

Heberden Society

Joint Meeting with the Spanish Society of Rheumatology, Madrid, October, 1975

At a joint meeting with the Spanish Society of Rheumatology held at Madrid on October 3-4, 1975, the following papers were given.

Chondrocalcinosis after parathyroidectomy. J. S. Glass and R. Grahame (Guy's Hospital, London)

The one form of chondrocalcinosis that is in theory potentially reversible is that associated with hyperparathyroidism. In the present study the influence of parathyroidectomy has been assessed on the chondrocalcinosis and its clinical sequelae. 57 patients suffering from primary hyperparathyroidism and who underwent parathyroidectomy between 1952 and 1974 were reviewed. Chondrocalcinosis was deemed to be present at some time in 14 (40%) out of the 35 patients in whom x-rays were available. Meaningful comparisons of patients' symptoms and x-ray changes before and after operation were possible in 30 and 11 patients, respectively. Contrary to expectation patients did not improve either clinically or radiologically. Evidence was given (including composite slide showing serial x-ray changes) that in several patients chondrocalcinosis progresses after parathyroidectomy, and in a few makes its first appearance years after the operation.

Evaluation of articular inflammation with ^{99m}Tc. General and local indices of radiotechnetium. J. A. Noguera Ochoa, P. Fernández del Vallado, J. Gijón Baños, J. Beltran Gutierrez, J. A. Sanchez Martin, and J. M. Linazasoro

The general and local indices of joint inflammation were assessed by intravenous injections of 50 μ Ci radiotechnetium (pertechnetate-^{99m}Tc) in 15 subjects considered healthy with regard to their joints, and in 20 patients presenting with rheumatoid arthritis, carrying out clinical and radioactive studies of 280 joints. The total Tc index was calculated by dividing the count on the joint by half the sum of activity on the mesocardium and on the hypogastrium. The general index was obtained by adding together the local indices of the 8 joints studied in each patient (carpals, elbows, knees, and tarsals). The statistical study of the differences of the local measurements and the general ones between healthy subjects and rheumatoid arthritis patients, gave a very significant value ($P < 0.001$). The local Tc indices were correlated with the degree of local joint inflammation (sensitivity to pain according to the Ritchie grading, heat, swelling, and functional limitation) and the general Tc indices with the general inflammation (clinical and bioanalytical evaluation) with good statistical correlation ($P = 0.001$).

Back pain and sickness absence. J. A. D. Anderson and B. J. Sweetman (Department of Community Medicine, Guy's Hospital Medical School, London SE1 9RT)

Sickness certificates used by Wood and McLeish to estimate loss of work attributable to rheumatic complaints in general indicate that the annual loss was 1106 man-days/1000 insured workers of which 627 man-days (33%) could be attributed to back troubles. Nationally compiled data of this kind, though having some advantages, is unsatisfactory because some labels associated with back pain syndromes such as osteoarthritis may not specify spinal involvement and are thus grouped with the arthritides; absences lasting 1-2 days are under-recorded because of the '3-day-rule' for claiming insurance; distinction cannot always be made between cervicospinal pain and lumbosacral pain; occupational categories used nationally do not necessarily distinguish the actual task being performed.

The ICD probably under-records the prevalence of back pain by some 20%. Data from a series of studies in 4 occupational groups which may be relevant to the other problems of assessing back pain are reported. In a study of 6892 manual workers it was found that the annual sickness loss averaged 14.7 days/employee of which 2.6 were in spells of 1 to 2 days' duration. 14% of the time lost in spells lasting 3 days or more were ascribed to back pain, compared with 2.3% among the shorter absences; however, the amount of time lost which was attributed to diagnostic labels of vague and indeterminate character (45% among the shorter spells) makes it difficult to draw firm conclusions. As far as the site of pain is concerned several prevalence studies in different groups of manual workers indicate that pain affecting mainly or exclusively the lower back is in the majority over that of the upper back by a ratio of just over 3 to 1; ratios of sickness absence in a 1-year study of 1249 dockyard workers indicated that time lost from lumbosacral pain was 3.5 times as great as that lost from cervicospinal pain. When considering the type of work it was found that the ratio was 29 to 1 among dockyard employees engaged in work making heavy physical demands on the back muscles and that it was 22 to 1 among those where the work required continuous or prolonged stooping.

Hansen's neuropathic arthropathy. R. Molerers Ferrandis

The transitional pattern observed in cystic osteitis, epiphysitis, erosive arthritis, and acro-osteolysis suggested the possibility that these radiological signs might represent successive phases of the same process. Bone leproma and granulation tissue appear to be of primordial importance in their development.