

中文題目：乾癬性關節炎患者屬於頸椎骨折的高危險群：兩個病例報告

英文題目：High Risk of cervical vertebral fracture in patients with psoriatic arthropathy: two case report

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Abstract

Background: The syndesmophyte and ankylosis are the severe consequences of psoriatic arthropathy (PsA) with spinal involvement. However, misleading increased bone mineral density due to ankylosis frequently let clinical physician miss the high risk of occult osteoporosis in patients with psoriatic arthropathy. Due to chronic inflammation, the PsA patients with the longer disease duration had the higher risk of osteoporosis. In previous reports, among the PsA patients, demineralization in at least one skeletal region was observed in 67% of premenopausal women, 100% of postmenopausal women, and 80% of the men. Spinal injury after fracture is a severe complication of occult osteoporosis. Here we reported two cases with PsA had C spinal fracture with different consequences.

Case report:

Case 1: This 57 year-old male has a history of psoriatic arthropathy, CRF, PAOD S/P embolectomy and left supragenicular popliteal-dorsalis pedis bypass, left 5th toe amputation, hypertension, and GERD under our AIR OPD following up. He suffered from psoriatic skin rash since 8 years ago and 1 year later multiple joint painful swelling over both ankle, knee, hip joints, sausage toes, and long-term back pain, neck pain. Adalimumab was prescribed since 5 months ago. His symptoms improved. However, in 101/07, he got fall down accident and blunt injury over occipital region and upper back. Severe neck pain, radiated to scalp and shoulder with limitation of neck rotation occurred since then. Hence he was brought to our ward where head and neck x-ray and MRI revealed C2 odontoid process fracture and old compression fracture over C4, C5, T3 spine. Due to underlying comorbidity, neuro-surgery is not indicated and neck collar with conservative treatment was given. Narcotic analgesia and calcitonin, aclasta was used. His symptoms progressively improved without neurological defect.

Case 2: This 54 year-old male has a history of psoriatic arthropathy with bamboo spine and grade IV sacroilitis. The patient suffered from low back pain and peripheral synovitis since 10 years ago. Three years later, diffuse erythematous maculopapules with scaling over trunk and extremities developed. He went to dermatologic OPD of 成大 hospital where psoriasis was told. He came to our AIR OPD where psoriatic arthropathy was diagnosed in February. 2002. Spine x-ray disclosed bamboo spine over C, T and L spine and grade IV sacroilitis. He was followed up in our rheumatology ward owing to intermittent psoriasis skin rash, uveitis and synovitis flare up. He got conscious lose and shock after he fell down from chair on 101/5/21. He was brought to KaoShiong Chi San hospital where consciousness recovered after CPR for 3 mins. C-spine CT revealed C3-C4 fracture dislocation with complete spine cord injury. He was transferred to our hospital 3 days later where C-spine injury with paraplegia was noted. Conservative treatment was suggested by neurosurgery doctor due to severe spinal trauma and no surgical benefit. Bed ridden with long-term ventilation dependence was found.

Conclusion: Though bone formation and erosion after inflammation both can be found during disease course of psoriatic arthropathy. The syndesmophyte did not increase the strength of spinal architecture but increased fragility. Osteoporosis was frequently found in PsA but was difficult to be detected by ordinary DEXA for BMD measure. Hence, other exams for early osteoporosis detection should be developed for PsA patients with spinal ankylosis or patients with ankylosing spondylitis. Furthermore, the medications for prevention and treatment of osteoporosis should be early prescribed.