

**Reply to comment on:
Ankylosing spondylitis: how
diagnostic and therapeutic delay
have changed over the last six
decades – E. Feldtkeller, A. Zeller,
M. Rudwaleit**

Sirs,

We thank Prof. E. Feldtkeller *et al.* for their interesting remarks and for confirming our data on the decrease in diagnostic delay (DD) in ankylosing spondylitis (AS). Even if we agree with Prof. Feldtkeller about the right censoring that might represent a limitation of our retrospective study (1) – which analysed the difference in DD between onset decades – we think that the decrease in DD, shown in our work, clearly indicates a possible reduction of it in the future. First of all, since the 90s, MRI has been progressively more used to assess what is now accepted as axial spondyloarthritis; secondly, the attention of doctors (mostly rheumatologists) on AS and then on axial spondyloarthritis arose from the moment when anti-TNF α were provided. This means that the rheumatologist is now seeing younger patients (as demonstrated by real life attendance to our ambulatory) that usually do not

have the appearance of the “man who can’t see the stars”, which was quite frequent in the past. Finally the slope of the line of the diagnostic delay is rapidly changing.

In any case, during the last few years (since 2009), none of our “new” patients have shown a disease duration longer than 10 years.

Patients included in our study met the AS classificative criteria and almost one year had passed since the onset of symptoms, which is a reasonable period of time to reach a diagnosis, according to Aggarwal (2), and our cohort was followed up for at least two years, after which the diagnosis remained unchanged, as is comparable with the findings of other authors (3).

In conclusion, we really hope that in the future, the increase in general awareness of early disease, as well as greater accessibility to MRI or the existence of specific drugs, will probably have the effect of decreasing DD and TD.

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Competing interests: none declared.

References

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