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**Introduction**

SpA affects both men and women, r-axSpA is more common in males. This higher incidence of r-axSpA in males compared to females has stimulated research on gender differences in this disease. males have more severe radiographic damage and often more inflammation, On the other hand, some authors have reported that female SpA patients more often have cervical spine involvement, peripheral pain, and worse patient-reported outcomes Moreover, a longer time frame between symptom onset and diagnosis has been repeatedly noticed in female SpA patients .This finding poses the question of whether there is an earlier presentation of the disease in males or an earlier detection of the disease after its onset. If there were phenotypical gender differences at the start or diagnosis of the disease, with less typical findings in women, this could result in a delayed diagnosis.

Our aim was to assess differences in disease presentation between males and females in SpA, and to determine whether different SpA features are important for the diagnosis of SpA in the two genders, possibly demanding separate diagnostic strategies.

**Methods**

This study included 1285 patients diagnosed with axial SpA according to the Assessment of Spondyloarthritis International Society criteria. Clinical, biological, and imaging parameters were collected for each patient, and we compared the two groups according to sex.

**Results**

 1285 patients, were included in the current study. 63.6% of whom were men, 22% had a family history of spondyloarthritis, 25% were smokers. These are 171 (13.3%) patients with PsA, 158 (12.3%) patients with IBD, 4 patients with ARe. Comorbidities are noted in 9.5% of patients. The mean age of patients is 37±10 years, the mean duration of the disease is 11±9 years. Comparison of clinical, biological, and imaging parameters according to gender shows that the female form is associated with a longer diagnostic delay (p<0.002), a late age of onset (p<0.003) and a higher age of diagnosis (0.0001). The peripheral form is more frequent (p<0.0001) in the female form and particularly the polyarticular form (p<0.0001), and peripheral enthesitis (p<0.01), in the absence of HLA B 27 (p<0.02). Male forms are associated with IBD (p<0.01), tobacco (p<0.001), juvenile onset (p<0.002), axial enthesitis (p<0.003), the presence of coxitis (p<0.0001), axial form (p<0.02), spinal ankylosis (p<0.01).The frequency of axial involvement, uveitis, non-radiographic forms, comorbidities, disease activity, significant functional impact, and the use of anti-TNF alpha is also frequent in both groups.

**Conclusion**

While our data show clear gender differences in SpA, they highlight that clinical features, HLA-B27 and imaging are still key elements for diagnosis in both genders. we suggest that separate diagnostic strategies for men and women are required. significant differences between genders