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Clinical Image: Coexistence of diffuse idiopathic skeletal hyperostosis and ossification of the posterior longitudinal ligament of the cervical spine in a patient with ankylosing spondylitis

The patient, a 53-year-old man, presented with low back pain and limitation of motion of the entire spine. He had had ankylosing spondylitis (AS) of 11 years' duration. The pain had previously been tolerable with nonsteroidal antiinflammatory drug and tramadol treatment. He did not have peripheral arthritis or uveitis. The C-reactive protein level was 0.6 mg/dl, and the erythrocyte sedimentation rate was 6 mm/hour. Radiography of the pelvis revealed bilateral sacroiliitis with syndesmophytes and ossification of the iliolumbar ligaments (not shown). Findings on lumbar spine and chest lateral radiographs were typical of AS and did not demonstrate heterotopic ossification of the anterior or posterior longitudinal ligaments (not shown). Radiography of the cervical spine revealed syndesmophytosis at C2–C4, with flowing ossification along the anterolateral margins of 4 contiguous vertebrae (C4–C7), with preservation of the intervertebral disc space and ossification of the posterior longitudinal ligament (OPLL) at C2–C5. Diffuse idiopathic skeletal hyperostosis (DISH) and OPLL are common hyperostotic spinal disorders in the elderly. These disorders sometimes coexist in a patient. However, whereas there have been reports of DISH or OPLL in patients with AS, to our knowledge the simultaneous occurrence of both DISH and OPLL in a patient with AS has not previously been reported.

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