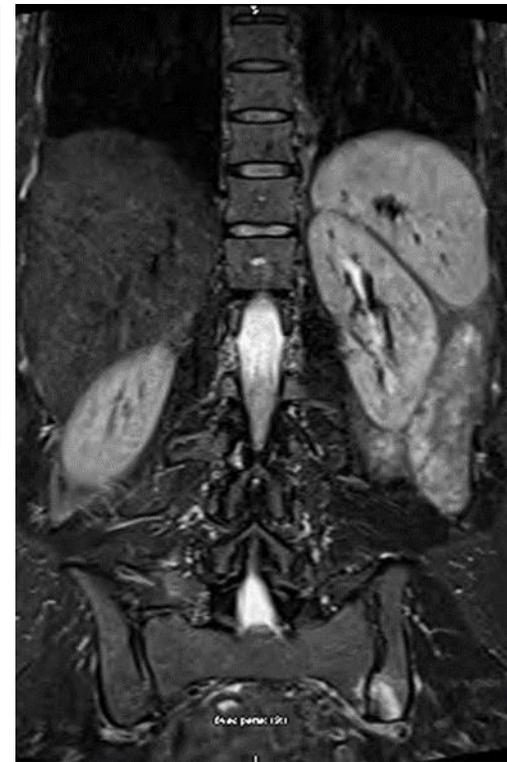
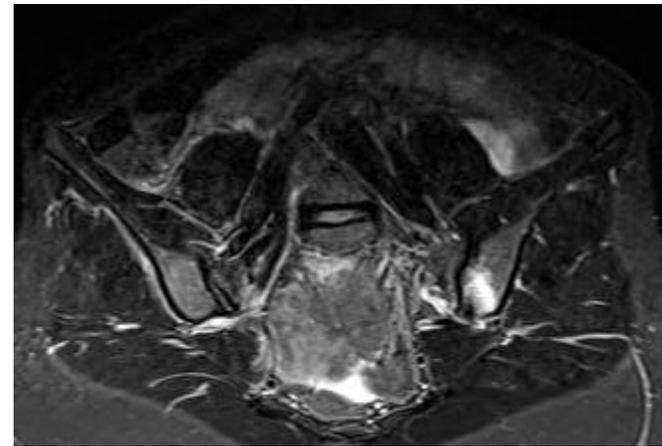
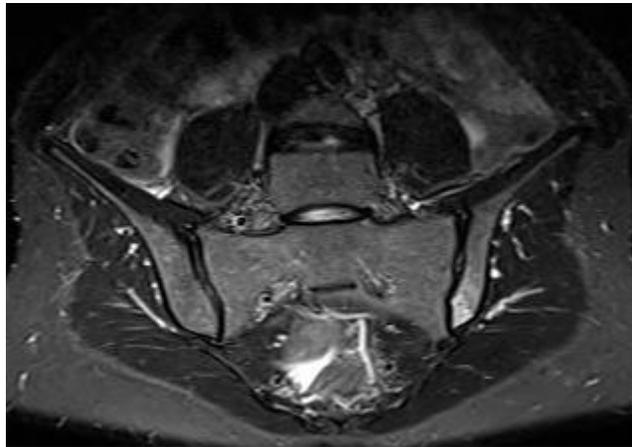


Toujours une SpA ?

Femme de 52 ans

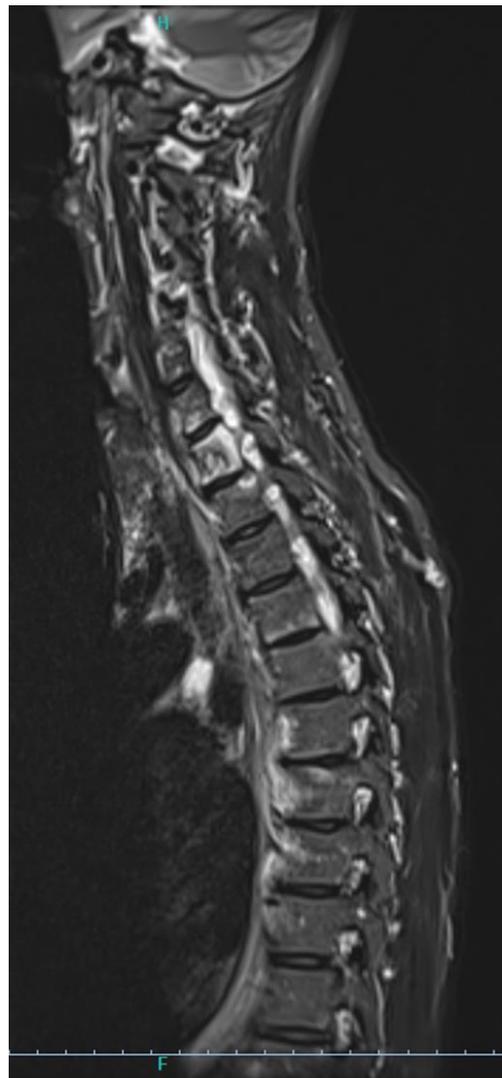
- SpA ax depuis 2012: fessalgies, HLAB27 +, kétoprofène +



- Dorsalgie inflammatoire avec irradiation scapulaire gauche depuis 3-4 mois
- Pas d'autres douleurs
- Réponse partielle AINS en continu
- Diarrhée sanglante, perte de poids 2-3 Kg
- CRP 20 mg/l

