MATTERS ARISING

Commented glossary for rheumatic spinal diseases

The glossary on rheumatic spinal diseases by a study group of the Committee of Pathology of EULAR has certainly helped clarify many terms. This comment on spondylarthropy is intended to help with this.

1. Is intended likewise to bring into the discussion the terms of the study group of the Committee of Pathology of EULAR (ESSG) (the 'Leeds group' as it has been listed in publications), which has had a distinctive clinical picture and pathogenesis.

The authors recommend use of the term 'spondylarthropy' originally proposed by Moll and Wright in 1974, their main argument being that the term spondarthritis (i) is original and historical, and (ii) emphasises the inflammation feature by including arthritis, while the term 'spondylarthrosis' is too new to refer to any degenerative disease of the spine.

We believe that neither the term spondarthritis nor spondylarthropy can perfectly reflect the clinical and pathological background of this overlying disease spectrum, and we prefer the term spondylarthropy, for the following reasons:

(1) The historical dimension and originality of the term spondarthritis is unimpressive, as the authors have to correct the original definitions introduced by Wright et al., by excluding Whipple's disease and Behçet's disease. We agree that these two diseases should be excluded from the spectrum because they lack HLA B27 association and have a distinctive clinical picture and pathogenesis.

(2) In addition, the spectrum of clinical symptoms included in this conflation of spondylitis and peripheral arthritis, which had been listed by the 'Leeds group' in 1987, has changed since the introduction of the criteria introduced by the European Spondylarthropy Study Group (ESSG). Features such as erythema nodosum and thrombophlebitis are no longer considered essential to the spondylarthropathies.

(3) These classification criteria have been developed and evaluated by leading European rheumatologists who agree on the term spondylarthropy. Many other rheumatologists in Europe and the United States have approved these criteria, which have now gained wide international acceptance.

(4) An advantage of the term spondylarthropy in clinical use is that it is applicable to a group of patients suffering spondylarthropy that is now frequently reported as 'undifferentiated spondylarthropy'.

When established criteria for more closely defined subcategories of spondylarthropathies such as ankylosing spondylitis are used, these patients often receive no proper diagnosis.

(5) Arthritis need not be included in the general term, as not all patients with spondylarthropy suffer arthritis (patients with inflammatory back pain, enthesopathy, uveitis). Of the 403 spondylarthropy patients evaluated using the ESSG criteria, only 35-36% had synovitis of the lower limbs, while 56-59% had enthesopathy (at any site).

(6) Arthritis need not be included in the general term that subsumes degenerative diseases of the spine, as there has always been an argument as to whether these diseases should be primarily labelled as non-inflammatory, the problem is reflected in the differing terminology 'osteoarthrosis' and 'osteoarthrosis'. From this point of view there is no clear advantage in using the term spondarthritis.

(7) Use of the term spondylarthropy for the spectrum of HLA B27 associated diseases discussed here excludes, by definition, degenerative diseases of the spine such as spondylarthrosis and spondylitis. 4 This is justified because spondylarthropy has not been used for all arthropathies affecting the spine previously and there is no real need for a common term to describe these heterogenous diseases.

(8) Other terms used to group rheumatological disease categories such as 'connective tissue diseases', which have been used for decades, are also far from being perfect.

In summary, no term is perfect, but agreement in use of spondylarthropy seems to us preferable because classification criteria using this term have been evaluated, the term is now frequently used, and it has a better chance of being accepted internationally.

Finally, we agree that the German term Bechterew's disease, having once been popular for describing patients with very severe ankylosing spondylitis and a bad disease course, should be avoided, especially in early disease, because young patients should not be burdened with an unnecessarily pessimistic prognosis.

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References