

Encore

Art in hospitals

Hospitals are both frightening and daunting to many patients and yet at the same time can be dreary and dull places in appearance. They do not have to be, and many hospitals in the United States set a very good example of how art can be used imaginatively to brighten and humanise them.

Hospital Development 1990; 8: 27-9.

One knee or two?

Patients with rheumatoid arthritis (RA) often need to have both knees replaced by arthroplasties. The problem is, do you do both knees at the same time or as a two stage operation, one after the other after a decent interval? Apparently, they do better if you do both together.

J Bone Joint Surgery [Br] 1990; 72: 772-4.

The painful first metatarsophalangeal joint in elderly subjects

When the pain has become such that surgery is required, what operation do you do? Arthrodesis or Keller's arthroplasty? Both procedures give good results and there is little to choose between them. Several of those requiring arthrodesis have to be revised later, however, so you might as well do the Keller's operation in the first place.

J Bone Joint Surg [Br] 1990; 72: 839-42.

Systemic lupus erythematosus (SLE) and ethnic group

White people who develop SLE have been thought to have an increased prevalence of certain markers of the major histocompatibility complex (MHC). Further study shows, however, that there is no significant difference between white patients with SLE and the normal white population. Those of English/Irish descent though seem to have an association with an extended MHC haplotype or its DR containing fragment, or both.

Arthritis Rheum 1990; 33: 985-92.

The lupus anticoagulant and non-steroidal anti-inflammatory drugs (NSAIDs)

A recent letter suggests that NSAIDs may protect against thrombosis associated with the lupus anticoagulant in SLE. Worth investigating perhaps.

Arthritis Rheum 1990; 33: 1061-2.

NSAIDs and gastric ulcers again

NSAIDs seem to inhibit the mitosis of cells in glands adjacent to gastric ulcers in rats treated with indomethacin. This effect is reversed if misoprostol is given. Inhibition of epithelial cell division seems to be a real entity in gastric ulcer healing if NSAIDs are used.

Lancet 1990; 336: 840-3.

Methotrexate, ibuprofen, and flurbiprofen

It is current practice to avoid giving methotrexate with NSAIDs because of the serious risk of drug interactions. Methotrexate given either parenterally or orally in a dose of 10-25 mg did not, however, seem to have any adverse pharmacokinetic reactions with either ibuprofen or flurbiprofen given in normal doses.

J Rheumatol 1990; 17: 1008-10.

Ileal pouches and arthritis

As an alternative to ileostomy in the management of ulcerative colitis it has been the practice among some surgeons to construct a pelvic ileal reservoir. This does, however, have disadvantages as later this reservoir may

develop 'pouchitis' with arthritis as a subsequent complication.

BMJ 1990; 301: 886-7.

Rationing of health care

One of the great achievements of the National Health Service in the United Kingdom has been that health care resources have been fairly and widely distributed across the country. The fear now is that with the development of the new independent hospital trusts planning for this fair distribution may suffer badly. A recent Sounding Board article draws attention to the unequal distribution of resources between Oregon and Boston in the United States, for example. As health care becomes increasingly expensive to provide this problem needs to be faced.

N Engl J Med 1990; 323: 1202-4.

Pregnancy, RA, and methotrexate

Methotrexate has been thought to be teratogenic or to cause abortions when given to women when in the first trimester of pregnancy. A recent uncontrolled trial on a small number of pregnant women with RA seemed to show that it was not teratogenic: whether it is an abortifacient remains an open question.

Am J Med 1990; 88: 589-92.

Osteoporosis and calcitonin

Treatment of osteoporotic postmenopausal women with intranasal salmon calcitonin showed a net reduction of bone loss compared with controls, with an especially valuable effect in those with high turnover osteoporosis. After withdrawal of treatment, however, the loss of bone became similar to that of controls.

Am J Med 1990; 89: 1-6.

Juvenile RA and aortic valve regurgitation

Involvement of the aortic valve in systemic onset juvenile rheumatoid arthritis is rare in, fortunately, a rare disease. Nevertheless, it is real entity as a recent case report of a 13 year old boy shows.

Am J Med 1990; 89: 123-4.

Wegener's granulomatosis and the antineutrophil cytoplasmic antibody (ANCA)

Clinical awareness and diagnosis of Wegener's granulomatosis has increased since the ANCA test has become available, but does this represent a real increase in the incidence of the disease? Probably not, according to a recent report.

J R Coll Physicians Lond 1990; 24: 284-8.

Osteoporosis again

Premenopausal women who have ovulatory disturbances seem to be more at risk of developing osteoporosis than those who do not. They lose bone much faster and the amount of exercise taken seems to have no significant effect.

N Engl J Med 1990; 323: 1221-7.

Methotrexate and NSAIDs in children

The elimination half life of methotrexate in children was prolonged when NSAIDs were given as well, but the volume of distribution did not seem to be altered. A wide variation in the effect of the simultaneous administration of an NSAID and methotrexate on the clearance of the latter drug was noted, however, and giving the two drugs together must clearly be done with great caution.

J Rheumatol 1990; 17: 1469-73.