Journal summary

LEADERS

Provision of rheumatology services p 343
Rheumatological disorders are common, increasingly referred to hospital, diverse, and underprovided for. Osteoarthritis in particular may become a very significant burden on rheumatological services in the future if we can discover disease modifying drugs for this group of arthritides. The rheumatologist increasingly practises now as a leader of a very complex team, and time must also be found for teaching and health education. The expectations of patients are rising, but ready answers to the problems remain elusive.

International conferences: Who wants them? p 344
Many rheumatologists regard international conferences with considerable scepticism, particularly with regard to their scientific content and the time and money taken up with going to them. A questionnaire to the members of the British Society for Rheumatology revealed some suprises, however. Most believed that they should continue, though only half attended regularly. The opportunity to meet other people was regarded as the greatest advantage. Over a third felt that they were too large and smaller meetings may be of better value. The educational content of the large meetings of the American College of Rheumatology were singled out for praise.

SCIENTIFIC PAPERS

Anaemia and rheumatoid arthritis (RA) p 349
Why patients with RA become anaemic is still unclear, though malfunction of iron metabolism seems to play a part. Underproduction of erythropoietin has been suspected, though this study from Denmark does not suggest that it is suppressed. Over half had undoubted iron deficiency, but where iron stores were adequate the erythropoietin concentrations correlated positively with the erythrocyte sedimentation rate and C reactive protein concentrations but not with bone marrow iron stores. Indeed erythropoietin metabolism seemed to be normal, though bone marrow sensitivity to the hormone may be decreased.

Naproxen, etodolac, and prostaglandins in stomach and duodenum p 354
It has too often been assumed that all non-steroidal anti-inflammatory drugs (NSAIDs) act in much the same way, but this paper shows that prostaglandin production in the stomach and duodenum is significantly depressed by naproxen but not, apparently, by etodolac. Both, however, were associated with microscopic gastritis in a similar proportion, though less severely with etodolac. Both had comparable anti-inflammatory effects. Different mechanisms were clearly working as regards the effect on the gastrointestinal tract: the effect of some prostaglandins in particular tissues may vary from drug to drug.

Iron deficiency anaemia, NSAIDs, rheumatic diseases, and the upper gut p 359
Although NSAIDs are commonly blamed for upper gastrointestinal lesions leading to iron deficiency anaemia, there may be other reasons for this as well. This Glasgow study showed that less than half of rheumatic patients with absent bone marrow iron stores had lesions of the upper gastrointestinal tract and only a fifth had dyspeptic symptoms. Dependence on a history of dyspepsia or a positive faecal occult blood test as a guide to the presence of such lesions seems to be unreliable. Lower intestinal and colonic causes are likely to have been underestimated as a cause of iron deficiency anaemia, and indeed both upper and lower intestinal lesions may be present at the same time.

Mortality and RA p 363
A 25 year follow up study of 100 patients with classical or definite RA showed that two thirds had died by then and RA seemed to be a significant contributory factor to this in one third of them, especially if they had vasculitis or extra-articular manifestations. Those who died appeared to have more severe disease. Although the Rose-Waaler test proved to be a poor indicator of outcome, improvement of functional ability seemed to be a better one. These patients were selected of course by the very nature of having been referred to hospital. Those with milder disease may have a different prognosis.

Steroid pulsing, gold treatment, and RA p 370
It is possible that pulse steroid therapy given at the same time as gold will decrease the gold toxicity and increase its effectiveness. Unfortunately, too few patients were studied for statistical significance to be achieved, though the combination looks promising. Clearly this treatment will have to be repeated with larger numbers.

Sjögren's syndrome and immunoglobulin G1 p 373
A selective polyclonal increase of immunoglobulin G1 was noted in 32 patients with connective tissue diseases, and most of these were found to have a characteristic autoantibody profile with raised Ro, La, and antinuclear antibodies and an increased rheumatoid factor. Nearly three quarters had definite or possible Sjögren's syndrome and the remainder had various other connective tissue diseases. The highest concentrations of IgG1 were seen in patients with the shortest duration of disease, and the presence of this particular immunoglobulin seems to be a marker for Sjögren's syndrome, particularly if extraglandular disease is present.

Erosive osteoarthritis and chronic renal failure p 378
Patients undergoing regular haemodialysis or with renal transplants showed a prevalence of osteoarthritis with erosive changes in bone three times greater than expected when compared with a control population. Furthermore, although the overall prevalence of osteoarthritis was not increased in the group with renal failure, it seemed to begin at an earlier age in them. Is metabolic bone disease related to the abnormal renal function responsible for this change, as the authors of the paper suggest?

