

Response to: 'Reactive arthritis, a missing link: comment on the recent article from Sepriano *et al*' by Zeidler and Hudson


Zeidler and Hudson¹ break a lance on the entity of reactive arthritis when dealing with classification criteria for spondyloarthritis (SpA), axial or peripheral. We would like to thank our colleagues for their insightful comments and reassure them that we do not forget reactive arthritis as an entity or put it aside.

It is important to make clear that Zeidler and Hudson argue about a causal pathophysiological relationship: an infection that causes a disease (arthritis) with features resembling the phenotype (*Gestalt*) of SpA. However, we did not talk about underlying pathophysiology but rather about clustering patients on the basis of communal features.² Our starting point was young patients presenting with chronic back pain. We left the pathophysiology of SpA undiscussed.

When fitting reactive arthritis into this concept, it would probably start with those 10% of patients who do not recover spontaneously (or after symptomatic treatment) from reactive arthritis, but will develop persistent disease. These patients will likely be captured by the criteria for peripheral (arthritis, enthesitis, dactylitis) or axial SpA because they will have a phenotype resembling SpA. As such, there is nothing new under the sun.

Admittedly, if Zeidler and Hudson's plea pertains to an overarching umbrella concept that includes both semiacute (self-limiting reactive arthritis) as well as chronic SpA, our concept will probably not fit. It is, however, questionable whether such an 'umbrella-concept' would truly help in understanding the already heterogeneous presentation of 'chronic SpA'.

Still, we agree that infections deserve persistent attention as potential causes of SpA.

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