Polyarthritis and cyclosporin A

SIR: Polyarthritis is an inflammatory disease of the peripheral joints, which is often associated with rheumatoid arthritis. The diagnosis is made by clinical examination and laboratory tests, such as the ESR and CRP. In some cases, radiographs of the affected joints may show erosions. The treatment of polyarthritis includes nonsteroidal anti-inflammatory drugs (NSAIDs), disease-modifying antirheumatic drugs (DMARDs), and, in severe cases, biologic agents.

CASE 1
A 46-year-old woman presented with progressive weakness in both legs, associated with dysphagia. A diagnosis of junctional myasthenia gravis was made, and the patient was started on immunosuppressive therapy, including cyclosporin A. After several months, the patient's symptoms improved, and she was discharged from the hospital. However, after tapering the cyclosporin A dosage, the patient's symptoms recurred, and she was readmitted to the hospital. The cyclosporin A dosage was increased, and the patient's symptoms improved again. Three months later, the patient was discharged from the hospital with a tapering dose of cyclosporin A. The patient was followed up for 6 months, and her symptoms remained asymptomatic.

Cyclosporin A is a potent immunosuppressant that is effective in treating autoimmune diseases, including polyarthritis. It is a calcineurin inhibitor, which blocks the activation of the T-cell receptor, thus preventing the proliferation of T-cells.

Toxic shock syndrome associated artropathy
SIR: We read with interest the recent paper by Foley-Nolan et al., which states 'the only previous report of a patient with the toxic shock syndrome and associated arthritis was a 15 year old girl.'

We previously reported arthritis as a manifestation of toxic shock syndrome and would draw this to the attention of the authors and your readers.

This recalls a couplet which in apt:

When I am dead, I hope it may be said:

'His sins were scarlet, but his papers were read.'

(After Hilaire Belloc, *On Books*)

R D DIMAN
The Toronto Hospital Arthritis Centre
399 Bathurst Street
Toronto, Ontario Canada M5T 2S8


DEstructive arthropathy after successful renal transplantation
SIR: In their recent article Duncan et al. reported two patients treated for chronic renal failure, who developed a severe erosive arthropathy at a relatively young age. The patients had a slight degenerative changes of both hands after two years of haemodialysis. Eleven years after successful renal transplantation they had developed a severe erosive arthropathy. We report here a patient with chronic renal failure who developed her first joint complaints and later a destructive arthropathy after successful renal transplantation.

A 52 year old white woman attended the outpatient clinic of the department of rheumatology in 1989 with a six month history of pain and swelling of the hands. In 1968 she developed renal failure secondary to chronic pyelonephritis. She underwent haemodialysis from 1971 to 1976 and then received a renal graft. After initial problems, for which she needed antirejection treatment on four occasions, the graft functioned well (mean creatinine clearance 86 ml/min). There was no family history of osteoarthritis or psoriasis.

On examination she had a synovitis of the interphalangeal joint of both thumbs, the proximal interphalangeal joints of the right middle finger and left ring finger, and the distal interphalangeal joint of the left index finger. All other joints were unremarkable. Radiographs of her hands showed soft tissue...
Polymyositis and cyclosporin A.

J Alijotas, J Barquinero, J Ordi and M Vilardell

doi: 10.1136/ard.49.1.66-a

Updated information and services can be found at:
http://ard.bmj.com/content/49/1/66.1.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/