Encore

Polymyalgia rheumatica and hypothyroidism
There is a possible association between polymyalgia rheumatica, giant cell arteritis, and hypothyroidism either concurrently, or with the hypothyroidism occurring later, and this study in the British Medical Journal suggests a common autoimmune cause. It remains to be worked out and indeed confirmed, however.


Valvular heart disease and SLE
The New England Journal of Medicine reported the high prevalence of endocardial involvement and mitral incompetence in systemic lupus erythematosus (SLE), with four cases of mitral or aortic stenosis. A subsequent letter from Hong Kong described a high prevalence of mitral regurgitation as shown by Doppler echocardiography, but no evidence of stenotic valve lesions. Is this difference racial or merely due to the difference in age between the two studied populations?


Cryoglobulaemia and arthritis
The New England Journal of Medicine again. An example of cryoglobulaemia is described in a 57 year old woman seen at Massachusetts General Hospital. She presented with petechiae, arthralgia, a positive antinuclear factor, and positive rheumatoid factor. Her renal function deteriorated owing to a progressive glomerulonephritis and she had persistent cryoglobulaemia. Interestingly, she was hypertensive, and there was a strong family history of hypertension. The discussion of the differential diagnosis here highlights the very real diagnostic problems we all occasionally have to face in patients like this.


The knee and acute haemarthrosis
Traumatic haemarthrosis of the knee is common, as indicated in a leader in the Lancet. Unless the knee is arthroscoped urgently by a competent and skilled surgeon, however, a serious internal derangement of the knee may be missed. The commonest lesion apparently is a ruptured anterior cruciate ligament, with posterior cruciate rupture and peripheral detachments of the meniscus being less frequent. It seems that urgent arthroscopy is a must for every acute haemarthrosis, though this is not without its dangers, and presumably this does not apply to haemophiliacs.


Tuberculosis of the knee
This is now rarely seen by rheumatologists, at least in the Western world. A 61 year old woman presented with a tuberculous swelling of the knee, and she later developed a fistula. She responded well to antituberculous treatment, but this is worrying that tuberculosis may still be seen on occasion, and bacterial culture of the unexplained effusion needs to be done.


Keratan sulphate as a marker for acute cartilage damage
Serum keratan sulphate concentrations are stable in healthy people. This study showed that dramatic changes occurred after the proteolytic enzyme chymopapain was injected into the intervertebral disc as treatment for the herniated disc syndrome. This confirms earlier work that keratan sulphate concentration in the serum may be a marker for cartilage degenerative activity and a useful means of monitoring change in the catabolic activity of cartilage. It has its drawbacks but may well prove to be a useful research tool.


Cyclosporin in rheumatoid arthritis
Another report from Arthritis and Rheumatism points out that although this drug can be useful in rheumatoid arthritis, its side effects may limit its use. The authors were able to show, however, that in an experiment on in vitro T cell function, 1,25-dihydroxyvitamin D₃ can augment the effect of cyclosporin. This may well be an effect which can be used in treatment to reduce the dose of cyclosporin.


Lyme disease in England
Since its original description in Connecticut, Lyme disease has been reported with increasing frequency from all over the United States and in many other parts of the world. This study of forest workers in the New Forest area of England showed that a quarter of those bitten by ticks had antibodies to Borrelia burgdorferi, but only two had actual symptoms of Lyme disease. Clearly we must all be on our guard for this disease.