

Virtually every study of survival among patients with rheumatoid arthritis indicates that mortality is increased,^{5,6} and some studies have found that cardiovascular disease is a major contributor to the decreased survival.^{7,8} Since there has not been adequate attention paid to the possible link between corticosteroids and atherosclerosis, most mortality studies in rheumatoid arthritis provide insufficient data on corticosteroid use, or the subject is ignored entirely. In a mortality study by Prior *et al* at least half of the patients had taken corticosteroids for treatment of their disease, but information on dosage and duration of therapy was incomplete.⁷

There have been no comprehensive pathological studies evaluating the long term effects of corticosteroids on the cardiovascular system. Nevertheless, since corticosteroids may induce or exacerbate known coronary risk factors, the prudent course is to avoid prolonged corticosteroid use whenever possible. Any benefit corticosteroids might offer in modifying the course of rheumatoid arthritis may be far outweighed by the potential for accelerating atherosclerotic disease, especially when therapy is initiated in younger individuals.

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Suprapatellar pouch rupture or extension into the thigh tissue in rheumatoid disease

SIR, We read with great interest the letter on the massive extension of the suprapatellar pouch into the thigh tissues in rheumatoid disease.¹ We described a similar case several

years ago.² Extension or rupture of the suprapatellar pouch into the thigh is rare compared with the relatively common 'pseudo-thrombophlebitis syndrome' caused by the rupture of Baker's cyst into the calf.³ This fact is confirmed by the scarcity of reports in the literature.¹⁻⁷ The fact that nearly all the patients were suffering from rheumatoid arthritis does not seem to be accidental.^{1-3,5-7} In rheumatoid arthritis the extent of fluid overproduction and the presence of a hypertrophied synovium or a fibrotic joint capsule limiting the joint capacity lead to a rapid and important rise in intra-articular pressure.^{8,9}

Studies in cadaveric knees including rheumatoid arthritis showed the suprapatellar pouch to be the place most vulnerable to rupture.⁸ It is possible that in some cases the rupture is potentiated by the presence of clinically undetected antefemoral cysts originated at the apicomedial side of the suprapatellar bursa.⁷ During life the contraction of the quadriceps and especially of the vastus medialis protects the suprapatellar pouch during high intra-articular pressures and prevents its rupture, the pressure of the fluid being directed backwards, often to an existing Baker's cyst. In rheumatoid arthritis the sometimes severe quadriceps wasting and atrophy leave the suprapatellar pouch unprotected, and its rupture or extension into the thigh tissue can occur. We suppose that in the case presented in your journal¹ the previous rupture of a Baker's cyst in the same knee, probably followed by fibrosis and obstruction of the communication between the cyst and the knee joint, caused the accumulation of high pressure fluid in the suprapatellar pouch and its extension into the thigh.

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