

Journal summary

LEADER

Sex hormones and systemic lupus erythematosus p 897
Sex hormones affect the immune system; women are much more affected than men by immune system diseases and this is so particularly in systemic lupus erythematosus, so can modulation of these hormones affect the progress of the disease? Results so far have been mixed, but the newer synthetic sex steroids being developed look promising.

SCIENTIFIC PAPERS

Systemic lupus erythematosus and patient self knowledge p 900
Patients' knowledge of their disease was tested before and after reading a guide to see whether it had any effect on their psychological response to it. Sadly it did not, although it improved their grasp of what was going on. Their social background did not influence matters significantly.

Anticardiolipin antibodies and their effect on lymphocytes and neutrophils 903
These antibodies have now been reported in many diseases and it is interesting therefore to see how they exert their apparent biological effects. This study from Taiwan suggests that they have inhibitory effects on both lymphocytes and phagocytes as well as affecting the coagulation cascade.

Rheumatoid nodules and their immunopathology p 909
The pathogenetic mechanisms that act in rheumatoid nodules are largely unknown and yet about a fifth of patients with rheumatoid arthritis have them at some stage. The palisading cells seem to be derived from macrophages, and in the granulomatous tissue there is a vasculitis with activation of C3 and the terminal complement pathway.

Rheumatoid arthritis, methotrexate, and folic acid p 913
Methotrexate is widely used now in the management of rheumatoid arthritis, but it is potentially toxic because of its effects on cell replication. In an endeavour to obviate this it has been suggested that supplementation of treatment with folic acid may be effective. This paper makes it clear, however, that administration of folic acid shortly after the weekly dose of methotrexate leads to exacerbation of the disease.

α_1 Antitrypsin, elastase inhibitory effect, and rheumatoid arthritis p 915
One of the main physiological roles of α_1 antitrypsin is that it protects connective tissue from degradation by elastase. In inflammation large amounts of elastase are released and this is probably important in articular cartilage damage. Is this protective effect compromised in rheumatoid arthritis? Yes, for in this disease substantial inactivation of α_1 antitrypsin occurs within the joint.

Intra-articular pressure dynamics in acute and chronic effusions p 917
When intra-articular pressure is raised occlusion of the synovial microcirculation may occur leading to hypoxic reperfusion injury and the persistence of synovitis. Acute traumatic effusions do not seem to cause this, however, though chronic inflammatory effusions do. Why? Reflex

muscular inhibition around the joint leads to lower intra-articular pressures in the patients with acute traumatic effusions and this seems to account for it.

Thermography and chondromalacia patellae 921
Chondromalacia patellae is sometimes difficult to diagnose with certainty and this is a nuisance because it is common. Another area of uncertainty is its relation with the subsequent development of osteoarthritis. Thermography helps in its identification, though by itself it is not sufficiently specific and its specificity declines with age.

An evaluation of referrals to a rheumatology unit p 926
Communication between patient, primary care doctor, and specialist is being realised increasingly as all important, especially in these days of clinical audit. All the more welcome, therefore, to receive this study of patient referrals to a hospital and the perception of this by all parties to the process.

Treatment of Paget's disease with pamidronate p 930
The biphosphonates are effective forms of treatment for Paget's disease of bone and work by inhibition of osteoclastic bone resorption. There are problems associated with their use, however, so it is important to see whether the newer ones are better. Pamidronate certainly seems to be effective, and this report provides useful data about dose levels.

Follow up of rheumatic symptoms after an outbreak of campylobacter enteritis p 934
After an outbreak of infection with *Campylobacter jejuni* a third of those affected had rheumatic symptoms but developed good antibody levels. The level of antibodies corresponded well with the intensity of the disease. A significant but relatively small proportion of these patients went on to get chronic symptoms.

Calcium pyrophosphate crystals in stored synovial fluids and their survival p 939
We are ignorant of the fate of the pyrophosphate crystal in stored synovial fluid, though there is a suggestion that it may be altered. An examination of this over an eight week period showed that although the crystal count declined slowly, there was no evidence of morphological change or that new crystals formed.

Polymyalgia rheumatica and depot methylprednisolone p 942
The treatment of this disease with corticosteroids is very effective but there may well be side effects. These tend to be proportional to the cumulative dose given, but injections of depot methylprednisolone at intervals may reduce side effects significantly. Furthermore, there seems to be no suppression of the hypothalamic pituitary adrenal axis.

Eosinophilic cationic protein, vascular lesions, and temporal arteritis p 946
The role of the eosinophil in the vasculitis of temporal arteritis has been neglected hitherto, but this Danish study suggests that it is in fact important. Cytotoxic eosinophil granule proteins may contribute to the necrotic lesions and the development of thrombi.

CASE REPORTS**Calcium pyrophosphate crystals in a soft tissue chondroma** p 950

These crystals are usually seen deposited in hyaline joint cartilage and fibrocartilage and in articular and periarticular structures. It is unusual to see them in extra-articular lesions, but an example is reported here of deposition occurring in a chondroma of the soft parts overlying the distal phalanx of a finger in a woman of 67.

Felty's syndrome and palindromic rheumatism p 953

This syndrome is rare and almost always occurs in HLA-DR4 affected persons with chronic seropositive rheumatoid arthritis. It has been reported only once before in association with palindromic rheumatism so it is of interest to hear about it in a 50 year old man. He too was HLA-DR4 positive.

Cyclophosphamide, systemic lupus erythematosus, and bronchiolitis obliterans p 956

Although it is common to see pleuropulmonary disease in this disorder, this particular complication is hardly ever seen. The use of prednisolone was effective only for a while, but the addition of cyclophosphamide proved to be effective.

MASTERCLASS**The antiphospholipid syndrome** p 959

As we have observed before in this issue antiphospholipid antibodies have now been described with a wide variety of clinical entities. It is as well to be familiar with the many

clinical features associated with them and the various problems that are posed by their manifestation and its treatment. In particular, cerebrovascular complications linked with antiphospholipid antibodies do not respond to corticosteroid treatment.

NOW AND THEN**Mozart's death** p 963

We have recently been marking the two hundredth anniversary of the death of Mozart and it was suspected at the time that he might have been poisoned. An alternative explanation is advanced here, especially as he had articular pain: did he have infectious endocarditis following acute rheumatic fever, or some other possibility? Alas, we shall never know.

REVIEW**Rheumatoid arthritis in sub-Saharan Africa** p 965

For a long time the presence of rheumatoid arthritis in African subjects was believed to be rare, though whether this was owing to failure to recognise it or to some other factor it is hard to determine. More recent studies strongly suggest that its presence is real and though it seems to vary somewhat from State to State, it follows the European pattern. An expansion of rheumatological expertise in Africa, as in so many other things, is highly desirable.

EDITOR

ANNOUNCEMENT

Scientific papers and case reports submitted to the *Annals* should in future include a *structured* abstract of not more than 250 words comprising four paragraphs: Background, Methods, Results, and Conclusions. They should briefly describe, respectively, the problem being considered in the study, how the study was performed, the salient results, and what the authors conclude from the results.