

Tenosynovial Cysts and Pseudogout

To the Editor:

Notable for mimicry of other arthritides (1), pseudogout (PsG) may resemble rheumatoid arthritis (RA) in the hands and wrists, sharing features such as narrowed radiocarpal and metacarpophalangeal joints (2), synovial swelling at the wrists (3–5), interosseous atrophy (6), and ulnar deviation (6). Tenosynovial swelling at the wrist, however, was not observed in one reported series of 18 patients with PsG and synovitis of the wrist (4). A patient has been reported with PsG and a "small ganglion" on the dorsum of the wrist (1). Except for popliteal (Baker's) synovial cysts (7), cystic

lesions have not been mentioned in clinical descriptions of PsG. This is a report of protuberant, dorsal tenosynovial cystic swelling at the wrists in two men with PsG (Table 1).

In both patients, calcium pyrophosphate dihydrate (CPPD) crystals were present in repeated aspirates, whether from the knees or dorsal wrist tenosynovium (Table 2).

Marked by chronic pain in the wrists and knees as well as dorsal tenosynovial swelling at both wrists, the disease in patient A had been diagnosed as RA and treated with corticosteroids for 20 years. When encountered currently, both patients had type I non-inflammatory synovial fluids, good mucin clots, negative

Table 1. Clinical Data of Two Patients with Pseudogout and Tenosynovial Cysts

Patient	Year of Birth	Onset of Arthritis		Dorsal Wrist Cysts	Chondrocalcinosis by X-ray	Rheumatoid Factor
		Knees	Wrists			
A	1894	1946	1952	Bilateral	Knees, wrists	Neg
B	1892	1950	1971	Left	Wrists, symphysis pubis	Neg

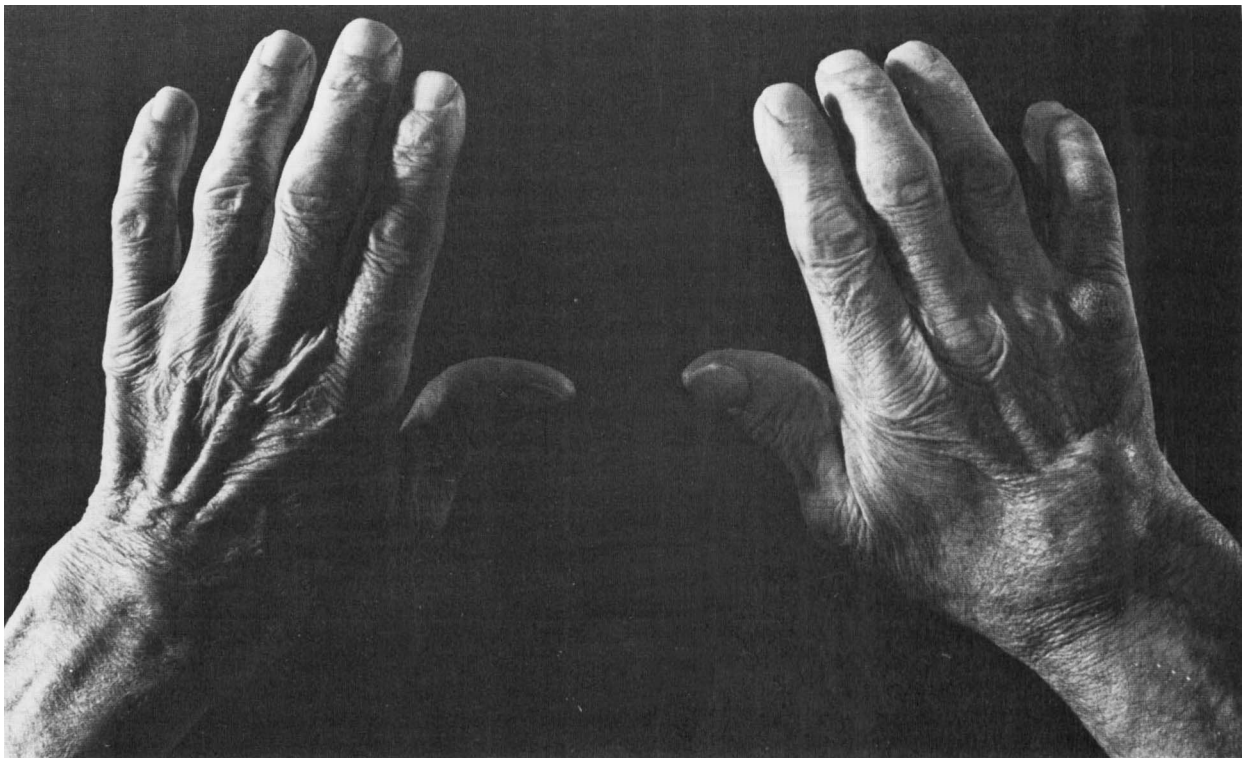


Fig. 1. Patient A. Dorsal tenosynovial swelling at right wrist and similar, less marked swelling at the left wrist.

