Correspondence

Synovial amyloid deposits and chronic haemodialysis

Sir. In their recent paper Muñoz-Gómez et al suggested that localised synovial amyloidosis might be peculiar to chronic renal failure treated with periodical haemodialysis, and they made the assumption that it was the cause of an arthropathy. In fact localised amyloid deposition in synovium and also in articular cartilage is a common aging phenomenon apparently associated with osteoarthrosis, and it is relevant that four of the seven patients studied were aged 50 years or more. This type of aging deposit was actually referred to in the preceding editorial as 'joint capsule and articular cartilage' deposition. The nature and extent of synovial amyloid deposits described in the article did not appear to differ from those associated with aging, and I would suggest that the finding of such deposits may represent no more than an accelerated age change. It is of interest in this context that synovial and articular cartilage amyloid deposits in patients with the so called amyloid arthropathy syndrome of multiple myeloma and primary amyloidosis do not appear to differ qualitatively from aging deposits either. Such patients may, however, show gross soft tissue amyloid deposition around joints.

The finding of synovial amyloid deposits in chronic haemodialysis patients may be unrelated to any arthropathy present and should not prevent other causes for an arthropathy from being sought.

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References


438

Homologous combination chemotherapy in rheumatoid arthritis

Sir. Would that the situation as outlined by Dr Bamji were so simple.

Hodgkin's disease is a malignancy and in the majority of patients suffering from it, the outcome, untreated, is death. Justification for using such toxic regimens is therefore easily and indeed giant strides have been made in improving survival. Rheumatoid arthritis cannot be considered comparable. Whether we are right in considering it to be a non-malignant B lymphoproliferative disease remains to be

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References