Journal summary

LEADERS

Urticarial vasculitis and connective tissue diseases p 743
Urticarial vasculitis is often associated with arthralgia and is most commonly seen in relation to connective tissue disease complicating systemic lupus erythematosus. Histopathologically it is a leucocytoclastic vasculitis and it may occur by itself without any apparent evidence of any connective tissue disorder connection. It is notoriously difficult to treat, though the use of monoclonal antibody looks promising.

Fatty acids and inflammation p 745
Essential fatty acids must come from the diet: they are eicosanoids and are important for the development and regulation of inflammatory and immunological responses. As both these responses are intimately connected with the rheumatic diseases there has accordingly been much interest in the use of fish oils in their treatment, and developments likely to arise from this.

SCIENTIFIC PAPERS

Acute joint inflammation and a neurogenic component p 747
Does acute joint inflammation have a neurogenic component? Yes, seems to be the answer and using the rat knee joint model shows clear evidence for this. It is likely, however, that the mediators of inflammation may differ with each case.

Sarcolemmal sheath antibodies, children, and streptococcal infections 752
A mix of children with, variously, rheumatic fever with and without carditis or no rheumatic heart disease but acute poststreptococcal glomerulonephritis showed that a high titre of the heart reactive antibodies in those who had acute rheumatic fever was only maintained in those who developed valvular heart disease.

Ankylosing spondylitis and paraspinal muscle fibrosis p 755
We know that the vertebral column is likely to be severely affected in ankylosing spondylitis, but this paper shows that selective type II muscle atrophy may occur in the paraspinal muscles together with fibrosis. This may well contribute to the back symptoms.

Xanthine oxidase and synovial endothelium p 760
Inflammation in destructive arthritis has many components and the cystolic xanthine oxidoreductase system seems to be one of them. The enzyme xanthine oxidase appears to be in the synovial endothelium, indicating that the endothelial cell plays a major part.

Cystic fibrosis, HLA typing, and hypertrophic osteoarthropathy p 763
In cystic fibrosis two different musculoskeletal diseases may be seen—an inflammatory polyarthritis and hypertrophic osteoarthropathy. Investigation, however, showed that neither appeared to be associated with any particular HLA antigen.

Systemic lupus erythematosus, CR1, and *HindIII* restriction fragment length polymorphism p 765
A number of patients with systemic lupus erythematosus

were genotyped with a *HindIII* restriction fragment length polymorphism identified by CR1.1 cDNA to investigate the stability or otherwise of their CR1 activities. They were not particularly stable, suggesting that the decreased expression of CR1 on erythrocytes in this disease is a consequence of the disease process itself rather than inheritance.

Nodal osteoarthritis and autoimmunity to type II collagen 769
Generalised nodal osteoarthritis is a subset of osteoarthritis and because of its well known associations there may be an autoimmune component. Such does not appear to be the case, however, at least as far as antibodies to type II collagen are concerned.

Epstein-Barr virus antibodies and collagen, cytokeratin, and actin p 772
Many have toyed with the idea that the Epstein-Barr virus has a pathogenetic role in rheumatoid arthritis, and a study of the known increase of anti-P62 antibodies in rheumatoid arthritis showed cross reactive autoantibodies with human epidermal keratin, denatured collagen type II, and actin. P62 is a synthetic peptide corresponding to the Epstein-Barr virus nuclear antigen-1. Molecular mimicry may well play a part in the progress of rheumatoid arthritis.

Ankylosing spondylitis and autoimmunity p 776
There has long been more than a suspicion that ankylosing spondylitis is an autoimmune disease and this report produces good evidence to this effect. Several autoantibodies were identified, and one of these in particular together with analysis of the gene coding for this antigen may well help further to elucidate the pathogenesis of this disease.

Oxygen radical production in spondyloarthropathies p 782
In inflammation oxygen derived free radicals play an important part and their production was studied by chemiluminescence. Patients with previous yersinia arthritis showed increased response to stimulation, in contrast with that seen in ankylosing spondylitis, suggesting that the pathogenesis of yersinia arthritis is different.

