CLINICAL SNAPSHOT

Urolithiasis as Extra-articular Manifestation of Axial Spondyloarthritis

A 50-year-old man with axial spondyloarthritis (first diagnosed in November 2003) presented as an emergency with colicky pain in the right flank and nausea. He reported no history of kidney stones. Urinalysis revealed microhematuria. Low-dose computed tomography demonstrated a pinhead-sized concrement in the dorsalmost portion of the urinary bladder (*Figure a*, arrow), compatible with the previous passage of a stone.

Further findings included bamboo spine with syndesmophytes (intervertebral bony bridges with a stiffening effect) and symmetric ankylosis of the iliosacral joints (*Figure b*)—typical skeletal findings of advanced axial spondyloarthritis.

Some studies—mostly from Mediterranean countries—have shown that patients with spondyloarthritis are at increased risk of urolithiasis. Proposed reasons include increased bone metabolism, gastrointestinal absorption disorders, and mechanical factors as a result of reduced spinal mobility.

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