Clinical vignette

Allen's test in connective tissue disease

Allen, who from the late twenties studied arterial diseases¹ and Raynaud's syndrome,² described a test which is well known and used by the angiologists and orthopaedic hand surgeons but which is almost ignored by rheumatologists. We have found this test most useful in studying the distal circulation problems seen in Raynaud's phenomenon, systemic sclerosis, and related disorders.

The patient is asked to make a tight fist, then the examiner exerts strong pressure with his fingers upon both radial and ulnar arteries, which are squeezed against the underlying bone surfaces. When the patient opens his hand the palm appears ischaemic and pale. The pressure is then released on the ulnar side. Normally the hypothenar area regains its normal coloration within a few seconds. In situations with major distal arterial lesions a much longer delay is observed. In 30 normal people we found a recoloration time of 3 ± 2 (SD) seconds. We found exactly

the same result in nine individuals with apparently primary Raynaud's disease. In 11 patients with systemic sclerosis we found a recoloration time of 10 ± 6 seconds, a highly significant difference. In seven cases of mixed connective tissue diseases (Sharp's syndrome) we found five patients with normal results and two with times more than 10 seconds.

The reproducibility of this test is quite good. It might be interesting to correlate its results with capillaroscopy. It could also be coupled with thermography to obtain an objective measurement of the results.

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References

- 1 Allen E V. Thromboangiitis obliterans. Methods of diagnosis of chronic occlusive arterial lesions distal to the wrist. Illustrative cases. *Am J Med Sci* 1929; **178**: 237-44.
- 2 Allen E V, Brown G. Raynaud's disease. A critical review of minimal requisites for diagnosis. *Am J Med Sci* 1932; **183**: 187-92.

Notes

Fourth Egyptian Congress of Rheumatology

The Fourth Egyptian Congress of Rheumatology will be held at the Nile Hilton Hotel, Cairo on 7-10 March 1986. Inquiries to: Prof. Samir El-Badawy, Secretary General, Fourth Egyptian Congress of Rheumatology, PO Box 90, Orman, Geiza.

First IUIS Conference on Clinical Immunology

A two day conference on clinical immunology will be held in conjunction with the VIth International Congress of Immunology, in Toronto, Canada, on 5-6 July 1986. Further information from: Mr K Charbonneau, National Research Council of Canada, Ottawa, Ont. K1A 0R6, Canada.

Mediterranean Symposium of Rheumatology

The IIIrd Mediterranean Symposium of Rheumatology will be held in Tunis on 2-3 May 1986. Main topics will be Behçet's disease and connective tissue disease. Further details from Dr M'hamed Hamza, BP45, El Menzeh 1014, Tunisia.

Availability of reference antisera to nuclear components

Nine antisera are currently available from the Arthritis Foundation and the Centers for Disease Control in Atlanta: 1. Homogeneous pattern antinuclear antibody (ANA); 2. Speckled ANA (anti-SSB/La); 3. Speckled ANA (mixture of anti-Sm and 0-1 RNP); 4. Anti-U-1 RNP; 5. Anti-Sm; 6. Antinuclear; 7. Anti-SSA/Ro; 8. Anticentromere; 9. Anti-Scl-70. Details from AF/CDC ANA Reference Laboratory, Immunology Branch CID, Centers for Disease Control, Atlanta, GA 30333, USA.