patients was detected early and fell again after withdrawal of the drug, but hepatotoxicity may progress to acute focal hepatocellular necrosis¹⁵ or chronic granulomatous hepatitis.¹⁶ The nausea, vomiting, flatulence, and abdominal pain experienced by patient 1 are well recognised early side effects of SASP due to the sulphonamide component and may not be directly associated with the rise in liver enzymes.

The mechanism of SASP associated reactions in these two patients is probably due to a hypersensitivity reaction resulting from the sulphapyridine moiety of SASP,¹²⁻¹⁶ and it may progress to cholestatic jaundice and hepatic injury. Thus early hepatotoxicity should be added to the list of possible complications of SASP therapy in RA. It is important to monitor liver function to detect and reverse this adverse reaction promptly.

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Clinical vignette

Knee pain

Otherwise inexplicable knee pain is often associated with exquisite tenderness over the lower pole of the medial ligament and responds well to regular knee-bend exercises of the pre-ski variety. If the feet are flat, intrinsic foot exercises should be practised as well.

MARY CORBETT

(Readers are invited to submit brief accounts of new or little known physical signs in rheumatic diseases—Editor.)