Encore

Magnetic resonance imaging (MRI) and femoral head ischaemic necrosis

There is always a worry that patients treated with corticosteroids may develop ischaemic necrosis of the femoral head. In the early stages conventional radiography is of little help: technetium scans are a little better in that early lesions are seen in a little more than a third of patients, but MRI shows positive changes in all of them where changes are present. It is clearly both a sensitive and specific investigative method for this complication.

J Rheumatol 1989; 16: 959-63.

Disease heterogeneity in systemic lupus erythematosus (SLE)

The HLA antigen composition of the individual influences the production of various antibodies, which are in turn associated with particular clinical syndromes in SLE. A model published last year, for instance, points out that the anti-Rho (SS-A) antibody is related to DQ1/DQ2 heterozygotes, anti-La (SS-B) to HLA-B8 and DR3, antinuclear RNP (Sm) to DR4 and so on. A useful concept.

Arthritis Rheum 1989; 32: 826-36.

Azathioprine and rheumatoid arthritis (RA)

The long term possible side effects associated with the use of azathioprine in rheumatoid patients, particularly the worry that it may induce lymphomas or leukaemias, have led to considerable caution in its use. A prospective survey of a large number of such patients treated with this drug compared with those who were not showed that it was surprisingly safe. The chief problem encountered was its well known gastrointestinal side effects.

Arthritis Rheum 1989; 32: 837-43.

Bone density measurement

Measurement of bone density is all important for the study of osteoporosis, but the established techniques used in bone densitometry all require radiation in one form or another. The use of ultrasound, both in its broad-band attenuation and apparent velocity measurement, is tempting because of its non-invasive properties. It has not yet proved either sufficiently versatile or precise, however, but it seems to be well worth further study, particularly bearing in mind the possible need for mass screening techniques for women at risk in the future.

Lancet 1989; ii: 842.

Cervical spondylosis, neck injury, and the cervical cord

A case report draws attention to the association of a minor injury to the neck in the elderly with cervical spondylosis leading to disproportionately severe neurological complications and a spastic paraparesis. The patient reported developed this condition after falling forward onto her forehead. The authors point out that the commonest lesion seen is the central cord syndrome with greater paralysis in the arms than the legs together with bladder dysfunction. Probably, acute hyperextension leads to the cervical cord being squeezed against posterior osteophytes at intervertebral disc level or onto a protruded disc itself and hence the neurological damage. Gemaennes has also seen fracture of the odontoid peg in such a fall.

Br Med J 1989; 299: 669-70.

The pulmonary arteries in systemic sclerosis

Pulmonary artery hypertension occurs in about 5% of patients with limited cutaneous lesions but rarely in the

diffuse form of the disease. In this series of 58 patients, most of whom showed the diffuse form, significant pulmonary arterial intimal thickening with narrowed lumina was seen compared with controls. These changes were most obvious in the limited cutaneous form of scleroderma and were associated with increased pulmonary vascular resistance.

J Rheumatol 1989; 16: 1038-42.

Total lymphoid irradiation in systemic sclerosis

Although systemic sclerosis is accepted to be an autoimmune disease with antinuclear antibodies commonly found, nevertheless it does not respond to conventional immunosuppressive therapy. It is a most frustrating disease because no effective treatment yet exists. Six patients were treated with total lymphoid irradiation and compared with untreated controls: alas, despite prolonged and severe immunosuppression there was no observable therapeutic effect.

J Rheumatol 1989; 16: 1050-4.

Joint hypermobility and corticosteroid treatment

The joint hypermobility syndrome is seen quite common in otherwise healthy people, particularly in women. It has been suggested that prolonged corticosteroid treatment may also cause this, but a comparison of patients who had had oral corticosteroid treatment for five years or more with controls did not show any evidence to support this suggestion.

Clin Exp Rheumatol 1989; 7: 79-80.

Lumbosacral spondylolisthesis and the results of surgery

Lumbosacral spondylolisthesis is common, affecting 5% of the North American population (up to 5% in Eskimos), and is frequently associated with troublesome low back pain. What is the response to surgical treatment therefore? There seems to be a trend towards an unsatisfactory result in men, the middle aged, smokers, and those with radicular symptoms. If there is a compensation case pending the result is significantly worse.

Spine 1989; 14: 48-50.

Rheumatology: recognition as a specialty

Professor Goldstein, in his presidential address to the American College of Rheumatology in 1989, ruminated on the reasons why the specialty of rheumatology has not yet gained the recognition that it deserves, despite the enormous progress that has been achieved towards understanding the inflammatory and degenerative processes that occur in joints. One reason he feels is that rheumatology has developed more slowly as a scientific discipline than some other specialties. The past 40 to 50 years have certainly seen some startling progress, but not enough. An underlying but unvoiced hint was that we need perhaps to have more confidence in ourselves, what we have to offer, and the promise of the progress that we are undoubtedly making.

Arthritis Rheum 1989; 32: 1193-6.

Rheumatoid arthritis and HLA antigens in an African black population

Another recent study has shown that HLA-DR4 is significantly associated with RA in South African black subjects, as is it is known to be in white subjects and the American black population. Unusually though, there was also a significant association with HLA-B8.

J Rheumatol 1989; 16: 1326-8.