SUMMARY AND CONCLUSION

SUMMARY AND CONCLUSION

This study was carried on 45 patients attending the out-patients clinic of rheumatology and Rehabilitation Departmetns of Benha and Cairo university hospitals they were classified into three groups.

Group I :-

Rheumatoid arthritis patients with low back (n = 15).

Group II :-

Rheumatoid arthritis patients without low back pain (n=15).

Group III :-

Comprising 15 patients complaining of chronic low back pain of more than three months.

One Hundered patients with RA were questioned about the symptom of back pain. Chronic back pain lasting more than 3 months,occured in 15 percent and they were considered as group I.

The three groups of patients were studied in more details by clinical examination and radiology.

Results of the clinical study of group I, and group II, as regards the mean articular index was statistically signifcant between both group ($P < 0.05$). As well as the duration of the RA disease ($P < 0.02$).

In group I, 10 patients had low back pain while 5 patient had upper and lower back pain,particular clinical patterns (such as that of the facet syndrome) were sought but there was no correlation between the radiological and the clinical findings.

Results of the physical examination of the lumbar spine of the 3 groups revealed:

A significant difference was detected between group I and II,($P < 0.05$) as regards the mean of spinal flexion and the mean extension in group I and II, also showed significant difference between both groups ($P<0.05$).

Fifteen lumbar spine X-ray were available from the RA with low back pain and these were compared to age and sex matched X-rays of both RA group and low back pain group. Significant differences between these three groups radiologically were a higher frequency of osteoporosis and higher frequency of disc narrowing without associated osteophytes, vertebral fracture in the RA with low back pain paitents.

This study differes from previous reports which found other characteristic radiological changes of RA of the lumbar spine as facet erosions.A discrepancy possibly resulting from the use of a control group having low back pain.

From our study we conclude that arthritis is less frequent in the lumbar spine, is more difficult to rcognize or both.

Almost 15% of our patients were suffereing from chronic low back pain, the cause of this pain is likely to be multifactorial including facet joint synovitis, crush fracture associated with osteoporosis, gait abnormalities associated with lower limb joint involvement, the effect of steroids on ligament laxity and muscle bulk and, occasionally spondylolisthesis associated with inflammatory changes.

Our study does not entirely support previous work characterizing radiological involvement of the facet joints of the lumbar spine in RA.

We recommend further invistigation of the lumbar spine in RA using more specialized views or C.T.