

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

FILIPPOU *et al.*

Sirs,

Thank you for your comments. Your suggestion for assessing enthesitis according to the old criteria and to the new criteria for ultrasound enthesitis in the same patient is very interesting. In our opinion, the main value of the new ultrasound definition of the enthesitis (1) used in the Belgrade Ultrasound Enthesitis Score (BUSES) (2) is that it defines exclusively the changes at the level of the enthesis. The perientheseal structures such as tendon body and bursa may be affected by inflammation in spondyloarthritis (SpA) but these features are not considered as clinical classification cri-

teria for SpA. We believe that the “strict” new definition of enthesitis is the best way to improve accuracy of ultrasound diagnosis of enthesitis and further recommend ultrasound as the first method to diagnose inflammatory enthesitis in SpA. Because of that, we hope that using a test such as BUSES with very high specificity for SpA (90.2%) we could in the large group of outpatients with unrecognised inflammatory enthesitis distinguish the patients who actually have SpA.

S. MILUTINOVIC, MD, MSc

Institute of Rheumatology, Belgrade, Serbia.

Address correspondence to:

Sanja Milutinovic,

*Institute of Rheumatology, Resavska 69,
11000 Belgrade, Serbia.*

E-mail: sanja.milutinovic@yahoo.com

Competing interests: none declared.

References

1. TERSLEV L, NAREDO E, IAGNOCCO A *et al.*: Defining enthesitis in spondyloarthritis by ultrasound: results of a Delphi process and of a reliability reading exercise. *Arthritis Care Res* 2014; 66: 741-8.
2. MILUTINOVIC S, RADUNOVIC G, VELJKOVIC K *et al.*: Development of ultrasound enthesitis score to identify patients with enthesitis having spondyloarthritis: prospective, double-blinded, controlled study. *Clin Exp Rheumatol* 2015; 33: 812-7.