IRM rachis cervicodorsal

T2 STIR



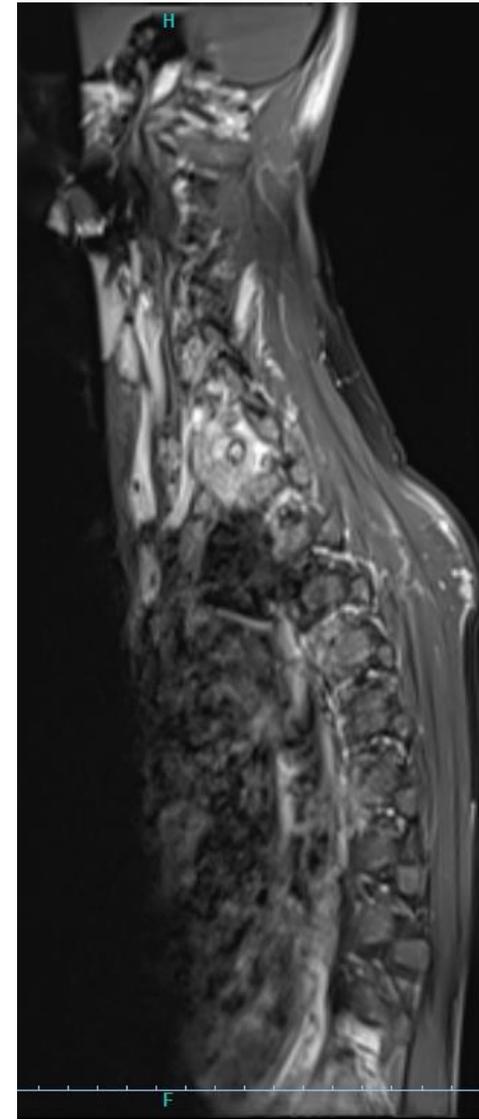
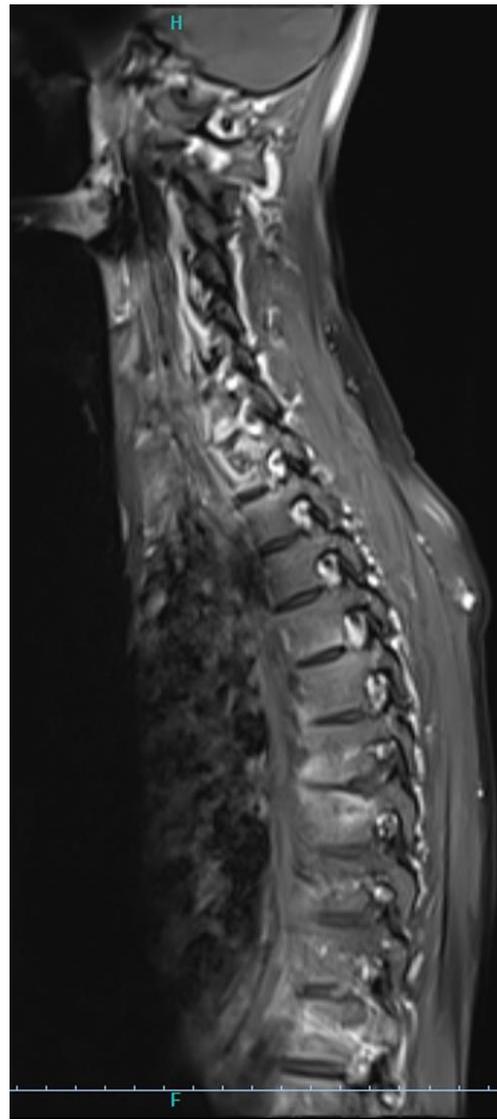
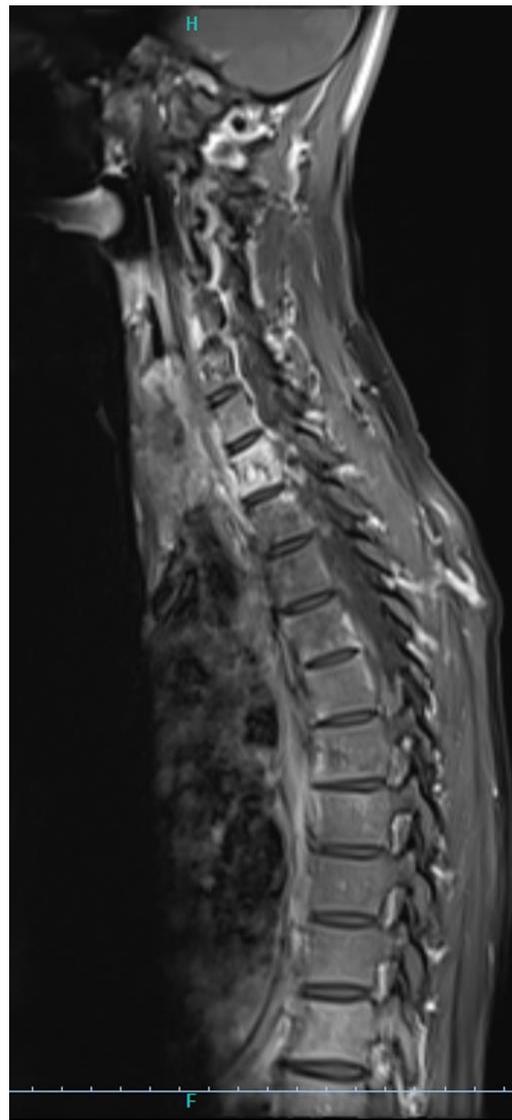
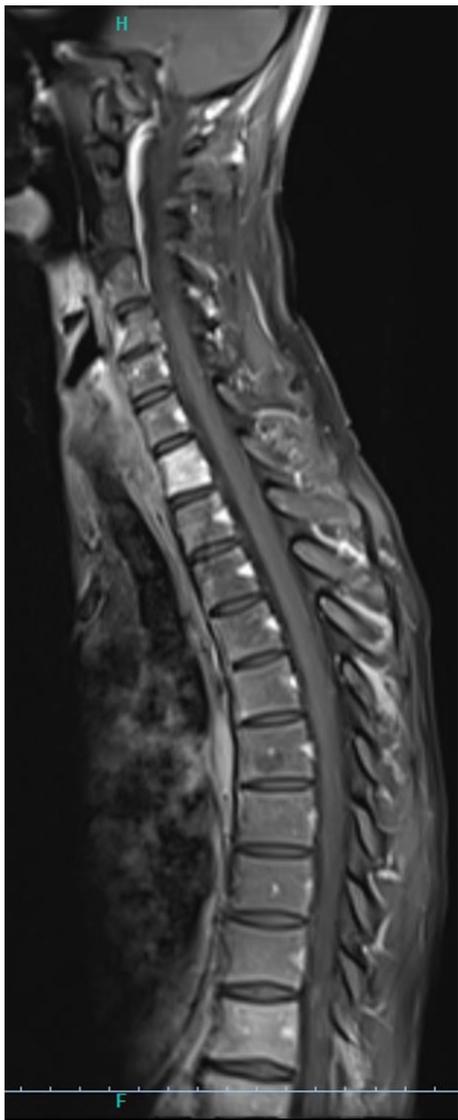
IRM rachis cervicodorsal



