

CLINICAL AND EPIDEMIOLOGICAL FEATURES OF ANKYLOSING SPONDYLITIS IN A HOSPITAL CONDITION

Nurmetov Kh.T.

Mullakulov J.J

Tashkent Medical Academy

<https://doi.org/10.5281/zenodo.10090404>

Purpose of the study. To study the clinical and epidemiological features of ankylosing spondylitis according to the register in the 3rd clinic of the Tashkent Medical Academy.

Material and research methods. Retrospective studies were conducted at the 3rd clinic of the Tashkent Medical Academy with the analysis of 160 case histories of patients who received inpatient treatment for ankylosing spondylitis. The diagnosis of Ankylosing spondylitis at the inpatient stage of treatment was established according to the existing criteria of national recommendations for the diagnosis and treatment of patients with Ankylosing spondylitis. As part of the planned study, a developed individual patient card of a single sample was filled out, consisting of questions for a retrospective assessment of the characteristics of the anamnesis, risk factors, and associated conditions.

Methods for statistical analysis of research results. Performed using the MEDIOSTAT statistical software package. Standard methods of variation statistics were used: calculation of the mean, standard deviation ($M \pm m$), Student's test ($p < 0.05$).

Research results.

The average age of the patients was 35.7 ± 12 years. Of these, 97.5% ($n=156$) were men, 2.5% ($n=4$) women. Among the patients who were included in the study, 41.9% ($n=67$) were invalids II, 7.5% ($n=12$) invalids I, 26.87% ($n=43$) were unemployed, 15% ($n=24$) employed, 9.4% ($n=15$) status was unknown (Fig. 1).

A complete blood count was carried out in 100% ($n=161$) of patients and the ESR averaged 25 ± 0.7 , ECG - in 99.4% ($n=159$), ultrasound - in 93.1% ($n=149$), radiography - in 96.9% ($n=155$) and MRI - in 4.3% ($n=7$).

It was found that the incidence of AS of the central form is 82.5% ($n=132$), peripheral form 11.9% ($n=19$), rhizomyelic form 3.1% ($n=5$) and Scandinavian form 2.5% ($n=4$).

In 86.25% ($n=138$) of cases, complications of AS were identified: IFJ III in 10% ($n=16$), IFJ II in 71.25% ($n=114$), IFJ I in 5% ($n=8$), uncomplicated variants of AS were registered in 13.75% ($n=22$) of cases (Fig. 2).

AS in 64.4% ($n=103$) of cases was detected against the background of chronic cholecystitis, 17.5% ($n=28$) of cases against the background of chronic pyelonephritis. Anemia of stage I was 42.5% ($n=68$) and stage II anemia was 6.25% ($n=10$). At the same time, the average hemoglobin index was 112 ± 7.07 , the color index was 0.8 ± 0.07 (Fig. 3). ECG analysis showed that sinus tachycardia was detected in 22% ($n=35$) of cases, sinus bradycardia 1.9% ($n=3$), sinus arrhythmia 17.5% ($n=28$), including extrasystole in 1.3% ($n=2$), AV block I stage in 1.9% ($n=3$), bundle branch block 8.1% ($n=13$), short QT syndrome in 3.1% ($n=5$) and LVH in 16.9% ($n=27$) patients. Analysis of ultrasound diagnostics of internal organs revealed that 33.1% ($n=55$) of cases have hepatomegaly, signs of chronic 73.1% ($n=117$), calculous cholecystitis 2.5% ($n=4$) including signs of chronic nephritis 17.5% ($n=28$) and MCD in 5.6% ($n=9$) of patients. X-ray analysis showed that 95% ($n=152$) of patients had bilateral sacroiliitis, 53.1% ($n=85$) cases of

intervertebral spondyloarthritis, 11.25% (n=18) cases of coxarthrosis, scoliosis in 4.3% (n =7) patients and endoprosthetics in 2.5% (n=4) of patients.

Discussion: Based on retrospective studies, it was revealed that the average age of the patients was 35.7 years, compared with literature data, 5-6 years younger. Disability among patients is higher than average statistics for Europe and Russia (55.4% of disabled people). This indicator may be associated with late diagnosis, on the one hand, and, on the other hand, late referral of patients (as well as the quality of medical services). The occurrence of AS forms did not differ much from the literary data. Complication rates were higher compared to literature data; almost 90% of patients had a complication. Concomitant pathologies were found in all patients, regardless of the form of the disease. Anemia of varying degrees was detected in 48.75% of patients. From the cardiovascular system, 55.8% were diagnosed with various types of heart rhythm disturbances. Ultrasound of internal organs showed the presence of hepatomegaly in 38% of patients, bile duct disease in 75.6% of patients, including bile stone disease in 2.5% of patients. Changes in the kidneys were observed in 33.6% of patients.

Conclusions: The diagnosis of AS in real practice is usually made later from the onset of the disease, which is largely due to ignorance of its clinical picture by specialists from other fields of medicine. The examined group of patients with AS is characterized by relatively high activity and pronounced functional impairments, which is primarily due to the peculiarities of patient selection.

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