

## Encore

### Hip surgery and autologous blood transfusions

These days with the potential risk of getting AIDS from contaminated blood transfusion surgeons are seeking ways of using autologous blood by removing some prophylactically from the patient before surgery and using this if necessary. This technique has been reported from Stanford to be very successful.

*J Bone Joint Surg [Am]* 1991; 73: 76–80.

### Paget's disease and the vertebral disc

About a tenth of patients with proved Paget's disease seem to have invasion of the intervertebral disc itself. This may cause spine pain, spinal stenosis, and spondylodiscitis. As many as a fifth of those affected may have no pain at all, however.

*Spine* 1991; 16: 46–51.

### Overuse and rupture of the extensor digitorum communis tendons

Overuse has been reported from Japan as a possible cause of rupture of these tendons in the hand spontaneously on occasion. One patient was a confectioner, the other a painter. Repair was fortunately successful and apparently long lasting.

*J Hand Surg [Br]* 1991; 16: 70–1

### Testosterone and male patients with rheumatoid arthritis

Testosterone is well known to have immunosuppressive effects: at all events treatment of men with rheumatoid arthritis and identified low serum testosterone concentrations with the hormone resulted in a definite increase in the number of CD8+ T cells. This was accompanied by a reduction of IgM rheumatoid factor and the patients' arthritis improved as well.

*Arthritis Rheum* 1991; 34: 1–5.

### Progression of hand osteoarthritis

Women who had osteoarthritis of the hand joints tended to have greater bone mass than those who did not, but, conversely, they tended to have increased bone resorption with time compared with controls. Does this initial increased bone mass support Radin's hypothesis that osteoarthritis arises in part because more mineralised bone fails to deform on impact as well as more normal bone resulting in damage to the articular cartilage?

*Arthritis Rheum* 1991; 34: 36–42.

### Palindromic rheumatism and chloroquine treatment

Antimalarial treatment of palindromic rheumatism seemed to be effective in most and long lasting, either as chloroquine 250 mg or hydroxychloroquine 200 mg twice daily. It did not appear to be toxic and was well tolerated. About one fifth, however, went on to develop rheumatoid arthritis and, less commonly, systemic lupus erythematosus.

*J Rheumatol* 1991; 18: 35–7.

### Calcium pyrophosphate dihydrate crystals and pyrophosphatase

The deposition of calcium pyrophosphate dihydrate crystals in the joint is commonly associated with crystal arthropathy but as yet we have no effective treatment. All the more reason for better understanding of the condition so that we can cure it one day. Yeast pyrophosphatase seems to be very effective in dissolving this insoluble crystal, especially if the

milieu is pH neutral and depending on the concentration of  $Mg^{2+}$  and  $Ca^{2+}$ . A treatment one day?

*J Rheumatol* 1991; 18: 66–71.

### Captopril and autoimmune disease

Captopril may reduce IgA concentrations either permanently or temporarily and this may be related to their sulphhydryl group. Although the drug has been used in the management of rheumatoid arthritis with success, conversely it may itself induce immunological disorders, such as systemic lupus erythematosus.

*Lancet* 1991; 337: 436.

### Cardiac involvement in relapsing polychondritis

A young man with relapsing polychondritis developed complete heart block and acute aortic incompetence from which, sadly, he died. This was presumably due to necrotising inflammation of the aortic valve and fibrosis of the cardiac conducting system and has not been described before.

*Arthritis Rheum* 1991; 34: 97–100.

### Anterior cruciate ligaments

Anterior cruciate ligaments seem to be composed of three functional bundles and their relative contribution to resisting anterior subluxation in both flexion and extension was shown to be by the anteromedial bundle in the former and the posterolateral in the latter. None was isometric, and these studies may help in devising better implants for the future. They are much needed.

*J Bone Joint Surg [Br]* 1991; 73: 260–7.

### Rheumatology referrals

A leader in the *BMJ* draws attention to the relative scarcity of rheumatologists in the United Kingdom and the need to use their skills to the best effect. Referral rates from primary care doctors still vary too much, and the authors conclude that better communication will go some way towards solving this problem.

*BMJ* 1991; 302: 304–5.

### Rheumatoid arthritis, low dose prednisolone and bone density

We still have to use corticosteroids in the management of some postmenopausal women patients with rheumatoid arthritis and we worry about the effect this may have on their bones. A study using a mean of 6–7 mg a day for about 10 years showed that it did not seem to reduce bone density significantly.

*J Rheumatol* 1991; 18: 339–44.

### High titre anti-RNP antibodies and pregnancy

It is believed that women with connective tissue diseases who become pregnant may have a poor outcome of their disease. A study of 40 pregnant women with high titre anti-RNP antibodies showed that neither they nor their babies seemed to come to much harm.

*J Rheumatol* 1991; 18: 359–62.

### The chondrocyte and joint disease

The chondrocyte used to be thought of as a fairly inert cell but now evidence suggests that it plays an active part in the inflammatory process, perhaps by providing tissue specific antigens. It may even produce autoantigens.

*J Rheumatol* 1991; 18: 414–21.