Subclinical Atherosclerosis in Ankylosing Spondylitis

To the Editor:

An issue of growing interest in the management of patients with chronic inflammatory rheumatic diseases is the identification of high-risk individuals who may benefit from active therapy to prevent the development of cardiovascular events. Ultrasound techniques based on flow velocity and intima thickness offer a unique opportunity to study the relation of surrogate markers to the development of atherosclerosis. Recently, Bodnár, *et al* assessed 40 patients with ankylosing spondylitis (AS) and confirmed the presence of subclinical atherosclerosis in them[1]. These results are in agreement with observations of our group that disclosed the presence of endothelial dysfunction and abnormally increased values of common carotid intima-media wall thickness (IMT) in patients with psoriatic arthritis (PsA), another disease included within the spondyloarthropathies[2,3]. Of note, our studies included a previously selected group of PsA patients without clinically evident cardiovascular disease and absence of classic cardiovascular risk factors[2,3].

We also note the extremely interesting data reported by Bodnár, *et al*[1] showing increased common carotid IMT in patients with AS. In this regard, using high-resolution B-mode ultrasound in 64 patients with AS and 64 matched controls, we observed that carotid plaques were more common in patients with AS [19 (29.7%)] than in controls [6 (9.4%); p = 0.03][4]. However, although in the elegant study by Bodnár, *et al* it is said that in our series the common carotid IMT was unchanged, we also observed that AS patients exhibited greater carotid IMT than matched controls (mean 0.74 ± 0.21 mm vs 0.67 ± 0.14 mm; p = 0.01; differences of means: 0.077, 95% CI 0.016–0.139)[4].

Considering all this evidence, along with recent observation of the potential value of carotid ultrasonography as a predictor of cardiovascular events in patients with rheumatoid arthritis[5], we support the potential use of carotid ultrasonography to establish a subgroup of patients with chronic inflammatory rheumatic diseases and high risk of cardiovascular complications.

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