

# Orthopedic Surgeons and Rheumatology

June 16-17, 2016 Alicante, Spain

## Current trends in the management of spondyloarthritis: It's not ankylosing anymore!

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Ankylosing spondylitis is an inflammatory disease that affects the spine predominantly and also the peripheral joints. It affects more often men than women and three times more common among Caucasians than African Americans. Characteristic symptoms are low back pain with prolonged early morning stiffness that improves with exercise. X-rays, MRI spine and sacroiliac joints and HLA B27 along with CRP and ESR would help in the diagnosis of patients with suspected spondyloarthritis. It is less likely to ankylose nowadays, with newer drugs in the therapeutic armamentarium. It is part of large spectrum of seronegative arthritis and also includes colitis related arthritis, reactive arthritis etc. The development of the Assessment of Spondyloarthritis International Society (ASAS) classification criteria for both axial and peripheral SpA or ESSG criteria or The New York criteria all have been the welcome advancement in early diagnosis. A common treatment regimen for all the spondyloarthropathies (ankylosing spondylitis, reactive arthritis, psoriatic arthritis, and enteropathic arthritis) involves medication, exercise and good posture practices. With the advent of TNF alpha inhibitors, management of spondyloarthritis has been revolutionized. TNF- $\alpha$  inhibitors can induce remission and prevent both clinical and radiological disease progression in AS with significant improvement in patients' symptoms, function and quality of life and long-term follow-up studies showed durable clinical efficacy. Recent Cochrane review found Researchers looked at trials done up to June 2014 (21 trials with 3308 participants) on the effect of anti-TNF drugs (adalimumab (Humira<sup>®</sup>), etanercept (Enbrel<sup>®</sup>), golimumab (Simponi<sup>®</sup>) and infliximab (Remicade<sup>®</sup>)) on ankylosing spondylitis. (Maxwell LG et al Cochrane review group). In developing countries, biosimilars have been developed and their efficacy is similar to innovator molecules and the cost of the treatment has reduced to affordable levels. The FDA Arthritis Advisory Committee has recommended the approval of CT-P13 (Remsima), a biosimilar version of the TNF inhibitor infliximab (Remicade), for ankylosing spondylitis, Crohn's disease and ulcerative colitis. My own patient's review (last 1 year) showed 8/11 patients responded very well to the biologic drug Adalimumab being marketed as Exemptia as Biosimilar and Enbrel marketed as Intacept (biosimilar). BASDAI and BASFI showed significant improvement and some of the patients as young as 16 yrs old have regained normal life.

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## Should we remove the fabella in total knee arthroplasty of osteoarthritis

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The fabella is a sesamoid bone in the musculotendinous junction of the lateral head of the gastrocnemius muscle, which is subject to injury and abnormalities. Should we remove or remain the fabella in total knee arthroplasty? Here we compared the impact of fabella removing or remaining on the clinical effects of total knee arthroplasty (TKA) of osteoarthritis (OA). From December, 2013 to March 2015, 200 Kellgren & Lawrence grade OA patients (200 knees) with fabella visible on pre-operation X-ray received TKA, whom were divided into fabella removing or fabella remaining group randomly. The length of surgical time, quantity of post-operation drainage, VAS scores (1 d, 2 d, 3 d, 1 w, 1 m and 3 m post-operation), HSS scores (1 w, 1 m and 3 m post-operation), posterolateral pain and palsy of common peroneal nerve post-operation were compared. The release of lateral structures was compared in the valgus. In cases of genu valgum, the release degree of the knee lateral structure was compared between the two groups. Two hundred patients (200 knees) were followed up from 3 to 6 months with an average 4 months. No significant difference was found in the length of surgical time, quantity of post-operation drainage, VAS and HSS scores between the two groups ( $P>0.05$ ). The posterolateral pain and palsy of common peroneal nerve post-operation were only happened in fabella remaining group. More knee lateral structure release was needed in fabella remaining group in cases of genu valgum. Removing of fabella does not influence post-operation knee function but reduce the incidence of knee posterolateral complications and be helpful to the balance of soft tissue during operation in genu valgum cases.

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