Thrombocytosis and thrombocytopenia in rheumatic diseases

Sir, In their interesting abstract on platelets and rheumatoid arthritis1 Farr et al. call attention to the frequent presence of an inflammation-related thrombocytosis in rheumatoid arthritis (RA). They point out that such a finding is not specific of RA. In fact they found thrombocytosis related to disease activity also in patients affected with Crohn’s disease.

We reached the same conclusions by the analysis of platelet counts found in a wide series including patients with RA, juvenile chronic arthritis (JCA), Sjögren’s syndrome (SS), progressive systemic sclerosis (PSS), polymyalgia rheumatica with or without Horton’s arteritis (PMR-HA), ankylosing spondylitis (AS), psoriatic arthritis (PA), and gout.2 3 We suggested that in the above mentioned diseases thrombocytosis should be considered as a nonspecific inflammation index, even if less useful than those commonly investigated. The clinician must therefore not be surprised to find thrombocytosis in a patient suffering from one of the above mentioned diseases. On the contrary, thrombocytopenia must lead to a careful evaluation.

Actually we never found thrombocytopenia in patients with JCA (n=49), PMR-HA (n=14), AS (n=32), PA (n=36), SS (n=10), or gout (n=20). As regards RA we found only in 5 out of 162 patients a relatively low platelet count (between 120 and 150 × 10^9/μl). Finally we found a relatively low platelet count (between 120 and 150 × 10^9/μl) in only 3 out of 83 patients with PSS, in one of whom this finding coincided with the appearance of malignant hypertension.

Therefore a finding of significant thrombocytopenia (platelet count less than 100 × 10^9/μl) in a patient suffering from a rheumatic disease must make us suspect either adverse effects of drugs or a rheumatic disease different from the above-mentioned ones such as systemic lupus erythematosus and Felty’s syndrome, or, as regards PSS, some particular conditions, such as intravascular coagulation occurring in scleroderma malignant hypertension or a recently described autoimmune thrombocytopenia.4

GABRIELE VALENTINI
UGO CHIANESE
GIUSEPPE TIRRI
MARIO GIORDANO
Università di Napoli, 1 Facoltà di Medicina e Chirurgia, Istituto di Clinica Medica Generale e Terapica Medica, Naples

References

Conan Doyle as rheumatologist

Sir, In view of the recent interest in Arthur Conan Doyle as a doctor rather than as the creator of that greatest of diagnosticians, Sherlock Holmes, it might interest readers to know that he had written to the editor of the Lancet on the subject of gout in 1884.1 Jonathan Hutchinson had shortly before this delivered the Bowman lecture before the Ophthalmological Society of the United Kingdom on ‘The relation of certain diseases of the eye to gout’,2 and, though he wished to make a clear distinction ‘between gout and rheumatism’, Hutchinson had to confess that this was sometimes an impossible distinction. Hutchinson notes that ‘for every unequivocal case of gout there are about half a dozen who are the subjects of minor symptoms’, and he mentions slight prickings in joints as due to ‘suppressed, undeclared or quiet gout’. ‘There is’, he writes, ‘a condition to which, for want of a better name, I have for long been recognising as “hot eye”.’ There is one of the many curious phenomena which attend quiet gout.

Noting this, Dr A. Conan Doyle, writing from Southsea, reported that he had seen a patient, a Mr H, who had what seemed to be eczema and psoriasis. He gave him arsenic and later potassium iodide without much benefit. Shortly afterwards he saw Mrs B, the daughter of Mr H. She had intense pain in the eyes, with temporary congestion and partial blindness. He then discovered that her grandfather, the father of Mr H, had suffered from gout, and the scales fell from his own eyes. ‘Recognising this to be a gouty symptom and bethinking me of the obscure skin disease which afflicted the father’ he gave father and daughter colchicum and alkalies, with rapid improvement in both. His letter is headed ‘Non-arthritic gout’, and he comments that this protein disease is spread here over 3 generations, manifesting itself in different ways. It is interesting that, although A. B. Garrod had 20–30 years before this demonstrated the essential features of gout and introduced the term ‘rheumatoid arthritis’ for this apparently different disorder, nowhere in the Bowman lecture is any such distinction made, ‘gonorrheal rheumatism’, ‘gouty pneumonia’, ‘gouty iritis’, ‘gouty reedy nails’, and many other odd entities being widely quoted. J. Milner Fothergill, of the London Hospital for Diseases of the Chest, Victoria Park, asks, ‘What is gout? Once the term was restricted to deformity of the small joints of the feet and hands’, and he concludes that ‘each man had the gout in his own special way’, an intermittent pulse, ridged nails, glistening conjunctivae, even gouty teeth suggesting this diagnosis.

