

## Journal summary

### LEADER

**Arthritis and epidemiology** p 139  
Without the application of the skills of epidemiology to the corporate knowledge of arthritis health planning becomes very difficult. The allocation by health authorities of resources requires understanding of the prevalence of the various forms of arthritis and its impact on the requirements of treatment. It is timely therefore to consider the unsung but vital work of the various international standing committees on epidemiology in arthritis. The discipline certainly has a claim to be one of the underprovided tools of investigation.

### SCIENTIFIC PAPERS

**HLA-DR2 haplotype subtypes and rheumatoid arthritis (RA) susceptibility** p 143  
The prevalence of RA is increased in carriers of the HLA-DR4 haplotype and decreased in carriers of DR2. Various subtypes of DR2 have been identified and study of their distribution might give important clues to the understanding of the genetic basis for resistance or susceptibility to RA. Three such subtypes were analysed in this paper, leading to the suggestion that DQB1 chain polymorphism may have importance in determining susceptibility: DRB1 in the mild form of this heterogeneous disease and DQB1 in severe forms.

**HLA-DR antigens and rheumatoid arthritis (RA) in Arabia** p 147  
A study from Kuwait of HLA-DR antigens and RA in Arabs did not confirm the known association with DR4 seen in other populations. HLA-DR5 was significantly decreased, but real increases in association with other antigens were discovered. The RA itself was similar to that seen in Western populations, there was just a different DR association with the disease. Clearly, genetic associations differ between ethnic groups.

**Idiotypes, rheumatoid factors, and early synovitis in rheumatoid arthritis (RA)** p 150  
The specificity of autoantibodies in serum is important in order to facilitate making a diagnosis in autoimmune disease, and cross reactive idiomorph (CRI) expression may reflect the restricted specificity of these antibodies and also indicate the structural similarities within their antigen binding sites. These CRIs define structurally related molecules in antigen specific antibody systems and result from closely related families of germline genes. This study shows that monoclonal rheumatoid factors (RFs) are likely to be structural analogues of some RFs produced in RA, and monitoring the CRI expression might be a useful indicator of disease progress and that these CRIs act as markers for germline gene encoded antibodies.

**Synovitis in polymyalgia rheumatica** p 155  
Unlike several recent studies this paper from Cambridge found that synovitis was uncommon in polymyalgia rheumatica. The authors based their conclusions on results from extensive investigations using radiographs, thermography, isotope scans, and clinical findings. Where synovitis was seen it was not usually noted at the beginning of the disease and it was transient and non-erosive of bone.

**The weather and arthritic symptoms** p 158  
Our patients consistently tell us that their joints act as good barometers, but this has not been much studied scientifically. This report suggests that joint symptoms are indeed related to barometric pressure, rain, and temperature, though the association varies a little depending upon the underlying disease. Our patients are not so wrong after all.

**Lung disease, antibodies, and rheumatic disease** p 160  
Patients with systemic lupus erythematosus (SLE) and scleroderma with or without fibrosing alveolitis were compared with those with fibrosing alveolitis alone to discover whether there was any association between the lung disease and a variety of autoantibodies. This investigation was prompted by the known association of the Jo-1 antibody and fibrosing alveolitis in polymyositis. No such specific association between these antibodies, fibrosing alveolitis, and SLE or scleroderma emerged, however, though there was a trend suggesting a general increase in all antibodies in SLE with lung involvement: the reverse was true in scleroderma.

**Antinuclear antibody of the skin and its diagnostic significance** p 163  
Antibodies bound to epidermal cell nuclei have been discovered in several connective tissue disorders, and this investigation showed that they have a high predictive value for the presence of systemic connective tissue disease. Some rare patterns in particular are specific for systemic lupus erythematosus, but in general these skin antibodies have a worse discriminatory value than serum antibodies.

**Lymphocyte subsets of bone marrow in rheumatoid arthritis (RA)** p 168  
T and B cells play an important part in the cellular immune response and a study comparing their role in RA with that in osteoarthritis and aseptic necrosis showed that the rheumatoid patients had a different OKT ratio in both bone marrow and peripheral blood compared with controls. The percentage of HLA-DR+ T cells was higher in the bone marrow too, indicating that T cell subsets in bone marrow in RA are significantly different. This suggests that they are in an immunologically activated state and are affected by the rheumatoid inflammation in the bone marrow adjacent to subchondral bone pannus in severely affected joints.

