Letters to the Editors

Could this be the pioneering case of short-blanket syndrome?

Comment on: Development of ultrasound enthesitis score to identify patients with enthesitis having spondyloarthritis: prospective, double-blinded, controlled study.


Sirs,

We have read the paper recently published in your journal by Dr. Milutinovic et al. entitled “Development of ultrasound enthesitis score to identify patients with enthesitis having spondyloarthritis: prospective, double-blinded, controlled study” (1) with great interest.

This is a well written and very interesting paper in our opinion as it is the first study carried out using the new OMERACT definition for ultrasound (US) enthesitis (2). According to this new definition, bursitis and tendonitis are no longer included in the elementary lesions indicative of SpA enthesitis and the power Doppler signal is only considered significant when it is close to the bone profile (<2 mm). The authors have compared their results with the study carried out by De Miguel et al. in 2009 (3), which included all elementary lesions for defining enthesitis and considered a positive PD signal even if further than 2 mm from the bone cortex) and to re-verify the sensitivity and specificity values in their cohort of patients. This could in fact be a really interesting step towards a better understanding of the impact of these elementary lesions in real life and their influence on sensitivity and specificity values of US for discriminating SpA patients.

It would be very interesting, if the authors still have the archived images of the study, to assess enthesitis also according to the old criteria (including tendonitis and bursitis and considering a positive PD signal even if further than 2 mm from the bone cortex) and to re-verify the sensitivity and specificity values of the two studies.

In conclusion as this is the first cohort study on US in SpA using the new enthesitis definition, a comment from the authors on the possible impact of the new enthesitis definition on the sensitivity and specificity of US in discriminating SpA patients could be really valuable. Could the new definition be responsible for the drop in sensitivity ahead of a slight gain in specificity? If yes, is it worth it?

Thank you very much for this really interesting study.

G. FILIPPOU, PhD
I. BERTOLDI, PhD
B. FREDIANI, MD

Department of Medicine, Surgery and Neurosciences, Rheumatology Section, University of Siena, Italy.

Address correspondence to: Georgios Filippou, Department of Medicine, Surgery and Neurosciences, Section of Rheumatology, University of Siena, Viale Bracci 16, 53100 Siena, Italy. E-mail: gf.filippou@gmail.com

Competing interests: none declared.

References