



Ankylosing Spondylitis (New Clinical Applications: Rheumatology)

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Ankylosing spondylitis, the third most common form of chronic arthritis, is a systemic rheumatic disorder characterized by inflammation of the axial skeleton (spine and sacroiliac joints), and a host of systemic manifestations. With comprehensive care, the vast majority of patients can lead full, productive lives. However, management can succeed only with patient education and exercise. Recent communication from my co-editor, Carson Dick, serves to remind me that there are several unresolved issues concerning drug therapy in ankylosing spondylitis. Clearly, in spite of my views, there are others who do not believe that the non-steroidal anti-inflammatory drugs (NSAIDs) alter favorably the course of disease and they must be administered for prolonged periods and in anti-inflammatory quantities to be effective. I would agree with Carson Dick that aspirin and phenylbutazone are way down the list of drug priorities following the marketing of other NSAIDs that are effective and safer. I am grateful to my contributors to this volume, all recognized authorities on their particular topic. It has been a privilege collaborating with them on this particular volume.

ABOUT THE EDITOR John J. Calabro, MD, is Professor of Medicine and Pediatrics at the University of Massachusetts Medical School and Director of Rheumatology at Saint Vincent Hospital, both in Worcester, Massachusetts, USA. He is the author of over 260 scientific articles, including several monographs and a book on arthritis for patients.

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