T1

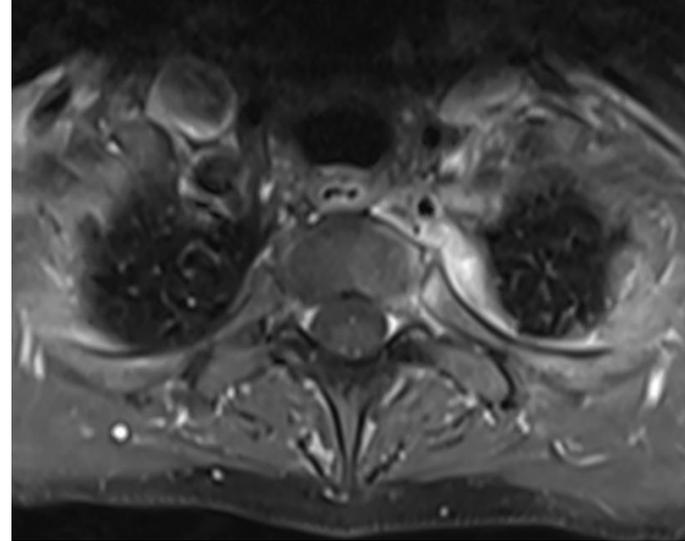
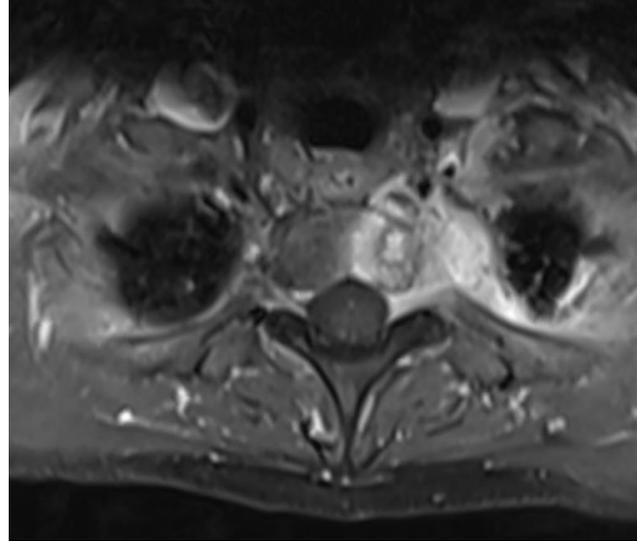
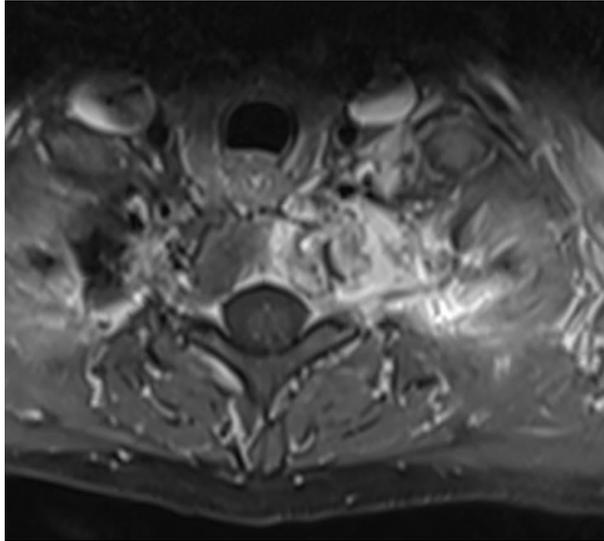
IRM rachis cervicodorsal

