

Ankylosing spondylitis diagnosis

Diagnosis by an experienced rheumatologist is the closest thing to a gold standard. ¹⁾

The Assessment of SpondyloArthritis International Society (ASAS) presented its recommendations for a modified Berlin Algorithm ²⁾ as a potentially useful tool for rheumatologists in diagnosing AS. SI joint involvement is the sine qua non for a definite diagnosis. Diagnosis is very involved, and includes: [chronic low back pain](#), buttock pain, sacroiliitis, family history, [psoriasis](#), inflammatory bowel disease or arthritis followed in ≤ 1 month with urethritis, cervicitis or acute diarrhea, an enthesopathy, and family history, and positive X-rays.

The (obsolete) New York Criteria was an early attempt to establish diagnostic benchmarks, but should no longer be used for definitive diagnosis.

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van den Berg R, de Hooge M, Rudwaleit M, et al. ASAS modification of the Berlin algorithm for diagnosing axial spondyloarthritis: results from the Spondyloarthritis Caught Early (SPACE)-cohort and from the Assessment of SpondyloArthritis international Society (ASAS)-cohort. Ann Rheum Dis. 2013; 72:1646-1653

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