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**Title:** Ankylosing spondylitis: Pulmonary manifestations

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**Body:** In present study we aimed to assess the spirometric and pulmonary radiological findings of the patients with ankylosing spondylitis Methods;35 outpatientswith ankylosing spondylitis were evaluated in terms of demographic characteristics, smoking status, tuberculosis history, respiratory symptoms, HLA B27 status, activity of illness.X ray, HRCT, spirometry,body plethismography and DLCO tests were evaluated.Results;The characteristics of all the subjects are shown in Table 1.

The characteristics of all the subjects

Sex	31 man, 4 women
Age	39.8 ±5.9
BMI	27.8±3.8
Duration of Illness	11.18±6.4
Smoking history	23 smoker, 12 nonsmoker
TB history	21 patients had no TB history,11 unknown
HLA B27	5 negative, 16 Positive, 13 unknown

Chest X ray was normal at 24 patients (% 68,6) and abnormal at 8 (%22.9) patients. The HRCT findings of all the subjects are shown in Table 2.

Table 2 : HRCT findings

	Number	Percent
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Normal	15	42.9
Bilateral apical pleuroparanchimal lesions	7	20
Upper lobe fibrosis	2	5.7
Groundglass atenuation	1	2.9
Nonspesific interstitiel lesions	2	5.7
Nodular density	1	2.9
Nonspesific interstitiel lesions+nodular density	1	2.9
Fibrotic pleuroparanchimal lesions + nodular density	3	8.6
Total	32	91.4
Missing	3	8.6
Total	35	100

Lung Volumes were normal at 20 (%57,1) patients, abnormal at 3 (%8,6) patients. DLCO were normal at 16 (%45,7) patients, abnormal at 10 (%28,6) patients. PI max and PE max were normal at 17 (%48,6) patients, abnormal 13 (%37,1) patients. Results; Disease activity determined by BASDAI Index has no significant correlation with chest Expansion and value of PI max-PE max ( $p=0.388$ ). There is no significant correlations between chest expansion and normal or reduced intrathoracal pressures( $p= 0.509$ ).