T1 Gado

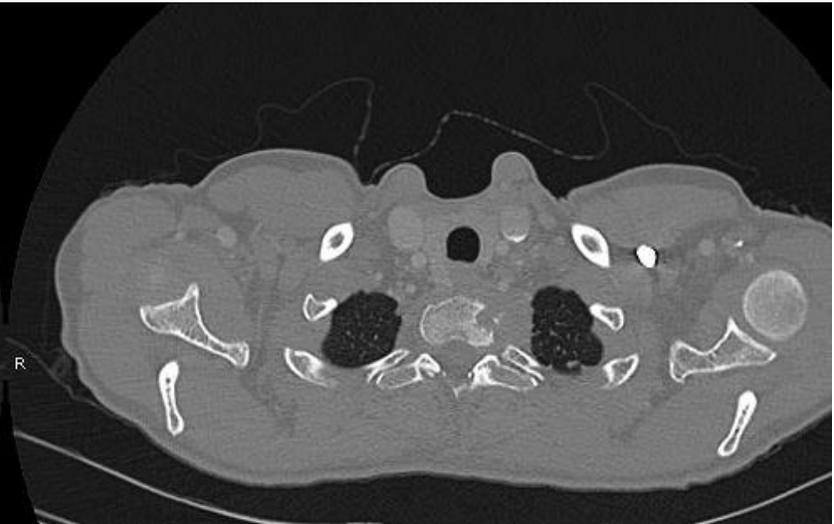
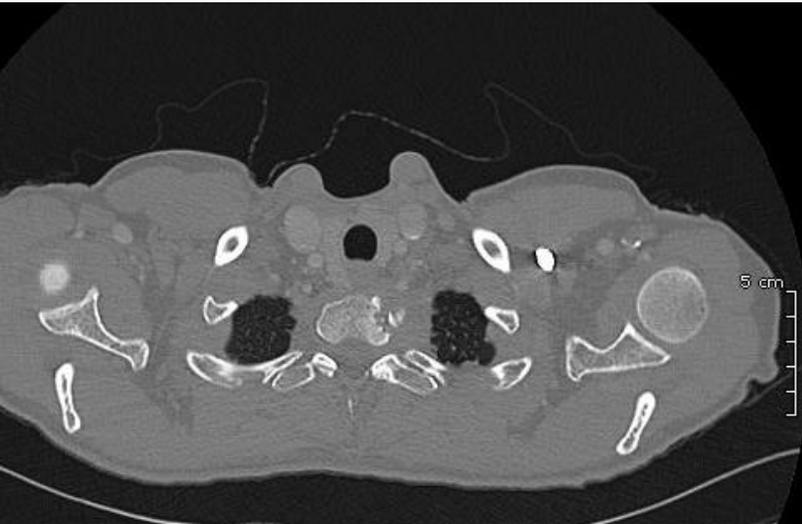
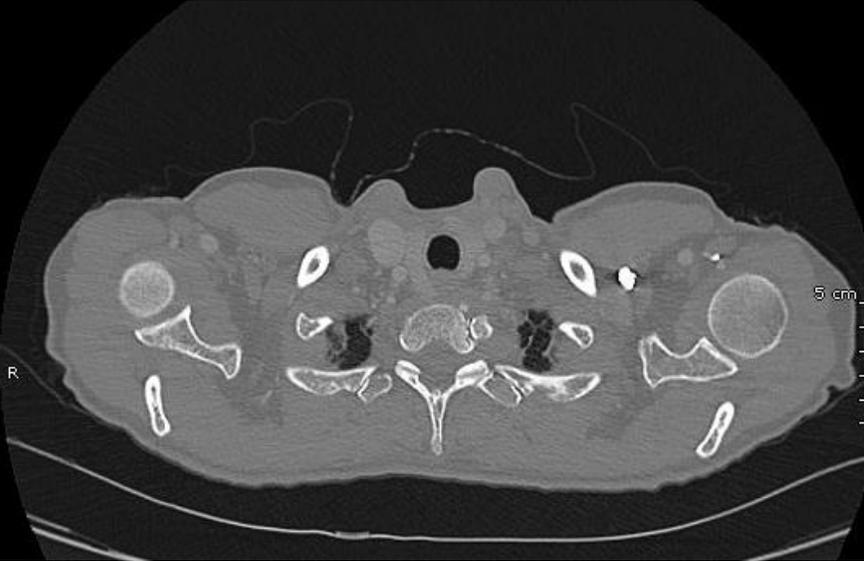
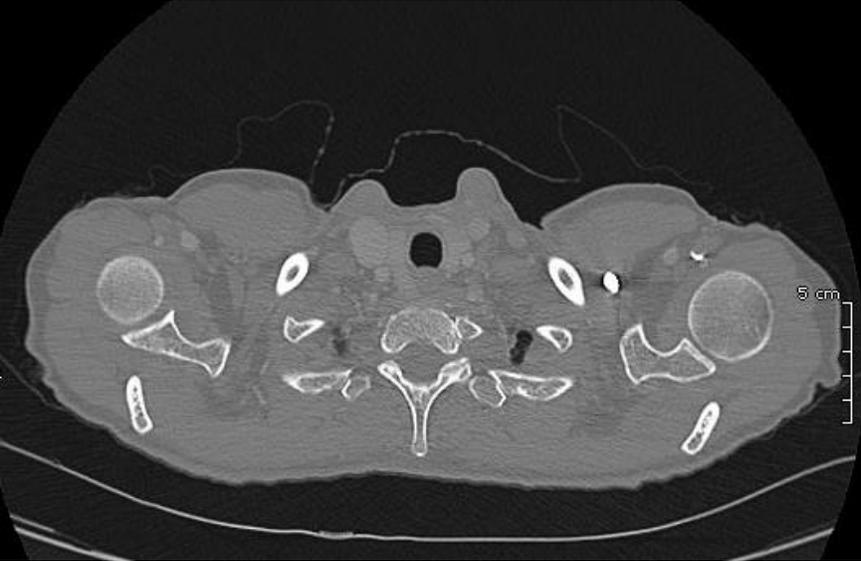


