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**Hip Involvement in Ankylosing Spondylitis: A Retrospective Study of 15 Cases**

**Introduction**

Hip involvement (coxitis) is a severe complication of ankylosing spondylitis (AS) that significantly impacts functional prognosis. It can be present at disease onset or develop during its course. Coxitis is associated with higher disease activity, disability, and the need for early therapeutic intervention.

**Objective**

This study aims to assess the frequency, clinical characteristics, and management of coxitis in AS patients. A secondary objective is to evaluate the efficacy of TNF-α inhibitors combined with immunosuppressive therapy.

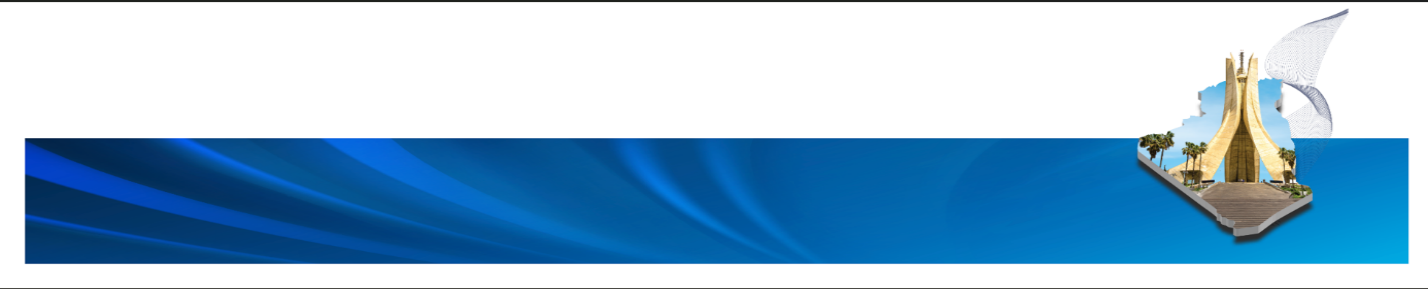
**Methods**

A retrospective, monocentric, descriptive study was conducted over **9 years (2013–2022)** in an internal medicine department. **Fifteen cases of AS with hip involvement** were identified among **122 AS patients**. Diagnosis was based on **European Spondylarthropathy Study Group (ESSG) criteria**. Disease activity was evaluated using the **Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)** and **Ankylosing Spondylitis Disease Activity Score (ASDAS)**, while functional impact was assessed with the **Bath Ankylosing Spondylitis Functional Index (BASFI)**. All patients received **TNF-α inhibitors** with **immunosuppressive therapy**.

**Results**

Coxitis was present in **12%** of AS patients, with a **female predominance (F/M ratio = 1.14)**. The mean age at onset was **35 years**. It was **inaugural in 38%** and developed later in **62%**, with a **mean delay of 3 years**. Coxitis was **bilateral in 73%** and **unilateral in 27%**. **Destructive forms (33.3%)** and **pseudo-arthrosic forms (66.6%)** were observed. **All patients had bilateral sacroiliitis**. Associated conditions included **Crohn’s disease (26.6%)** and **uveitis (20%)**. Treatment resulted in **clinical improvement in 87%** of patients. **Five patients** underwent **total hip replacement** due to severe joint destruction.

**Conclusion**

Hip involvement in AS is a frequent and disabling manifestation requiring early diagnosis and treatment. TNF-α inhibitors combined with immunosuppressive therapy effectively improve symptoms and delay disease progression. Regular screening for coxitis in AS patients is crucial for optimizing management and preventing disability. Further studies are needed to refine long-term treatment strategies.