Type VI collagen and the intervertebral disc p 787
Distribution of the type VI collagen is ubiquitous but varies considerably from tissue to tissue. In the intervertebral disc it was seen around the cells throughout the whole, but particularly in the nucleus pulposus.

Synovial blood vessels, knee joints, and rheumatoid arthritis p 792
Examination of the synovial blood vessels from inflamed and non-inflamed knee joints in rheumatoid arthritis showed that whereas perivascular mononuclear cell infiltration and increased synovial lining layer thickness were seen in both, nevertheless, vascular proliferation and alteration to the endothelial cells were seen only in inflamed joints.

Misoprostol and prostaglandins in synovial fluid p 797
Misoprostol is a synthetic analogue of a prostaglandin; we treat arthritis with drugs that inhibit prostaglandin, so does treatment with misoprostol cause deterioration in the arthritis of our patients while protecting their gastric mucosa? No, seems to be the answer.

Raynaud's phenomenon and iloprost treatment p 800
A study to see whether iloprost (an analogue of prostacyclin) in either low or standard dose was effective in reducing the severity of attacks of the disease showed that it was effective with either regimen, but there were fewer side effects and it was better tolerated with the lower dose.

The antiphospholipid syndrome p 805
The presence of antiphospholipid antibodies is associated with many clinical complications; is there any relation between the level or the isotype of these antibodies and recurrent thromboembolic events? A study over five years of a group of afflicted patients showed that the level of antibody remained fairly constant and the correlation with these complications was not close.

CASE REPORTS

Coexisting infections and systemic lupus erythematosus p 811
Pneumocystis carinii pneumonia occurs in immunocompromised patients and can coexist with cytomegalovirus; salmonellosis may also appear in the immunocompromised as was the case here in this unfortunate patient. Luckily she responded to treatment.

Calcitonin and intersternocostoclavicular ossification p 813
Intersternocostoclavicular ossification is a benign but annoying disorder of the anterior chest wall so a harmless and satisfactory treatment for it is to be welcomed. Intramuscular injection of calcitonin proved to be just that.

Eosinophilia-myalgia syndrome, L-tryptophan and antineutrophil cytoplasmic antibody p 817
The use of L-tryptophan is often associated with the eosinophilia-myalgia syndrome, and a study is reported here of a patient with this who had a polyneuropathy associated with myeloperoxidase specific antineutrophil cytoplasmic antibody.

Portuguese familial amyloidosis, pathological fracture, and haemarthrosis p 820
A patient with this form of familial amyloidosis had a polyneuropathy and then a pathological fracture through amyloid deposits in the bone. This is thought to be the first

example published of this complication. The fracture presented with a haemarthrosis.

DISPATCH

From Britain p 823
Our dispatch this time comes via Professor Verna Wright from Britain and he has much to report. The National Health Service has been undergoing the turmoil of yet another reorganisation and the dust is far from settled yet. Both the Kennedy Institute and the Rheumatic Diseases Centre in Glasgow have achieved their 25th anniversary this year and the latter has just received a new Chair.

NOW AND THEN

Shoulder movement measurement p 824
Not much has been published about the range of movement of the shoulder, so this report describing its measurement with an electromagnetic movement sensor is much to be welcomed. Apparently, women have for the most part a greater range. The method described has the advantage of good intraobserver repeatability, though its use in the clinic may be too time consuming.

REVIEWS

Inflammatory synovitis, vascular endothelium, and cytokines p 828
The endothelium is not only a selective permeability barrier but, also, its cells contribute directly to the control of such functions as vascular haemostasis, platelet activation, vasomotor tone, and many others. It is important, therefore, to review and take a timely stock of all these attributes. For instance, cytokines activate endothelial cells in several ways.

Feedback regulation of antibodies and rheumatoid arthritis p 833
The way that antibody synthesis is controlled in rheumatoid arthritis is imperfect and it is salutary to look at the ways that this is effected. How important is feedback suppression? How does it work? This review looks at this and many other items of interest.

EDITOR