IRM rachis cervicodorsal

T1 Gado

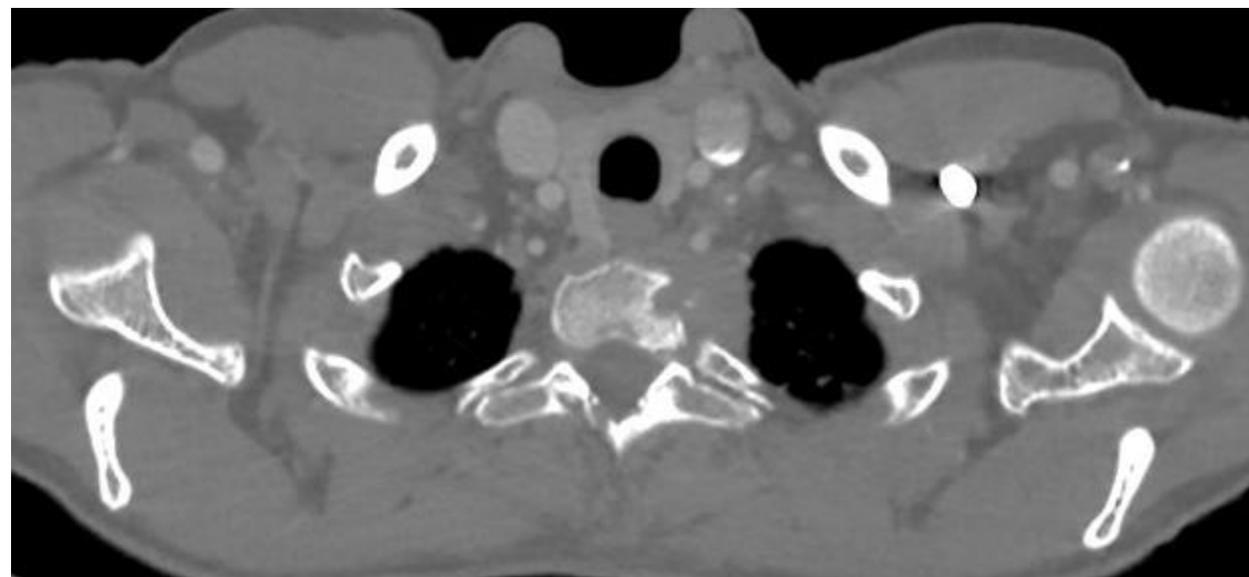
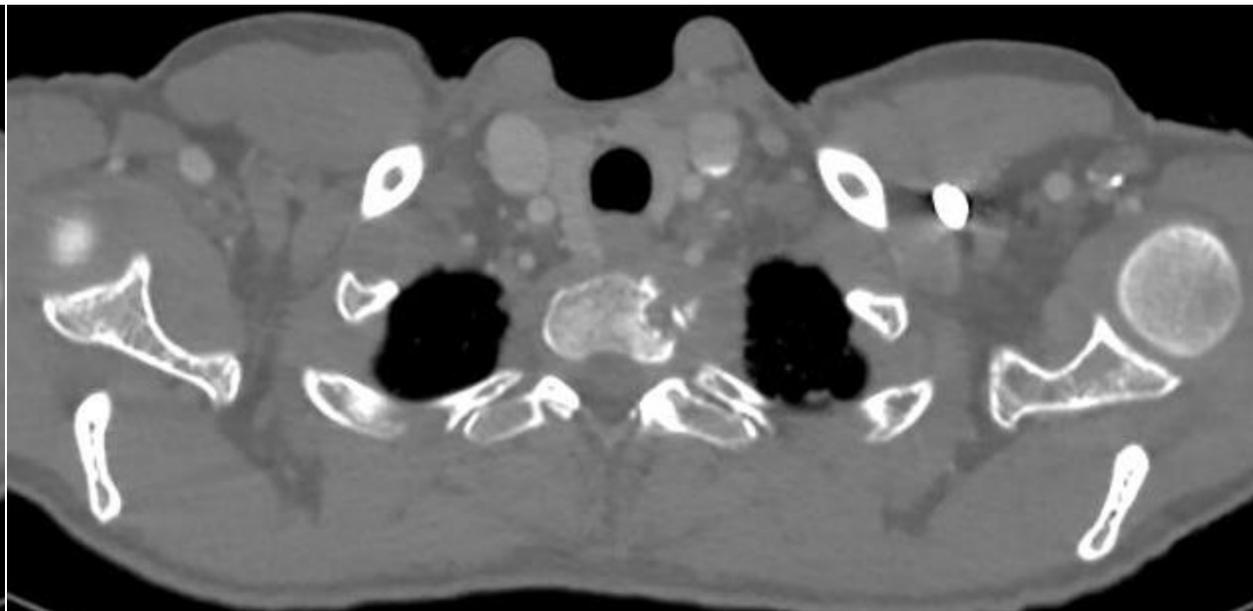
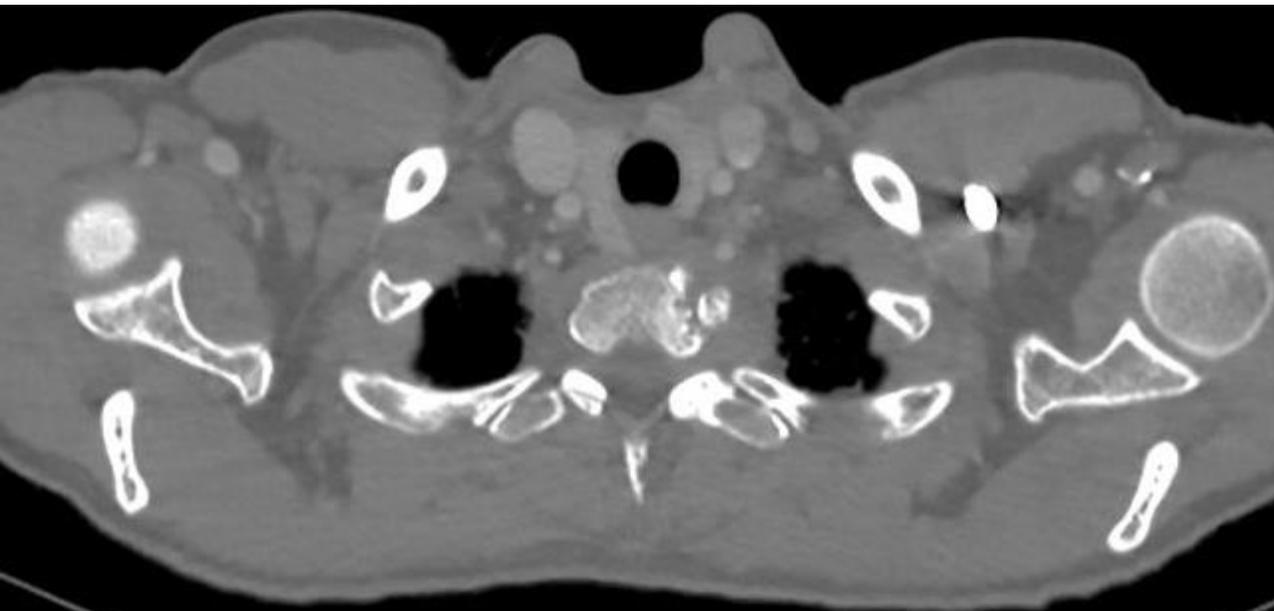


