LETTER TO THE EDITOR

Are inflammatory bowel disease patients aware of Achilles tendonitis?

Dear Sir,

We read with great interest the article by Huang and colleagues who found that most inflammatory bowel disease (IBD) patients were aware of arthritis. The most common extra intestinal manifestation involves the musculoskeletal system in inflammatory bowel diseases (IBD). Axial, peripheral arthritis and Ankylosing Spondylitis (AS) occur in approximately one third of patients with IBD. The authors found that approximately 70% of patients were aware of the risk of arthritis. This frequency is very significant. Thus, we think that rheumatologists should pay attention to possible musculoskeletal findings. However, many physicians may overlooked the relationship between IBD and Achilles' tendonitis. A 20-year-old male patient was admitted to our department, physical medicine and rehabilitation clinic, complaining of bilateral back of heel pain and swelling. Physical examination detected warmth and tenderness on the Achilles tendon and at its calcaneal insertion and also tenderness to palpation of the posterior iliac crest. Colonoscopy was performed because he also had a history of diarrhea. Aphthous ulcers in the terminal ileum were demonstrated. Biopsy revealed lymphoplasmacytic inflammation. The patient was diagnosed with Crohn's disease and budesonide (9 mg/day) was initiated. After treatment, symptoms of enthesitis completely subsided within 72 h.

Although the most frequent clinical expression of enthesitis is Achilles tendonitis, it may be a very rare initial presentation of IBD. Achilles tendonitis patients are often referred to rheumatology clinics, but the relationship between Achilles tendonitis and IBD is often overlooked. Therefore, both IBD patients and physicians should be aware of tendonitis findings.

Conflict of Interest

No commercial party having a direct financial support or any conflict interest in the results of the research supporting this article has or will confer a benefit on the authors or on any organization with which the authors are associated.

References


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7 December 2013