Background: Enthesitis is one of the typical pathologic signs of spondyloarthritis (PsA) and it seems to be the Primum movens of the disease. Clinical assessment of enthesitis showed to be less sensitive, compared to ultrasound (US) evaluation, in identifying enthesitis in patients with PsA [1]. OMERACT defined US enthesitis as: “hypoechoic and/or thickened insertion of the tendon close to the bone (within 2 mm from the bony cortex), which exhibits Doppler signal if active and that may show erosions, enthesophytes/calcifications as a sign of structural damage” [2]. The reported prevalence of clinical enthesitis in psoriasis (PsO) patients in different countries ranges between 7% and 20% [2].

Objectives: The main objective of this study was to estimate, by US evaluation, the prevalence of subclinical enthesitis in PsO patients without any clinical signs of enthesitis. Secondary objectives were to analyze differences, in terms of age, sex, BMI, PsO onset and diagnosis, among patients with enthesitis (active or not active), enthesopathy and without any alteration of enthesis.

Methods: Patients with at least 18 years and a diagnosis of PsO made by a Dermatologist were included. Exclusion criteria were the presence of clinical symptoms or signs of articular or enthesial involvement, diagnosis of arthritis and therapy with bDMARDs or tsDMARDs. All patients underwent US examination on grey scale and Power Doppler (PD) ultrasonography of 6 sites (Achilles, quadriceps, distal and proximal patellar, plantar fascia and triceps enthesis) bilaterally. Ultrasound was performed by an experienced sonographer, using a Logiq P9 equipped with 6-12 MHz linear transducer. Data were reported as frequencies and median with interquartile range. To check differences among these four groups, we used chi-square test or Kruskall-Wallis test. P-value ≤ 0.05 is considered statistically significant.

Results: We enrolled 124 consecutive psoriasis patients (47 [37.9%] female) with median age 57.7 (45.3-66.5) years, median disease duration 20.4 (10.1-30.8) years, median BMI 27 [24-29]. Patients with AE, En, Ep were 20.2% (25/124), 49.2% (61/124) and 18.5% (23/124), respectively.

Patients WE (12.1%, 15/124) showed significantly lower enthesis, younger age and shorter diagnostic delay compared to the other patients. All signs of enthesopathy/enthesitis were more frequently observed in younger patients (33.1%, 41/124), triceps (23.4%, 29/124), quadriceps (20.2%, 25/124), distal patellar (18.5%, 23/124) and proximal patellar (4.8%, 6/124) enthesis.

Conclusion: Subclinical enthesitis is quite common in PsO patients, and about 20% showed active enthesis. The enthesopathy seems to be more frequent in patients with increased delay in PsO diagnosis, older age and higher BMI.

REFERENCES: