

Encore

Ankylosing spondylitis and fractures of the spine

Only minor trauma may be necessary to cause a spinal fracture in ankylosing spondylitis as is well known. A review of experience from Vancouver showed that three quarters of such fractures were accompanied by severe neurological complications. The fractures were very unstable and in about half were through the ossified disc space or the vertebral body. They were associated with the altered mechanics and increased shearing stresses seen in this disease and they usually healed without the need for surgery. The authors plead for conservative management within a spinal cord injury unit for the best results. *Spine* 1989; 14: 803–7.

Cost of the rheumatic diseases in the United States

The cost of health services is causing concern everywhere, and the impact of rheumatic diseases on the economic welfare of both the individual and the state is now perceived as being very severe. In the United States in 1980 the cost of rheumatic diseases was estimated at 21 billion dollars, including the loss of wages. This equals 1% of the gross national product of the richest nation on earth. Five million people were affected in some way, one fifth being severely affected. It can only get worse as the proportion of the elderly increases in the population. Comparable figures for the United Kingdom have been published by the Arthritis and Rheumatism Council. *J Rheumatol* 1989; 16: 867–84.

Prevalence of scleroderma

Information on the prevalence of this disease has been sparse, though most studies have agreed that it is rare. A report from South Carolina, however, suggests that it is much commoner than has been thought, at least in that state. The authors suggest that there may be 67 to 265 afflicted patients per 100 000 of the population, which gives a figure from five to 19 times greater than previous experience has suggested. *Arthritis Rheum* 1989; 32: 998–1006.

Death rates in giant cell arteritis

Although previous reports have not suggested an increased death rate in giant cell arteritis, the surveys have tended to be on small numbers only. A study from Sweden on 284 patients showed that there is an increased risk in this disease of dying from vascular causes in the early stages, but after four months and following treatment with corticosteroids the risk falls to the expected rate for that age group in the general population. *Br Med J* 1989; 299: 549–50.

Non-steroidal anti-inflammatory drugs (NSAIDs) and osteoarthritis (OA)

Indomethacin was compared with azapropazone in a study of progression of osteoarthritis of the hip. The end point of the study for each subject was hip arthroplasty. Those receiving indomethacin (a strong prostaglandin synthesis inhibitor) lost joint space faster than the azapropazone group (a weak inhibitor). The effect of NSAIDs on OA has long been argued: this study suggests that strong prostaglandin inhibitors may accelerate deterioration of the joint once osteoarthritis has begun. *Lancet* 1989; ii: 519–22.

Rheumatoid arthritis and postmenopausal hormone use
Many reports have suggested that oral contraceptives may have a protective effect against the development of rheuma-

toid arthritis, though others have reported conflicting results. A case-control study from Quebec suggests that postmenopausal use of female sex hormones does not protect against rheumatoid arthritis. *J Rheumatol* 1989; 16: 911–3.

Tiredness, sleep, and rheumatoid arthritis

Patients with rheumatoid arthritis commonly complain of tiredness. Perhaps this is due to sleep deprivation, but no direct evidence of this was found in a study of 20 patients with active disease, though they did have a disturbed sleep pattern. This may in part account for their tiredness. The study was not controlled, however, and it would be interesting to know if patients with osteoarthritis had similar problems. *Arthritis Rheum* 1989; 32: 974–81.

Pregnancy, fractures, and transient osteoporosis of the hip

There is uncertainty whether there is a correlation between osteoporosis and pregnancy: multiparity has even been shown to increase bone mass. This paper reports an interesting syndrome of transient osteoporosis of the hip occurring in the latter half of pregnancy with severe hip pain complicated by fractures—in the superior pubic ramus in one and a subcapital fracture of the femoral head in the other. The osteoporosis was fairly localised to the hip region and both recovered rapidly after delivery of the baby with later remineralisation of their bones. This transient, localised osteoporosis seems to occur in those pregnant in their late 20s or early 30s. If it is associated with the demands for calcium by the growing child why is it so localised? It remains a mystery. Neither woman seemed to have any of the known risk factors for osteoporosis. *J Bone Joint Surg [Am]* 1989; 71: 1252–7.

Mononuclear cells, activation markers, and temporal arteritis

Interdigitating reticulum cells (IRC) were seen in over 40% of temporal artery biopsy specimens from patients with temporal arteritis and their presence was associated with a shorter disease duration. Infiltrating cells in these specimens were predominantly HLA-DR expressing macrophages and T lymphocytes, and it is suggested that the presence of these IRC cells in temporal arteritis indicates an autoimmune reaction against an antigenic substance in the arterial wall. Interleukin-2 receptor expression was noted in most, and this responded dramatically to treatment with corticosteroids. *Arthritis Rheum* 1989; 32: 884–93.

Footwear and the arthritic patient

It is no good rehabilitating an arthritic patient if at the end of the treatment he or she cannot walk because of inadequate footwear. All that results is severe frustration for patient and carer alike, not to mention a tragic waste of resources. A recent survey of surgical footwear points out the severe deficiencies in the present service and the urgent need to improve matters drastically. *Br Med J* 1989; 299: 657.

Pre-eclampsia and the antiphospholipid antibody syndrome

A letter in the *Lancet* warns that the antiphospholipid antibody syndrome may present in pregnant women as a close mimic of pre-eclampsia. In 'true' pre-eclampsia no significant increase of these antibodies was found. This may be an important subset to differentiate because the treatment will be different. *Lancet* 1989; ii: 987–8.