

## Correspondence

### Reactive arthritis associated with campylobacter enteritis

SIR, Eastmond and his colleagues<sup>1</sup> really should not compare chalk with cheese. They studied patients infected in a single explosive outbreak of campylobacter enteritis, all presumably due to the same strain of *Campylobacter jejuni*. We studied cases occurring sporadically, diagnosed but not necessarily infected, within the Harrow Heath District, and probably caused by numerous different *Campylobacter* subtypes.

There are other differences between the 2 studies, such as the likely rates of hospitalisation in a rural area south of Aberdeen and in urban Harrow, and the results reviewing the histories and examinations of hospitalised patients compared with perusal of general practice records. In any case, differences in the frequency of inflammatory joint disease following bowel infection are a feature of the extensive literature and need not lead to suggestions of bias.

The main purpose of our communication was to emphasise the need to culture faeces of all cases of possible reactive arthritis. In the year following our study *Campylobacter* species were found in the faeces of 4 new cases of reactive arthritis. One was a trainee hotel manager about to start three months' practical work in the hotel kitchen, and he continued to excrete campylobacter for 2 months. Two patients and their partners were given some reassurances that the previous firm diagnosis of sexually acquired reactive arthritis could not be substantiated.

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#### Reference

- <sup>1</sup> Eastmond C J, Reid T M S, Rennie J A N. Reactive arthritis associated with campylobacter enteritis. *Ann Rheum Dis* 1981; 40: 431.

### In-vivo skin test

SIR, Recently Doyle *et al.*<sup>1</sup> have used an in-vivo skin test to produce inflammation by means of uric acid microcrystals in order to distinguish drugs with primarily analgesic or anti-inflammatory actions.

We agree completely with the author's results. Since 1976 we have been using our monosodium urate skin

test,<sup>2</sup> which possesses noteworthy features: (a) it induces a painless and rapid inflammatory reaction; (b) it is reproducible and gives no amplified response such as occurs when using agents testing cell-immune reactions (SK-SD, PPD etc.); (c) it is positive in all patients having inflammatory or degenerative arthropathies; only patients with advanced cancer turned out to be non-responders; (d) it helps to discriminate in a short time responder patients to antiphlogistic drugs from non-responders.<sup>3</sup>

In order to obtain reproducible results it is necessary to accept some methodological criteria, such as the amount injected (at least 250  $\mu$ l), the medium in which the microcrystals are suspended (glycerol), their size (0.5–0.8  $\mu$ m), all details not reported in Doyle's work.

When comparing, in patients suffering from rheumatoid arthritis or painful osteoarthritis, the effect of oral therapy with nonsteroidal anti-inflammatory drugs on MSU skin test with the clinical response we observed a close relationship in 81.25% of patients treated with indomethacin, and in 80% of patients treated with indoprofen.<sup>4,5</sup> The test is simple to perform, besides being quick and cheap. It may, therefore, be included among the tests used to determine the clinical efficacy of anti-phlogistic drugs.

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#### References

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- <sup>2</sup> Ambanelli U, Nervetti A, Manganelli P, Vaona G L. L'activité du diftoline sur les réactions cutanées inflammatoires envers sodium urate: évaluation isotopique et thermographique. In II Congressus Latinus Reumatologiae. Bucarest, 22–24 September 1976.
- <sup>3</sup> Ambanelli U, Ferraccioli G F, Manganelli P, Vaona G L. The effects of NSAID on monosodium urate (MSU) skin test and in other in vivo skin tests (SK-SD-, PHA). In: Velo G P, ed. International meeting on inflammation. *Agents Actions* 1980; 7, (suppl): 306–9.
- <sup>4</sup> Ferraccioli G F, Ambanelli U. Evaluation of the activity of anti-inflammatory agents by means of skin tests (MSU, SK-SD): comparison with clinical results. *Eur J Rheumatol Inflamm* 1981; 4: 49–50.
- <sup>5</sup> Ambanelli U, Ferraccioli G F, Manganelli P. Predictive value of a new method of measuring inflammation for the clinical evaluation of nonsteroids and anti-inflammatory drugs. In: Velo G P, Vergnano M, eds. Inflammation and *Gazzetta Sanitaria* 1980; 1/2: 98–108.