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**Association of Inflammatory Bowel Disease (IBD) and Spondyloarthritis (SpA) under TNF-α Inhibitors: A Retrospective Study of 17 Cases**

**Introduction:** Inflammatory joint involvement is a common extra-intestinal manifestation in patients with chronic inflammatory bowel diseases (IBD), particularly in the form of spondyloarthropathies (SpA). This study examines the clinical features, management, and outcomes of IBD patients with associated SpA, treated with TNF-α inhibitors.

**Objective:** To assess the clinical characteristics, treatment efficacy, and prognosis of IBD patients with SpA treated with TNF-α inhibitors. A secondary goal is to evaluate the relationship between IBD and SpA in the context of immune suppression therapy.

**Methods:** This is a retrospective, monocentric, descriptive study involving 17 patients diagnosed with IBD and SpA between 2013 and 2024 at the internal medicine department. These patients were treated with TNF-α inhibitors, either alone or in combination with immunosuppressive therapy. We analyzed clinical, epidemiological, and paraclinical data, as well as treatment outcomes.

**Results:** The prevalence of IBD-SpA association was 14%. The mean age was 42 years (range 28–60), with a male predominance (sex ratio M/F = 1.8). The mean interval between IBD and SpA diagnosis was 5 years. Of the 17 patients, 94% had Crohn's disease, and 6% had ulcerative colitis. Spinal involvement (sacroiliitis) was present in all cases, with bilateral sacroiliitis observed in all patients. The majority of patients were on combination therapy with TNF-α inhibitors (adalimumab, infliximab, etanercept) and immunosuppressive agents (azathioprine, methotrexate). Treatment resulted in favorable outcomes for both IBD and SpA, with 70% of patients showing clinical improvement in IBD and 100% improvement in SpA.

**Conclusion:** The association of SpA and IBD is frequent, and early diagnosis, as well as timely treatment with TNF-α inhibitors, provides effective control of both diseases. Regular screening for joint involvement in IBD patients and vice versa is recommended.

