Encore

The erythrocyte sedimentation rate (ESR) and rheumatoid arthritis

Dr Bull and his colleagues suggested in a paper published in the *Lancet* (1989; ii: 965) that the ESR is probably the best guide for assessing disease activity in rheumatoid arthritis. Three subsequent letters in that journal disagree with them. The authors of these letters variously contend that the ESR is not a good predictor of disease outcome, that there is no direct relation between the ESR level and the degree of synovitis, that other methods of measuring the ESR may be better, and that the way drug treatment influences ESR levels may be different from the anti-inflammatory mechanism. No doubt the controversy will continue.

Lancet 1989; ii: 1531-3.

Takayasu's arteritis and methotrexate

A case report has been published describing left shoulder and arm pain in a young woman due to Takayasu's arteritis of the subclavian and other arteries requiring treatment on six separate occasions with angioplasty. This gave only temporary relief each time, unfortunately, as others have also found. Treatment with oral methotrexate produced a dramatic and lasting response, however. Corticosteroids with or without cyclophosphamide and surgery have been tried in the past with mixed success. Perhaps this is a useful advance in treatment.

J Rheumatol 1989; 16: 1370-3.

Osteoporosis and ankylosing spondylitis

Severe, longstanding ankylosing spondylitis is known to be associated with spinal osteoporosis, presumably because of both the ankylosis and the spinal immobility. A recent study from Bath suggests that osteoporosis of the spine and femoral neck (but not of the carpus) is also present in the early stages of the disease. The reason for this is not clear.

Lancet 1989; ii: 1483-5.

The natural history of atlantoaxial subluxation in rheumatoid arthritis

A study over 12 years of 41 patients with atlantoaxial subluxation in rheumatoid arthritis showed that nearly two thirds remained unchanged and a little less than one third deteriorated. Improvement occurred, however, in 12%. In all, only three required operation, and the authors conclude that the indications for this are progressive neurological signs, intractable pain, severe subluxation in the young, episodes of unconsciousness, and intermittent neurological signs.

Spine 1989; 10: 1054-6.

Acupuncture—Is it just a placebo?

A leader in the *Lancet* attempts to produce an answer to this problem and it is clearly important to do so as so many patients resort to it either instead of or as an adjunct to orthodox treatment. It has been cited as effective in reducing alcohol dependency, but that study was regarded as having serious drawbacks in interpretation. Meta-analysis of 91 controlled clinical trials of acupuncture (including low-back pain, cervical spine symptoms, and rheumatoid arthritis) suggested that the better the trial, the less acupuncture was seen to be better than placebo.

Lancet 1990; i: 20-1.

Children and cartilage derived proteoglycans

Proteoglycan concentration in the synovial fluid has been shown to be a sensitive marker of altered cartilage metabolism in arthritis. A study of normal children and others with

juvenile chronic arthritis showed that in both there was a drop in concentration during the growth period, particularly at the age of 12 to 13 years, though the normal children had higher serum concentrations than those with arthritis. This seems to indicate an age related metabolic change of the articular cartilage, perhaps due to a greater turnover of proteoglycans: the pool in the arthritic children may be smaller than in the healthy ones though, accounting for the difference observed between the two groups.

J Rheumatol 1989; 16: 1341-4.

Magnetic resonance imaging (MRI), rheumatoid arthritis, and an unstable upper cervical spine

When the upper cervical spine in rheumatoid arthritis (RA) becomes unstable MRI is very helpful in evaluating the problem. It may show inflammatory tissue behind the odontoid peg for instance and it will show up the degree of spinal canal diameter decrease in flexion. Any cranial migration of the axis if present may also be demonstrated. Indeed the authors of this paper suggest that MRI scanning should now be part of the assessment of the cervical spine where significant instability occurs in RA. Yet again this form of imaging is shown to be a major advance in our management of the problems of arthritis. The sooner it is more widely available the better.

Spine 1989; 10: 1057-64.

Gallium and Paget's disease

The treatment of Paget's disease of bone has been revolutionised since the advent of first, calcitonin and then biphosphonates. Both, however, have drawbacks so the search for alternatives goes on. A recent report suggests that intravenous gallium reduces bone turnover and the effect seems to be a prolonged one. The patients also notice clinical benefit. After proper evaluation this may prove to be a useful alternative treatment. I wonder if it has any effect on osteoporosis?

Lancet 1990; i: 72-5.

Long term survival of the Charnley total hip replacement

A recent report from the Mayo clinic of their experience in the first 333 Charnley hip replacements that they carried out showed that according to their calculations 89% required no removal or revision at 15 years. Clearly this type of hip replacement gives excellent results in sure hands.

J Bone Joint Surg [Am] 1989; 71: 1496-503.

Reactive arthritis and Lyme disease

Occasionally Lyme arthritis may become chronic and a recent study showed that in nine of 51 patients with reactive arthritis reported from Heidelberg significant antibodies to *Borrelia burgdorferi* were discovered. Of course other infectious agents as well are likely to be responsible as a triggering mechanism in reactive arthritis but borreliosis clearly has to be considered one of those.

Arthritis Rheum 1989; 32: 1057-64.

How to measure systemic lupus erythematosus (SLE)

There have been many attempts to define SLE so it is high time that an attempt was made to evaluate them. Just such an exercise was made recently from Boston and they have concluded that the British Isles Lupus Assessment Group (BILAG), University of Toronto SLE Disease Activity Index (SLE-DAI), and the Systemic Lupus Activity Measure (SLAM) rate best as far as reliability and clinical research goes.

Arthritis Rheum 1989; 32: 1107-18.

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