Heat shock proteins, agalactosyl IgG, and acute rheumatic fever p 383
Rheumatic fever is associated with infection with group A streptococci and they, at least in theory, may stimulate antibodies to heat shock proteins or raise the levels of agalactosyl IgG as has been shown to occur in RA in response to a bacterial homologue of heat shock protein hsp65. In RA there is an increased proportion of *N*-

acetylglucosamine (agalactosyl IgG) N-linked oligosaccharides on serum IgG. Serum samples from children with acute rheumatic fever do not seem to be different from those from normal children, however. This suggests that the pathogenetic mechanisms operating in rheumatic fever are quite different from those seen in RA.

Anticardiolipin antibodies in systemic lupus erythematosus (SLE) p 387
The presence of anticardiolipin antibodies has been shown to be associated with thrombosis, spontaneous abortion, and pulmonary hypertension among other effects in SLE. This Japanese study showed the presence of anticardiolipin antibodies in nearly half of 155 patients with this disease and they were clearly associated with an increased incidence of these complications. In contrast, however, anti-dsDNA antibodies, significant renal disease, and more severe SLE were seen more often in those without anticardiolipin antibodies.

RNP-peptide antibodies and mixed connective tissue disease p 391
Antibody against the RNP-peptides 70K and A was measured in patients with connective tissue disease together with their disease activity. The levels of these antibodies did seem to vary with changes in disease activity but this was uncommonly synchronous. The authors conclude that these variations in antibody level are not therefore useful as a means of monitoring disease activity and are unlikely to be directly implicated in the pathogenesis of such activity.

Ankylosing spondylitis and polyclonal B cell activation p 396
Many organisms behave as polyclonal B cell activators for lymphocytes and this study used the in vitro response of lymphocytes to several such activators as an expression of polyclonal B cell activation in ankylosing spondylitis. A positive response might give further weight to the theory that environmental factors (such as bacterial infections) may trigger the disease. No difference was seen between patients with ankylosing spondylitis and controls except as a reflection of disease activity, however.

Rheumatic disease in Zimbabwe p 400
Although rheumatic disorders occur in every population, nevertheless the pattern varies between different ethnic groups. In Zimbabwe this pattern is clearly different from that seen in white populations: RA manifestations seem to vary from that seen in other parts of Africa, tropical polyarthritis is not often seen, and SLE and ankylosing spondylitis appear to be much commoner. It is interesting to see that this pattern is changing in the cities, becoming more like that seen in developed countries. Is this change real or does it reflect a change in referral policy?

Painful fat knees, short women, and liposuction p 403
Many short fat women with painful knees have adiposis dolorosa (Dercum's disease), and the rolls and layers of fat are often tender. The medial aspect of the knees is particularly affected. Conventional treatment is rarely of much help but liposuction gives good, lasting relief and is well tolerated.

CASE REPORTS

Dermatomyositis after chronic joint sepsis p 405
Dermato-polymyositis is a heterogeneous disease and may occur on its own or in association with connective tissue disorders or, less commonly, with malignant disease. This syndrome is reported as occurring apparently after chronic sepsis in a joint from *Staphylococcus aureus*. The infection seemed to act as a trigger for the subsequent connective tissue disorder, though Jo 1 antibodies were not present.

Sarcoid, Sjögren's syndrome, and the pancreas p 407
Sarcoidosis can sometimes be difficult to differentiate from Sjögren's syndrome, and sublabial salivary gland biopsy can be all-important for establishing the correct diagnosis. An example of Sjögren's syndrome in a 45 year old man is described, which closely mimicked sarcoidosis. It seemed to be associated with a possible pancreatic malignancy, but laparotomy showed that the symptoms were due to chronic pancreatitis instead.

Optic atrophy in Behçet's syndrome p 410
Up to a quarter of patients with Behçet's syndrome may have neurological complications, inlcuding intracranial hypertension. The cause remains unknown, though venous sinus thrombosis has been implicated, and the outcome is uncertain. Two further examples of papilloedema from this supposed complication are described. One did well but the other subsequently developed optic atrophy.

REVIEW

Avascular necrosis as a cause for arthritis p 412
Avascular necrosis of the subchondral bone leads to arthritis because of the changed contour of the articular surface due to the collapse of the underlying necrotic bone. This is an under-recognised cause, and the review looks at the anatomical changes, radiological appearances, and clinical presentation of this phenomenon. It is usually bilateral and is most commonly seen in the hip, knee, or shoulder. It may affect nearly one fifth of femoral heads removed at operation. There are many causes, including sickle cell disease, alcoholism, and drug treatment; divers are particularly at risk from it. Surgical treatment has to be advised with caution.

EDITOR

LETTERS TO THE EDITOR