

# Annals of the Rheumatic Diseases

A journal of clinical rheumatology and connective tissue research

*This journal, founded by the Empire Rheumatism Council, now the Arthritis and Rheumatism Council for Research in Great Britain and the Commonwealth, is also supported by the Heberden Society.*

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**Communications** This journal exists to publish work on all aspects of rheumatology and disorders of connective tissue. Laboratory as well as clinical studies are welcome. In addition brief communications, for example reports of single cases, will be printed if of exceptional interest.

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- <sup>2</sup> Green A B, Brown C D. *Textbook of Medicine*. London: Silver Books, 1980.
- <sup>3</sup> Grey E F. Diseases of the pancreas. In: Green A B, Brown C D, eds. *Textbook of Medicine*. London: Silver Books, 1980: 349-62.

Copies of the Vancouver agreement (50p, post free) are obtainable from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR.

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## D penicillamine and breast enlargement

Sir,

Breast enlargement may be a rare complication of D penicillamine therapy.<sup>1</sup> We wish to report a further patient who developed breast enlargement associated with galactorrhoea.

A 25-year-old female with classical rheumatoid arthritis was started on D penicillamine 125 mg daily in an attempt to improve disease activity. This dose was temporarily discontinued because of headache but subsequently restarted with no recurrence of the headache. Six weeks later she developed a mild rash after the dose had been increased to 250 mg daily. Twelve weeks after starting D penicillamine the patient reported a 1½ stone (9.5 kg) weight gain and painful enlarged breasts with a white, milk-like discharge. Her breast size increased from 36 to 42 inches (91–107 cm). Although the galactorrhoea ceased on stopping the D penicillamine, the weight gain and increase in breast size remained 9 months after stopping penicillamine.

This case is similar to that in a previous case report,<sup>1</sup> in which a further 2 cases of breast enlargement are mentioned. The apparent failure of the breast enlargement to diminish on stopping penicillamine is of concern, although other side effects such as proteinuria may take up to 12 months to resolve. This failure to improve on stopping the drug may raise doubts whether this is a drug-related side effect or simply a chance observation. Only reports of similar cases in rheumatoids not on penicillamine and continued careful monitoring of the drug will clarify the position.

D. C. N. THEW AND I. M. STEWART  
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### References

- <sup>1</sup> Passas C, Weinstein A. Breast gigantism with penicillamine therapy. *Arthritis Rheum* 1978; 21: 167–8.

## Note

### South African Rheumatism and Arthritis Association

The 7th Biennial Congress of this Association is to be held in Pretoria on 30 June to 3 July 1980. Further details from Dr S. W. Brighton, Secretary of the S.A. Rheumatism and Arthritis Association, PO Box 4064, Pretoria 0001, South Africa.

## Another look at osteoarthritis

Sir,

In their paper Huskisson *et al.*<sup>1</sup> conclude that their findings 'do not support the concept of osteoarthritis as a mechanical, noninflammatory "wear and tear" condition.' This is not surprising, since the basic design of their study is such that it can neither support nor refute the proposition. The occurrence of inflammatory features in osteoarthritic joints could as well be the result as the cause of the condition. More important, though, is the significance they ascribe to polyarticular involvement associated with, say, osteoarthritis of the knee. 70% of their patients were females, and the mean age at the time of the survey was 60.3 years. Previous epidemiological surveys have shown that over 60% of women in the general population of 55 years and older have osteoarthritis of the hands.<sup>2</sup> Even if osteoarthritis of the knee or hip were *entirely* due to mechanical factors, one could expect that at least 60% of the female patients would have involvement of the hands as well—in other words, a 'polyarticular arthritis'. Interphalangeal osteoarthritis (including Heberden's disease) is a polyarticular disorder and less likely to be caused by mechanical dysfunction. To lump this condition together with osteoarthritis of the knee, hip, and spine, where mechanical factors play a more important role, is to miss the point that 'osteoarthritis' is no more a disease than 'heart failure,' but merely the end stage of a number of different abnormalities which have yet to be clearly defined.

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### References

- <sup>1</sup> Huskisson E C, Dieppe P A, Tucker A K, Cannell L B. Another look at osteoarthritis. *Ann Rheum Dis* 1979; 38: 423–8.
- <sup>2</sup> Lawrence J S. *Rheumatism in Populations*. London: William Heinemann, 1977.

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