mm). A thickening of the peritendinous soft tissue was also seen.

Sacroiliac, lumbar, and dorsal spine x rays were normal.

Discussion

Peripheral enthesopathies, especially Achilles tendinitis and plantar fasciitis, are very frequent in seronegative spondylarthritides^{4 5 7} and generally occur in association with an asymmetrical oligoarthritis predominantly involving the large joints of the lower extremities.⁷ Enthesopathy is useful in diagnosing seronegative spondyloarthropathy, especially in patients with an HLA-B27 associated asymmetrical seronegative oligoarthritis, without any axial skeleton involvement or any history of urethritis, diarrhoea, eye or mucocutaneous lesions.^{3 7 8 10-12} This situation occurs both in adults and in adolescents^{3 7 8 10-12}; an HLA-B27 associated syndrome known as the SEA syndrome (seronegative enthesopathy and arthropathy) has been recognised in children.¹²

In 1978 Gerster *et al* examined 30 patients who had come to their rheumatic centre suffering from severe talalgia.⁶ Twenty four had seronegative spondyloarthropathy: 10 Reiter's syndrome, nine ankylosing spondylitis, four psoriatic arthritis, and one, a 42 year old man, an HLA-B27 associated

asymmetric oligoarthritis. All except two were HLA-B27 positive.

Our patient may represent another variation of the clinical spectrum of seronegative spondyloarthropathy. He has had Achilles tendinitis for nearly four years but has no history or clinical evidence of seronegative spondyloarthropathy.

This case suggests that Achilles tendinitis may for a long time be the only clinical feature of the HLA-B27 associated disease process.

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