Encore

Pathophysiology of rheumatoid arthritis

When a genetically susceptible subject meets some sort of trigger in the environment (a virus perhaps or a mycobacterium) a cellular immune response may result, which we call rheumatoid arthritis. It is useful to sit back and consider the evidence for this from time to time. A recent review does just that and it makes interesting reading. Try it. *N Engl J Med* 1990; 322: 1277–89.

Diagnosis of Behçet's disease

Diagnosis of Behçet's disease has always been difficult and has relied more on exclusion, perhaps, than on positive identification of the syndrome which makes up the disease entity. There has always been room for disagreement, but the revised criteria published by an international study group have now gone some way to clear the air. *Lancet* 1990; 335: 1078–80.

Plant thorn synovitis

Plant thorn synovitis is a difficult diagnosis to make sometimes because the initial invasion of the joint by the thorn is often overlooked. Several plants can do this, and the resulting synovitis is often severe and may recur. The most common offenders are the blackthorn and the date palm. Where an unexplained synovitis occurs this particular cause should always be borne in mind. *J Rheumatol* 1990; 17: 252–4.

Atlantoaxial subluxation in systemic lupus erythematosus (SLE)

Patients with SLE may get atlantoaxial subluxation too, though we tend to associate this complication more with rheumatoid arthritis. Those who get cervical subluxation tend to have had the disease longer and also to have articular hypermobility. They also tend to have more chronic renal failure and increased serum parathyroid hormone concentrations. *J Rheumatol* 1990; 17: 173–7.

Pulse steroid therapy in rheumatoid arthritis (RA)

It has been the practice to give 1000 mg methylprednisolone in pulsed intravenous treatment in RA for some years now. But is this the right dose? A recent report has suggested that equally good results can be achieved with doses of only 100 mg. Significant side effects were absent in this series whichever dose was used, but it seems prudent to use as little as possible. *J Rheumatol* 1990; 17: 159–62.

Lyme disease and a biting fly

We are now well used to recognising that the vectors of Lyme disease are various varieties of the tick Ixodes. Now we must get used to recognising that other creatures may act as vectors: a letter describes transmission of Lyme disease by a biting deerfly or horsefly. Where such flies are endemic we must be alert to this danger too. *N Engl J Med* 1990; 322: 1752.

Flow cytometry

A recent leader points out the usefulness of the technique of flow cytometry in rheumatological investigation. Single cells can be studied by this method including surface marker analysis, and the flow cytometers are becoming smaller and easier to operate. *J Rheumatol* 1990; 17: 421–5.

Why does gold work?

Although there is little doubt that gold is an effective, though toxic, remedy in RA, we have not as yet had a very

clear idea why. A report now suggests that it may work by interference with the proliferation of endothelial cells and their HLA-DR antigen expression.

J Rheumatol 1990; 17: 430–5.

Intra-articular synovial pressure

When intra-articular synovial pressure reaches or exceeds 45 mmHg (as is seen with a modest effusion in the knee) it may start to compromise the synovial blood flow in ordinary daily activity. It seems clear, therefore, that even small effusions should not be tolerated.

J Rheumatol 1990; 17: 521–7.

Examining the joints

Although rheumatological disorders are common, they are far too often not looked for and therefore missed in routine medical clerking of patients admitted to general medical wards. We do not seem to be able to emphasise enough the importance of the locomotor system when training medical students. Can we perhaps draw medical deans attention to this?

J R Coll Physicians Lond 1990; 24: 115–8.

Statistics in rheumatology

Three chairs in medical statistics have been closed down owing to enforced cut-backs recently. How can medical students ever learn about statistical evaluation if they are not taught properly at medical school? And yet this discipline is increasingly of importance in the modern world, not least in rheumatology.

J R Coll Physicians Lond 1990; 24: 85–6.

Dermal changes when steroids are inhaled

A paper emphasises that dermal changes can occur even when relatively small doses of corticosteroids are inhaled in the management of asthma. The doses are small, but systemic effects are apparent. When we inject corticosteroids into joints we must also not forget that they have a systemic effect.

Br Med J 1990; 300: 1548–51.

Chronic back pain and transcutaneous electrical nerve stimulation

The management of chronic back pain is fraught with difficulty and many have tried transcutaneous electrical nerve stimulation in an attempt to control it. A careful study has shown, however, that it is no better than placebo in the treatment of this condition. A programme of exercises proved to be much better, but the effect was not long lasting.

N Engl J Med 1990; 322: 1627–34.

Recombination interferon γ treatment in RA

Interferons are cytokines and interferon γ is immunomodulatory so it should be effective in RA treatment. Indeed it is, and a two year trial of human interferon γ showed it to be well tolerated and of benefit.

J Rheumatol 1990; 17: 304–10.

Hip osteoarthritis and cartilage proteoglycan patterns

It has now been recognised that what we term osteoarthritis is really the final common pathway of various different diseases. A study of proteoglycan elution patterns from patients with advanced human hip osteoarthritis supports the concept of different biochemical-histological subsets, identifiable even in severe end-stage disease.

J Rheumatol 1990; 17: 357–63.

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