TDM TAP



TDM TAP



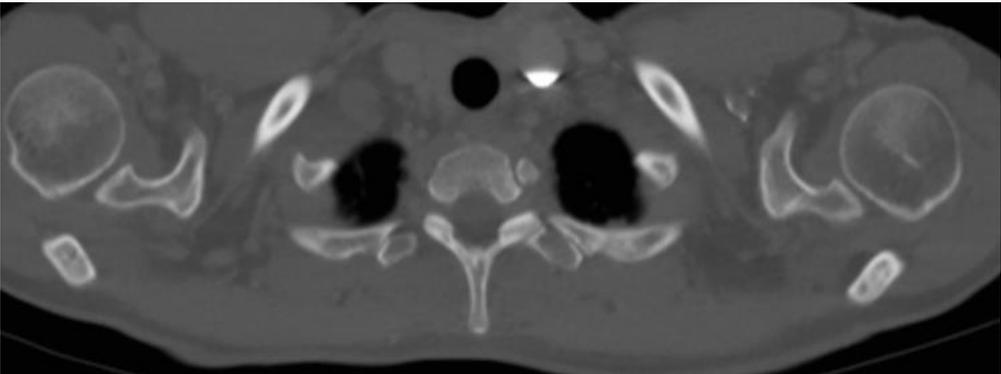
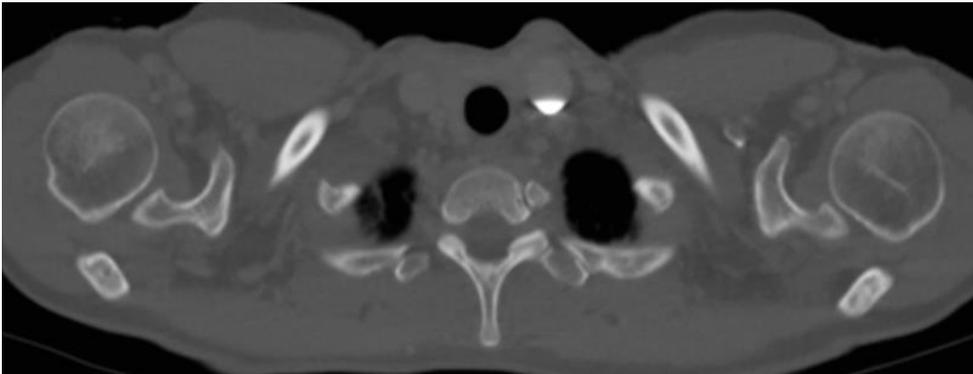
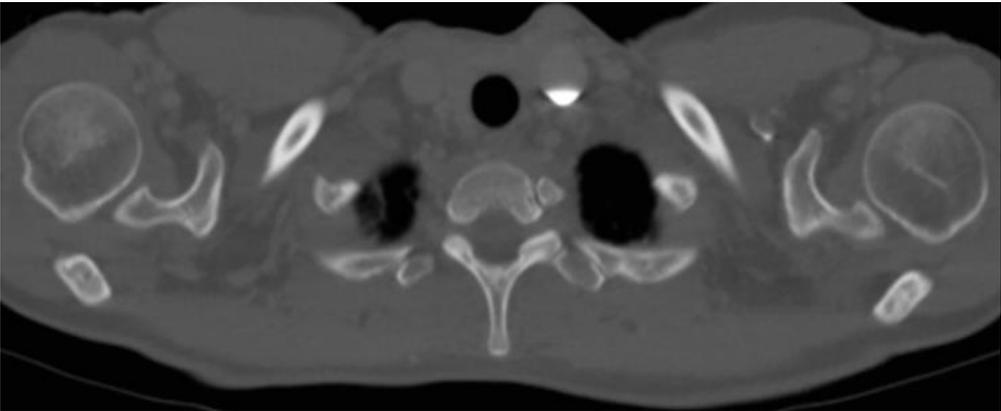
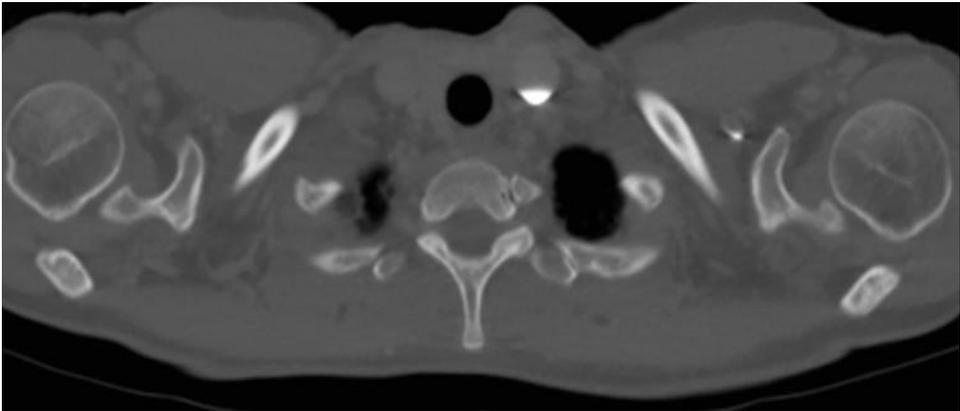
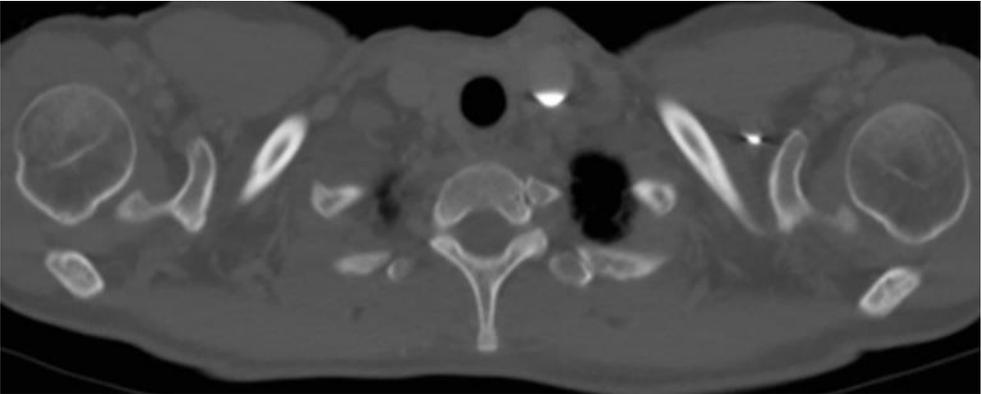
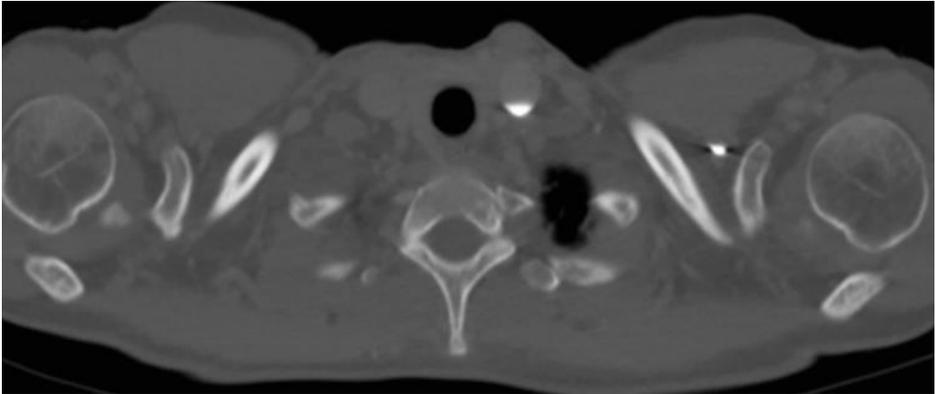


