B27 antigen. All superinfected rheumatoid B cells formed permanent cell lines. In this study B cells from approximately 80% of the spondylitic patients were actively dividing after six weeks in culture and B cells from two of these patients spontaneously transformed into cell lines.

Taking the results of our two studies together, we conclude that patients with AS, like those with RA, show a B cell defect. Whether this implies similar disease mechanisms, as suggested by Dr Robinson, requires further study since AS, unlike RA, is predominantly HLA class I associated and in our studies reported here, with respect to hyper-responsiveness to EBV, the patients with AS formed a separate group, intermediate between rheumatoid and healthy.

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References

The costoclavicular syndrome

Sir, De Silva has described costoclavicular syndrome (a variant of thoracic outlet syndrome) due to traction from brassières in large breasted women. If Dr De Silva’s claim that this is a ‘hitherto undescribed cause of the condition’ is not true. In 1972 Kaye reported sensory and motor changes in the upper extremities of women with macro-mastia, which he felt to be a variant of the syndrome of thoracic outlet compression. In 1979 McGough, Pearce, and Byrne describing their non-operative treatment of thoracic outlet syndrome wrote ‘Large-breasted women were urged to be fitted with an underwire support brassière, so that the weight of the breast would be supported around the thorax rather than over the shoulder.’

We are also concerned by De Silva’s contention that normal blood tests and x rays are sufficient investigations to rule out other conditions. In our experience the most common cause of upper extremity pain is carpal tunnel syndrome. Thoracic outlet syndrome was diagnosed much more frequently in the first half of this century than it is now, and it is becoming apparent that many of these earlier patients actually had carpal tunnel syndrome. All patients suspected of thoracic outlet syndromes should undergo electrodiagnostic studies to rule out carpal tunnel syndrome.

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References

Sir. I thank Drs Wright and Nicholas for bringing the papers of Kaye and McGough to my attention.

Kaye reported the almost universal incidence of ulnar hyperaesthesiae in large breasted women. McGough made his suggestion in the broad context of thoracic outlet syndromes. Neither has postulated the precise mechanism and symptom complex described in my paper.

As for the comments of Drs Wright and Nicholas on electrodiagnostic studies—the costoclavicular syndrome produced by the mechanism described by me is restricted to a selected population, i.e., heavy breasted, usually middle aged or elderly women. In such subjects a careful history and clinical examination bearing in mind the differentiating features stated in my paper helps to distinguish between costoclavicular syndrome and other conditions. Therefore, I do not agree that all patients with thoracic outlet syndromes must have electrodiagnostic studies to exclude carpal tunnel syndrome. The limitations of such studies in thoracic outlet syndromes are well recognised. Electrodiagnostic studies do have a place, however, in selected patients where the differentiation of thoracic outlet syndromes from carpal tunnel syndrome is difficult on the basis of history and clinical examination.

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Notes

Grand Rapids 18th annual international symposium

This symposium on implant surgery for the hand, upper extremity, and foot will be held at the Blodgett Memorial Medical Centre, Grand Rapids on 24–26 September, 1987. Further information from Alfred B Swanson MD, Blodgett Professional Building, Suite 290, 1900 Wchthy Street. SE. Grand Rapids. Michigan 49506. USA.

Metro A Ogrzylo International Fellowship

The eighth Ogrzylo Fellowship, which carries a stipend of US $22 000 a year, will be awarded for training in rheumatology at a Canadian Rheumatic Disease Unit for the 12 months commencing 1 July 1988. Details from The Arthritis Society, 250 Bloor Street East, Suite 401, Toronto, Ontario M4W 3P2. Canada, to whom applications must be submitted by 15 October 1987. Canadian citizens and landed immigrants to Canada are not eligible.

Volvo awards for low back pain research 1988

The Volvo Company of Göteborg has again sponsored three prizes of US $7000 each in the following three areas: clinical studies, bioengineering studies, and studies in other basic science areas. Papers submitted must contain original material, not previously published or submitted for publication. Multiple authorship is acceptable. Manuscripts should be complete reports, including original illustrations, not exceeding 30 typewritten pages, double spaced, and in a form suitable for submission to a scientific journal. Six copies should reach the address given below not later than 15 November 1987. One of the authors should be prepared, at his/her own expense, to come to Miami, Florida, USA, for the meeting of the International Society for the Study of the Lumbar Spine, 12–16 April 1988, to present the paper and receive the award. Correspondence to Professor Alf Nachemson. Department of Orthopaedics, Sahlgren Hospital, S–413 45 Göteborg, Sweden.

Annual meeting of the New Zealand Rheumatism Association

The annual scientific meeting of the New Zealand Rheumatism Association, Auckland, New Zealand, will be held on 18–19 September 1987. Registration for non members $US150. Details from Secretary, NZRA. Department of Rheumatology. Auckland Hospital. Auckland. New Zealand.

3rd Bone, joint, and connective tissue pathology workshop

This workshop will be held on 16–18 September 1987 at the University Hospital of South Manchester. The course will be of interest to medical and dental pathologists and
The costoclavicular syndrome

Kenneth C Wright and John J Nicholas

Ann Rheum Dis 1987 46: 494-495
doi: 10.1136/ard.46.6.494

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