the hypothesis that either NGF and/or NGF-antibodies, depending on the physiopathological stage of the disease, could contribute to the development of therapeutic strategies for this inflammatory joint disease.

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References

HIV infection-associated rheumatic syndromes

Sir,

We read with great interest the Letter to the Editor by Olive et al. “Vasculitis and oral and genital ulcers: Behçet’s syndrome or HIV infection” (1). In general, we agree with their position regarding this association. In our original report (2) we described a patient who exhibited oral ulceration secondary to vasculitis, but who did not fulfill the diagnostic criteria for Behçet’s. To date, we have evaluated over 1000 HIV-infected individuals and have yet to find a patient fulfilling the diagnostic criteria for Behçet’s disease. Therefore, this leads us to conclude that although the same HIV patients may exhibit vasculitis and genital and oral ulcerations, the association with Behçet’s disease is extremely rare. Our experience is, however, in accordance with the authors’ initial statements regarding the frequency and type of rheumatic syndrome(s) seen in the HIV population. Data from our group and others have conclusively shown that rheumatic complaints are relatively common in HIV patients and, contrary to Olivé et al.’s affirmation, Reiter’s syndrome and undifferentiated spondyloarthropathy (reactive arthritis) are the most common rheumatic syndromes seen (3, 4).

Some geographic variation in the frequency and pattern of joint involvement in HIV patients has been noticed, particularly in Spain. This, however, appears to be due to the risk factors involved, usually I.V. drug abuse as in the case of the patient described by Olivé et al. Recent observations on the black races of sub-Saharan Africa have linked HIV infection and seronegative spondylarthropathy. In their prospective study Njoo et al. (5) found reactive arthritis to be the most common inflammatory joint disorder in black Zambians. They estimated the prevalence of undifferentiated spondyloarthropathy and Reiter’s syndrome to be 180/100,000 in the HIV-positive population and 150/100,000 in the HIV-negative population. Thus, considering that reactive arthritis in Africa was rare prior to the advent of the HIV epidemic, this recently reported data provides strong support for the association of inflammatory articular disorders and HIV infection. M.L. CUELLAR1, M.D.
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