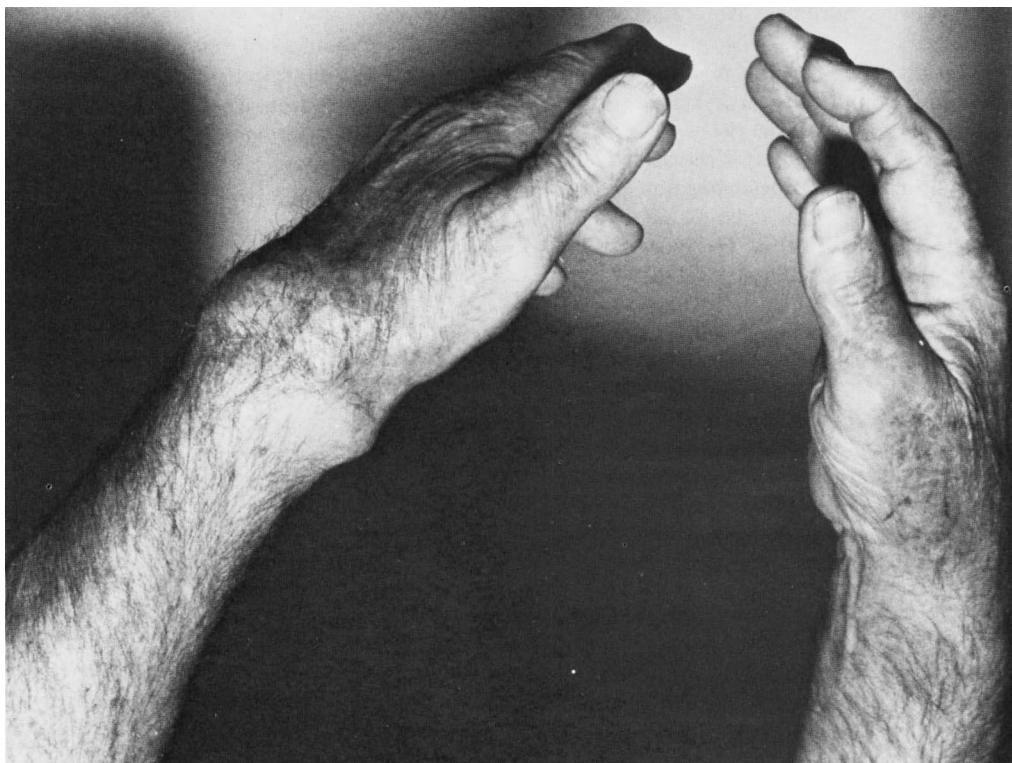


Fig. 2. Patient B. Dorsal tenosynovial swelling at the left wrist, as well as ventral hypertrophic bony swelling at radius.

Table 2. Synovial Fluid Data

Patient	Site	Viscosity	Mucin Clot	WBC†	Positively Birefringent Rhomboid Crystals
A	Knee	Normal	Good	900	Yes*
	Tenosynovial cyst, wrist	Normal		1,300	Yes
B	Knee	Normal	Good	626	Yes
	Tenosynovial cyst, wrist	Normal			Yes

* X-ray diffraction, kindly performed by Frank B. Johnson, M.D., Armed Forces Institute of Pathology, identified crystals as calcium pyrophosphate dihydrate.

† WBC = leukocyte count/mm³.

tests for the rheumatoid factor, and absence of "rheumatoid" juxtaarticular erosions by x-ray, features that reduce the likelihood of concurrent RA.

Although CPPD deposits are found chiefly within joints, crystals have also been identified in tendons and ligaments well away from articular synovium and cartilage (8,9). The crystals aspirated from the dorsal tenosynovium near the wrists in the present pa-

tients, however, could merely have come from intra-articular cartilage. Arthrograms often demonstrate communications between the intra-articular compartment of the wrist and adjacent dorsal tenosynovium (10).

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Radiographic Arthritis Survey

To the Editor:

Radiography plays a critical role in the evaluation of the patient with an arthritic disorder; it may provide the clue to the diagnosis in the patient with early disease or be of value in one with advanced disease in whom the change in the radiographs is an index of the efficacy of drug treatment. It is necessary to radiograph multiple joints since the *distribution* of findings is often the key to the correct differential diagnosis. The radiographic search for abnormality is, however, often haphazard and expensive; nonessential radiographs expose the patient to excessive radiation.

We have formulated a "Radiographic Arthritic Survey" (1) that provides abundant diagnostic information yet takes into account the need to control the rising cost of medical care and to reduce radiation exposure. The survey consists of: 1) posteroanterior and oblique views of both hands, including the wrists; 2) anteroposterior and lateral views of both feet, including the ankles; 3) posteroanterior *standing* views of both knees; 4) voluntary lateral *flexion* view of the cervical spine; 5) posteroanterior view of the pelvis; 6) posteroanterior and lateral views of the chest.

Radiography can proceed rapidly and efficiently once the patient is in the x-ray room; the time taken to complete the examination is considerably less than if the patient returned on six different occasions. We therefore charge a fee that is 60% of the sum of the expected individual charges.

We suggest that the Radiographic Arthritis Survey is a practical, efficient, and economical tool which, in our experience of over 3,000 cases, has provided sufficient information to allow formulation of a differential diagnosis and assessment of disease severity.

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Reversal of Azotemia in Lupus Nephritis by Megadose Corticosteroid Therapy

To the Editor:

Extreme deterioration of renal function in systemic lupus erythematosus is almost always irreversible and leads to death or maintenance hemodialysis. The following case is reported because megadoses of dexamethasone (260 mg daily) were associated with dramatic restoration of renal function and resolution of parenchymal lung disease when death seemed imminent. This therapeutic approach was suggested by Cathcart and coworkers (1); in one of their patients renal deterioration was almost as severe as that in the patient reported here.

Since 1968 a 39-year-old Chinese woman had had five psychotic episodes, keratoconjunctivitis sicca, excessive hair loss, recurrent oral ulcers, polyarthralgia and positive reactions to tests for antinuclear antibodies and rheumatoid factor. In November 1975 acute hemolytic anemia appeared, together with proteinuria and microhematuria. By January 1976 serum creatinine had risen to 1.8 mg/100 ml and creatinine clearance was 40 ml/minute; LF cell preparations were now positive. Renal biopsy in April 1976 showed diffuse pro-