NOW AND THEN

Palindromic rheumatism: a case history

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As the incidence of palindromic rheumatism is low and the literature sparse the following case history is presented.

Case report

A doctor, now retired, has had palindromic rheumatism for 16 years since the age of 48. The number of episodes of recurrent polyarthropathy affecting small joints, mimicking rheumatoid arthritis in attack but differing in invariable 'total retreat', is at present 75.

The first attack was most severe with a dramatic onset in which rigor preceded joint symptoms and signs and was followed by persistent malaise for 18 days. This was treated with rest and full dose of aspirin. The duration of subsequent episodes was shorter—12–15 days (15% of episodes), 10 days (5%), and four to five days (80%).

In 68 (90%) of the 75 episodes three, four or five joints were affected. The proximal and distal interphalangeal joints were most commonly affected with associated initial tenderness in the wrist. There was no consistent pattern of joint involvement. In 15/75 (20%) episodes the small joints of the feet were also affected but invariably less severely. In 4/75 (5%) episodes only a single joint was affected—in one case the unilateral temporomandibular joint only and in the others a single hand joint.

Fifty three (70%) episodes (including the first) were preceded by a mild upper respiratory infection or 'viral' sore throat or by contact with such infection. On seven (10%) occasions there was mild fever in the first 48 hours, and in 15

(20%) onset was insidious with no apparent 'trigger'.

Allergic/hypersensitivity factors did not seem to play a part, nor did stress. The climate also had no apparent influence.

The general health of the doctor was good, and in between episodes, although joint spindling and extra-articular tissue swelling were apparent, the joints were 'quiet' and painless with no tenderness in any extra-articular areas.

Management

Emphasis has remained on a simple approach to management—rest, local heat, and analgesics. Analgesics are now used in only one in 10 episodes and for 48 hours only. A strong impression has been gained that green lipped mussel extract used alone accelerates resolution.

Observation

In this benign but troublesome syndrome one clinical sign has proved extremely valuable—namely, the pain and tenderness of one peri-articular 'rheumatic nodule' just below the medial epicondyle of the elbow. This sign is useful in (a) confirming a 'flare up', (b) assessing its severity, and (c) monitoring its resolution/duration. Its 100% reliability during episodes and return to normal between episodes outweighs assessment by other indices such as morning stiffness, temperature readings, erythrocyte sedimentation rate, malaise, etc, thus making it the primary guide to evaluation of these essentially self-limiting episodes.

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Accepted for publication
1 February 1990