


How is Ankylosing Spondylitis diagnosed?


It can often be difficult to diagnose Ankylosing Spondylitis (AS). Back pain is a common problem that can be due to many reasons. Your doctor will consider many factors in making a definite diagnosis of AS. A diagnosis of AS cannot be made based on blood tests only.

A rheumatologist can help make the diagnosis and manage the condition.


What symptoms raise the possibility of AS?



Back pain and stiffness starting before age 40 years




Symptoms started gradually and have been present for at least 3 months




Pain and stiffness that

- Improve with physical activity
- Do not improve, and sometimes get worse, with rest



Back pain and stiffness are worse when sleeping and in the early mornings

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- Fatigue
 - Lack of appetite
 - Low-grade fevers

In addition:

- If you have experienced red, painful eyes (diagnosed with uveitis)
- If you have been diagnosed with psoriasis
- If you have been diagnosed with Crohn's disease or ulcerative colitis
- If you have a family member with a diagnosis of AS



What are findings on physical examination?

- Tenderness along the spine, pelvic bones, sacroiliac joints, chest, and heels.
- Limitation in movement of your spine and hips.
- Curvature of spine causing a stooped posture.

What are common lab tests?



Tests for inflammation

- Sedimentation rate (also called sed rate or ESR) and C-reactive protein (CRP) may be high suggesting inflammation.
- ESR and CRP can also be used to keep track of inflammation.
- ESR and CRP can be high if there are other causes of inflammation, infection, bowel diseases, heart disease, kidney disease, and with some cancers.
- High levels can also be seen with smoking, obesity, and lack of exercise.
- Not all patients with AS have elevated levels of these inflammatory markers.
- Other tests (CBC) may show that low blood counts (anemia).

HLA-B 27 gene test

- Although a positive HLA B27 test can be helpful in making a diagnosis, it is NOT a diagnostic test for AS. The gene is found in 8% of the Caucasian population. Only about 2% of people born with this gene will eventually develop spondylitis.

In addition


- There is no association between AS and a positive rheumatoid factor (RF) or antinuclear antibodies (ANA).

What are possible imaging studies?

- X-rays of spine and sacroiliac joints
 - These tests may show joint damage and/or new bone formation
 - May help diagnose other possible illnesses
- MRI scan of spine and/or sacroiliac joints
- CT scan of spine and/or sacroiliac joints
- Ultrasound scan of Achilles tendon or other joints to assess for swelling of ligaments and tendons



Importance of early diagnosis:

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- Early diagnosis of AS is important as early treatment can help better control inflammation and thereby prevent joint deformities in spine, hips, and other joints.