**Angiotensin converting enzyme, interleukin 1 $\beta$ , and peripheral blood monocytes in rheumatoid arthritis (RA)** p 172  
Angiotensin converting enzyme activity in peripheral blood monocytes was raised in most, and interleukin 1 activity in about a third, of patients with RA compared with controls. This was particularly evident in early rather than late RA. What does all this mean? It may indicate a critical role for activated monocytes in the early stages of RA and possibly suggests that monocyte inhibitors may be useful in the early treatment of the disease.

**Systemic sclerosis and antireticulin antibody** p 177  
Antireticulin antibody was found in about two thirds of patients with systemic sclerosis and belonged to class IgG particularly, with lesser representation of IgA and much less of IgM. This finding of an autoantibody with reactivity for collagen-like fibres in the disease suggests that it has a

pathogenetic role, possibly in response to antigens stimulating the immune system at the mucosal level.

## CASE REPORTS

### **Pneumococcal septicaemia, septic arthritis, and systemic lupus erythematosus (SLE)** p 181

This is the first report of SLE presenting with a fulminant pneumococcal sepsis and selective defective splenic function. Hyposplenism is known to be associated with an increased susceptibility to a life-threatening pneumococcal infection and this patient had a stormy course, though thankfully with a good outcome. The splenic macrophage receptor defect shown here was clearly of the highest importance to her survival.

### **The antiphospholipid syndrome and renal artery thrombosis** p 184

A young girl with greatly raised antiphospholipid antibodies developed renal artery thrombosis and hypertension. Later she developed neurological complications, and angiography and angioplasty worsened her renal function. The treatment was complex and raised many problems which were difficult to resolve.

### **An unusual eye complication of rheumatoid arthritis (RA)** p 188

A patient with RA and vasculitis developed an inferior oblique muscle palsy of the eye and this was painful. It was easy to confuse this with a vasculitis of the eye muscles rather than a true weakness due to a tenosynovitis, and the authors discuss this dilemma.

### **Pustular dermatosis, rheumatoid arthritis (RA), and response to dapsone** p 190

Subcorneal pustular dermatosis is rare and is sometimes associated with malignant disease. In this patient it was associated with a flare-up of RA. Both problems resolved with dapsone treatment as was theoretically indicated by the high IgA concentration present.

### **Infective arthritis from a protozoan** p 192

*Blastocystis hominis* has recently been reclassified as a

pathogen, and this report amply confirms the possible danger of infection by the organism. The patient presented with arthralgia mimicking rheumatoid arthritis, but her deteriorating clinical state and the presence of diarrhoea and abdominal pain led to the true diagnosis. Metronidazole soon cured the infection. The authors warn that this organism may spread from the gut to the joints in immunosuppressed patients.

## DISPATCH

### **From Britain** p 194

Professor Wright takes us at a rollicking pace through some of the developments and problems that have affected British rheumatology this year. As he says, bugs and bones and bioengineering have been much to the fore; to which he might well have added bewilderment (to current political change). We are going through a troubled phase at the moment in the United Kingdom.

## NOW AND THEN

### **A response index for slow acting rheumatic drugs?** p 196

The St Bartholomew's Hospital rheumatologists discuss the construction of a response index for the assessment of slow acting rheumatic drugs. They suggest that the best time to judge the patients' progress is at about six months after starting treatment. They used a panel of 11 clinical and laboratory measures, of which four proved to be useful for constructing this index. They claim that it is helpful: do our readers agree?

## REVIEW

### **The hypermobility syndrome** p 199

The syndrome when first described was greeted with considerable scepticism, but experience has confirmed its recognition to be important. It is not always a disadvantage as many a ballet dancer will testify, but the more severe examples can be very troublesome to patients and the complications (including the cardiac) may be a great nuisance. It is presumably due to a hereditary disorder of connective tissue that has not as yet been defined.

EDITOR

## LETTERS TO THE EDITOR

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## Journal summary

*Ann Rheum Dis* 1990 49: 137-138  
doi: 10.1136/ard.49.3.137

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