Correspondence

Association between rheumatoid arthritis and chronic bronchial suppuration

Sir, We have investigated the coexistence of rheumatoid arthritis (RA) and chronic bronchial suppuration (CBS) and concluded, in a report to be published shortly, that there is a true association between the diseases. As part of this study we found four patients with RA who had recurrent acute respiratory tract infections associated with hypogammaglobulinaemia. Therefore we read with great interest the report of So, Peskett, and Webster suggesting that gold can cause immunodeficiency.

Our four patients were hypogammaglobulinaemic when first investigated for their respiratory problems. All were IgM rheumatoid factor (IgMRF) negative at that time, but all had been IgMRF positive at some previous time. All had been on gold; one patient had normal immunoglobulin (Ig) levels prior to recurrent arthritis could be returned in infections, and (3) the pose might to drugs disease-modifying identified and to be confined to 'gold lung',

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References

Vertebral rim lesions in dorsolumbar spine

Sir, We wish to reply to the letter from Professor B. Vernon-Roberts. Much as we value the work of Schmorl and Junghanns they do not describe vertebral rim lesions, and the concept of occult traumatic lesions of the anterior vertebral rim in the lumbar spine and dorsolumbar junction as a potential cause of idiopathic low back pain does not emerge from their writings. The same can be said of the paper by Vernon-Roberts and Pirie. Both references describe disc tears at length, including those running close to the rim, but mainly in relation to the pathogenesis of prolapse and osteophyte formation.

While we accept that tears occurring close to the vertebral rim may be due to trauma, the pathological hallmark of a vertebral rim lesion is traumatic damage to the bone. These bone lesions are not always associated with a tear in the adjacent annulus. When present the tear doesn’t just occur near the rim as described by Vernon-Roberts and Pirie and Schmorl and Junghanns but runs down to the site of the vertebral bone damage. As bone is known to be innervated by pain fibres, these lesions may have a greater potential for causing pain than annular tears occurring alone.

Vernon-Roberts implies that tears occurring at the annular attachment cannot be seen on clinical radiographs. We do not agree. Fig. 1 is a clinical radiograph showing a translucency in the annulus which is accompanied by sclerosis in the underlying rim giving an overall appearance identical to the lesion shown in Fig. 2 of our paper. We have used the term vacuum phenomenon in relation to the annular translucency because it describes a radiological appearance and we can see no reason why the term should be restricted to degenerative clefts occurring in the nucleus.

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