Autres explorations

- Scintigraphie os
 - Hyperfixation modérée costovertébrale gauche T1
- Quantiféron négatif
- EDPsang, calcémie, marqueurs sein normaux
- Mammographie normale, coloscopie normale

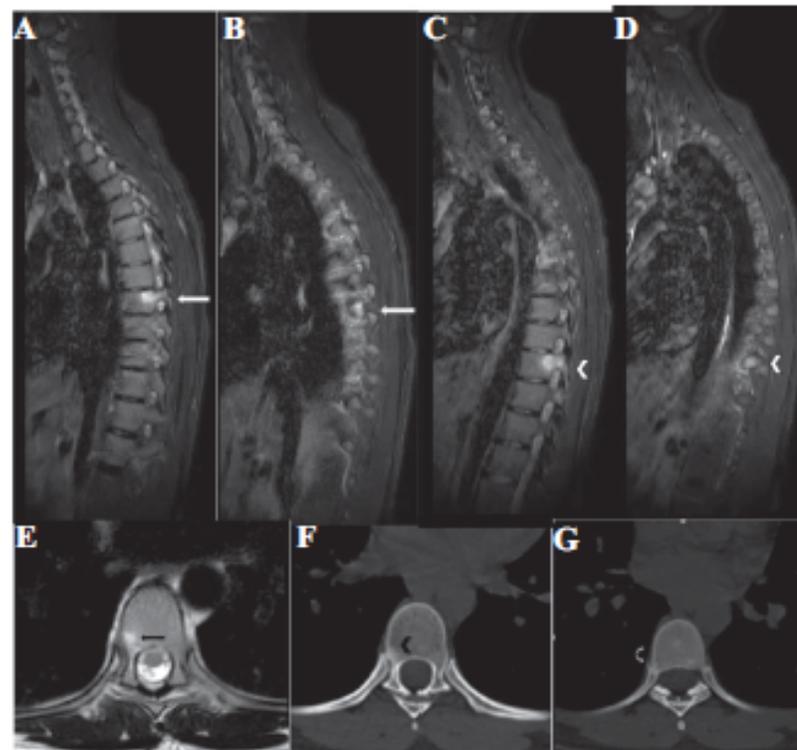
Biopsie ?
ou...anti-TNF ?