Although Jonathan Hutchinson was a Fellow of the Royal
Correspondence

Society and no mean intellect and an observant clinician, even he in his Bowman lecture on gout and conditions of the eye confesses, 'I must admit little or no evidence as to deposits of urate of soda in any ocular structures...I doubt if it has been shown even in a single case though several observers have suggested its presence...I trust, however, that we are long past the stage of belief which regards such deposit as essential to a gouty inflammation'. It would seem at this point in time that William Heberden's and A. B. Garrod's observations had fallen on relatively stony ground. Even Sherlock Holmes would have had difficulties in this misty diagnostic jungle, and his creator was merely following up current ideas.

E. DUDLEY HART
London W1

References
2 Hutchinson J. The relation of certain diseases of the eye to gout (Bowman lecture). Lancet 1884; ii: 901-45.
4 Fothergill J M. Lancet 1885; ii: 808.

Book reviews


This book, which is intended primarily for the student physiotherapist, should also be of value to the qualified physiotherapist and members of other disciplines who care for patients suffering from rheumatic diseases.

Sylvia Hyde classifies and outlines the conditions which come under the general heading of rheumatic diseases. Her chapter on muscle and exercise clearly demonstrates the physiology underlying these conditions, which is so essential to understand before practical management of the patient is started. The following chapter on examination and assessment includes objective and subjective tests of the patient as a whole. The importance of baseline data and recorded results of initial examination is stressed. The use of the new Hammersmith myometer to measure muscle strength is demonstrated. Emphasis on teamwork in this field of medicine is made. A chapter on the effective use of hydrotherapy is most useful and is backed up by examples. The final chapters deal with systemic lupus erythematosus and the pathology of the less common diseases.

One weakness is the omission of the importance of basic nursing care of the patient with rheumatoid arthritis, but I think this clearly written and well presented book should be included on the reading list for student physiotherapists and should be found in the library of all departments of physiotherapy.

EVEEN HARVEY


This is a concise and practical outline of what we know about the recognition, distribution, treatment, and prevention of rheumatic fever, particularly geared to its present-day continuance in the less well developed countries. It includes 14 clear figures and more than 31 references, including 14 dealing with 'developing countries'.

Although paying tribute to the group A β haemolytic streptococcus (1930) as one indisputable factor, it has little to say on pathogenesis, mainly because 50 years later there is indeed little to say. Christensen and his colleagues (1979) have moreover thrown methodological doubts on previous interpretations of indirect immunofluorescent methods (relevant in many different fields), so that those small conclusions that have been drawn about the mode of action of the streptococcus are suspect. This does not really matter except to those still intrigued by the continuing problem of the pathogenesis of a disease where the major exogenous factor is known and where all genetic factors so far recognised have been unconfirmed.

It is a splendid book for its avowed purpose, which is to spread understanding of the very considerable knowledge we have today about recognition, prevention, and treatment. Its authors have been pioneers in this field.

E. G. L. BYWATERS


Keeping up to date seems an impossible task. Off hand I can think of 13 journals dealing directly with rheumatic diseases and I am sure there must be more. Should we have a prize for whoever can provide the longest list of rheumatological journals?

These annual research reviews are a joy to those who strive to keep up to date and the present volume is no exception. It is nice to know that we will not miss papers published in the Journal of the Formosan Medical Association, Sh Ved Pr Lek Fak Univ Karlov, the Journal of the Kentucky Medical Association, Minerva Medica, and so on. In the present volume there are critical and informed reviews of the recent literature on the pathogenesis, clinical features, and treatment of rheumatoid arthritis together with sections on experimental models, juvenile chronic arthritis, and spondyloarthritis. This volume is extremely welcome and is required reading by all who wish to be well informed. But will it all be out of date by next year?

MALCOLM I. V. JAYSON
Conan Doyle as rheumatologist.

E D Hart

*Ann Rheum Dis* 1982 41: 437-438
doi: 10.1136/ard.41.4.437-b

Updated information and services can be found at:
http://ard.bmj.com/content/41/4/437.2.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/