interrelationship between articular chondrocalcinosis, patellofemoral degeneration, and quadriceps calcification. Articular chondrocalcinosis is subcategorised into present at the knee and in joints other than the knee.

Analysis of these figures shows that the prevalence of patellofemoral degeneration and quadriceps calcification is similar in patients with and without articular chondrocalcinosis.

CONCLUSION

Articular chondrocalcinosis, patellofemoral degeneration, and quadriceps calcification are common in the elderly and their prevalence increases in a linear fashion with aging. They are radiographic phenomena closely related to aging and caution must be exercised in postulating a relationship with a disease process in the elderly.

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Table 1 Relationship between articular chondrocalcinosis (ACC), quadriceps calcification, and patellofemoral degeneration

	In association with ACC at the knee (n=25)	In association with ACC elsewhere (n=9)	No evidence of ACC (n=66)
Quadriceps calcification:			
Tendon (n=54)	14 (56%)	4 (44%)	37 (56%)
Muscle (n=10)	3 (12%)	2 (22%)	5 (8%)
Patellofemoral degeneration:			
Overall (n=37)	14 (56%)	5 (55%)	31 (46%)
Isolated (n=16) (mild, moderate and severe)	3 (12%)	1 (11%)	13 (20%)
Isolated (moderate and severe only)	2 (8%)	1 (11%)	8 (12%)

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Arthritis of idiopathic haemochromatosis

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We have previously described the arthritis of haemochromatosis,^{1,2} and have now re-examined 18 of these cases after a mean interval of 9.4 years. All patients underwent repeat x-ray examination.

Chondrocalcinosis was found in at least one joint in seven patients initially and in 13 patients at the second assessment. Despite adequate treatment of iron overload by venesection it increased in severity and spread to new joints.

Thirteen patients developed arthritis of the metacarpophalangeal joints, but none of them had associated chondrocalcinosis visible radiologically at this site or in the triangular ligament of the wrist.

It was not possible to show a correlation between the presence of chondrocalcinosis at the initial assessment and the extent of iron

Table 1 Prevalence of chondrocalcinosis in haemochromatosis at first and follow up examination in 18 patients (duration of follow up 9.4 years)

	First examination	Second examination
Wrists	3	10
Knees:		
Meniscus	6	11
Hyaline cartilage	4	6
Hips	2	5
Symphysis pubis	4	5
Spine	2	4

stores or the patient's age. The table shows the incidence of chondrocalcinosis.³

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