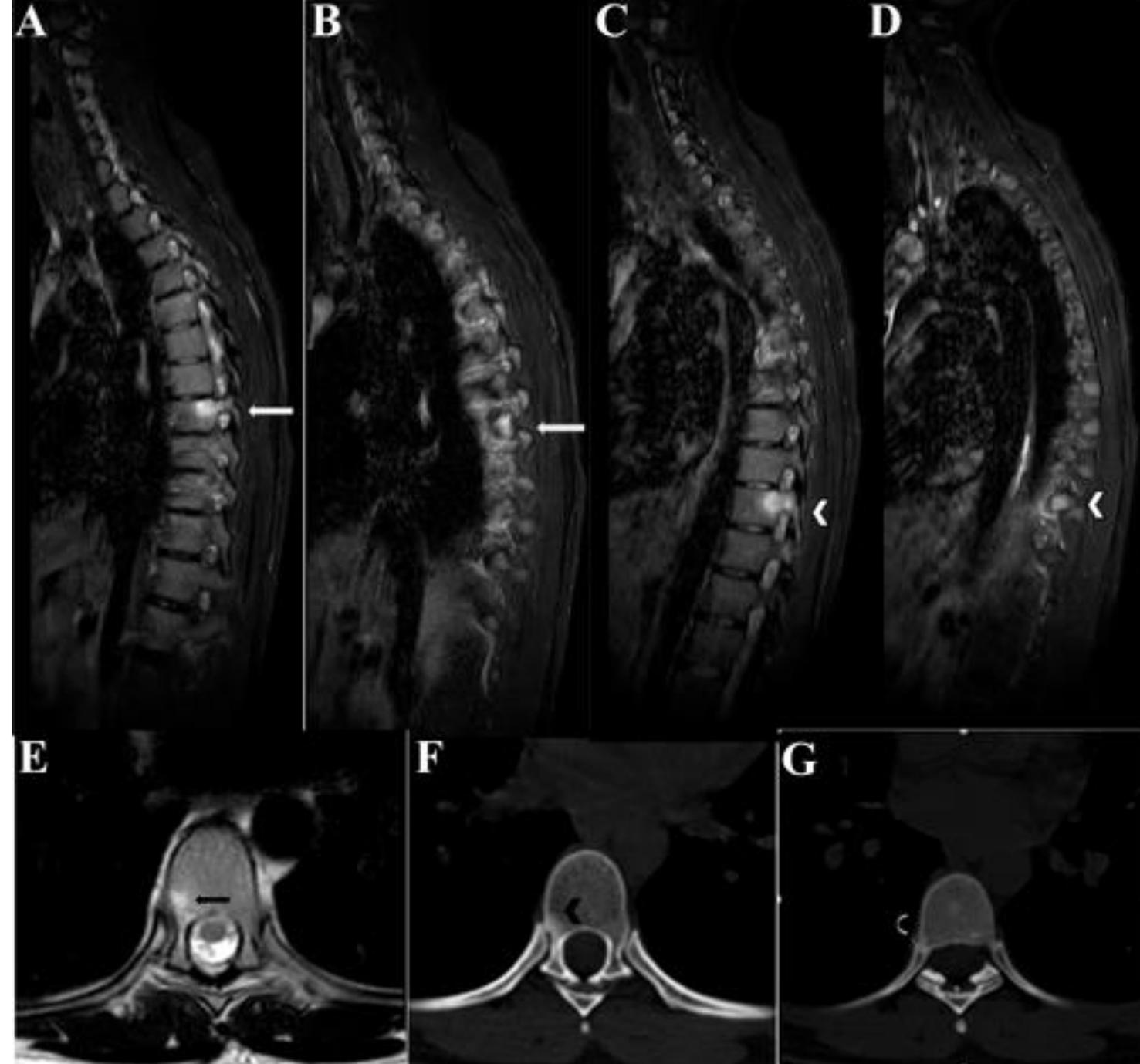
- Arthrite costovertébrale T1 gauche avec oedème vertébral et inflammation des parties molles
- Aspect érosif et non une lyse
- Existait déjà discrètement en 2015



DOI 10.1002/art.41514

Clinical Images: Erosive costovertebral joint arthritis—an uncommon manifestation of ankylosing spondylitis





- Rare
- Douleurs projetées pseudoviscérales
- T1, T11, T12:
 - car elles s'articulent entièrement avec le corps vertébral sans aucun contact avec les disques intervertébraux
 - Les articulations costo-vertébrales à d'autres niveaux sont des articulations composées complexes divisées en 2 cavités synoviales séparées par un ligament intra-articulaire