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microscopic examination some batches appear as squares or rectangles with rounded angles, but some appear as sticks with sharp or square ends measuring between 3 and 12 μm. On compensated polarised microscopy they are negatively birefringent and must not be confused with monosodium urate crystals.

Our purpose was to determine what chances there are of encountering such crystals in synovial fluid after an intra-articular injection. We also compared the result of a bufexamac injection with the result of a corticosteroid intra-articular injection.

We selected 94 patients (59 females and 35 males) with chronic exudative gonorarthrosis, who had a normal blood analysis and no crystals whatsoever in their synovial fluid.

Forty patients received an intra-articular (IA) injection of 7 mg betamethasone acetate. 36 received an IA injection of 20 mg triamcinolone hexacetonide, and 18 patients received 20 mg bufexamac. All were asked to return after two days. If at that time there was at least 5 ml synovial fluid effusion, a new synovial fluid analysis was performed; if not, we asked the patients to return after five additional days for this analysis.

From the 40 patients who had received IA betamethasone acetate 35 came back for follow up; 14 synovial analyses were performed after two days and in three of them we found betamethasone crystals. Twenty one patients were seen after seven days, and no crystals were found in their synovial fluid.

From the 36 patients who had received IA triamcinolone hexacetonide 31 returned; 11 fluids were aspirated after two days and triamcinolone crystals were found in two. In the synovial fluid of the 20 patients who were seen after one week no crystals were found.

In the last group 17 of 18 patients who had received bufexamac were seen in follow up; nine fluids were aspirated after two days and bufexamac crystals were found in two; eight patients were seen after seven days and no crystals were found.

All crystals were extracellular. We conclude that if a synovial fluid examination is performed two days after an intra-articular injection, there is about one chance in five of encountering crystals if a crystal suspension drug had been previously injected. After seven days there is not one chance in 50 of finding such crystals.

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References


Book review


For those familiar with previous editions of this book of practical procedures, there is little new. If you are new to it, and feeling a bit therapeutically nihilistic, try it for a tonic! The dogmatic, optimistic style encourages you to do something positive. One quarter of the procedures are injections: this aspect can be compared with Allan Dixon and Graber’s Euler Monograph *Local Injection Therapy in Rheumatic Diseases.* Cyriax gives better detail on shoulder and back injections, while Dixon covers finger and toe joint injections well because of more emphasis on rheumatoid arthritis. In both, exact details of positioning and injection technique are given. Dixon’s line drawings and x-rays are an added help; in this book, even a recent photograph of Mrs Cyriax is reproduced somewhat indistinctly by the publisher. With controlled trials now showing efficacy of manipulation, the half of the book exactly describing spinal and peripheral joint manipulation is a useful reference for those who have been physically taught the rudiments of the art.

Note

Volvo awards for low back pain research

To encourage research in low back pain the Volvo Company of Göteborg, Sweden, has sponsored three prizes of US $6000 each. Awards will be made competitively on the basis of scientific merit in the following three areas: (1) clinical studies; (2) bioengineering studies; (3) studies in other basic science areas. Papers submitted for the contest must contain original material, not previously published or submitted for publication. Multiple authorship is acceptable. The manuscripts should be in the form of a complete report, not exceeding 30 typewritten pages, double-spaced, and in a form suitable for submission to a scientific journal. Five copies of each paper submitted in full should reach the address given below not later than 24 January 1986. One of the authors should be prepared, at his own expense, to come to Dallas, Texas, USA, at the time of the meeting of the International Society for the Study of the Lumbar Spine, 4–8 June 1986, to present the paper and to receive the award. Further details from Professor Alf L. Nachemson, Department of Orthopaedic Surgery I, Sahlgren Hospital, S-413 45 Göteborg, Sweden.