

Erosive arthritis in juvenile onset Crohn's disease

Sirs,

In Crohn's disease arthropathy, evolution to chronicity with radiographic erosive lesions has been rarely reported (1, 2).

We recently encountered the case of a 22-year-old man who presented in September 1992 (at 15 years of age) with arthritis of the left ankle, followed by the involvement of the wrists and elbows. An initial diagnosis of juvenile chronic arthritis was made and the symptoms were improved by NSAIDs. In May 1993, he was admitted to the Emergency Department for appendicitis. The surgeon found a magma involving the terminal ileum and caecum and did a partial resection of the gut. Histology revealed evocative features of Crohn's disease. The patient began to complain of chronic diarrhoea without blood which were improved by mesalazine treatment. The patient presented in September 1999 with arthritis of the left ankle, the wrists, the elbows and inflammatory buttock pain. Clinical examination disclosed synovitis of the right wrist, left elbow and right ankle. The hips and lumbar spine were free of involvement, with a Schöber of 6 cm.

Laboratory analyses showed: ESR 60 mm/1st hr, hemoglobin 8.1 g/dl, mean cell volume $57\mu^3$, rheumatoid factor negative by the latex and Waaler-Rose tests, as were anti-nuclear antibodies. HLA-B27 was absent. X-rays showed bilateral sacroiliitis stage 3, nar-

rowing of the left coxofemoral joint, and erosive arthritis of the left elbow (Fig. 1).

Colonoscopy revealed inflammation and ulceration from the hepatic flexure to the left colon consistent with Crohn's colitis. Biopsies revealed acute and chronic inflammatory changes and confirmed the diagnosis of Crohn's disease. The patient improved symptomatically with indomethacin and sulfasalazine.

From the early description of the association of peripheral arthritis and sacroiliitis with ulcerative colitis and Crohn's disease, the idea emerged that inflammatory bowel diseases (IBD) might belong to the spondyloarthropathy concept. Arthropathy is the commonest extra-intestinal manifestation of Crohn's disease (3-9). The most common presentation is a benign, peripheral, seronegative arthritis which occurs in 3-23% of patients with Crohn's disease (2). It is characterized by migratory and at times symmetric polyarthritis affecting primarily the large joints of the legs. Control of the intestinal disease will frequently result in amelioration of the arthropathy. Histopathologic examination of involved synovium usually shows nonspecific inflammation which is thought to be mediated by immune complex deposits. However, cases of granulomatous erosive arthritis have been reported (3-5). AS, clinically indistinguishable from the idiopathic form, is observed in 5-8% of cases. In up to 75% of this subgroup of patients HLA B27 antigen is present. Isolated and bilaterally symmetric sacroiliitis is seen in 11-19% of Crohn's disease patients; this form, which is not associated with the antigen HLA B 27, usually presents with peripheral arthritis. Our patient can be classified in this category. Elbow involvement has been reported only in one observation in a 49-year-old woman who presented a chronic polyarthritis resembling rheumatoid arthritis (7). Many predictive factors of erosive arthritis can be advanced from the literature: juvenile onset, the presence of spondyloarthropathy and severe intestinal involvement. Our patient had all of these factors. Treatment is based essentially on sulfasalazine, which is effective against the intestinal and articular lesions. Synoviortheses of the involved joint can stop the erosive process if it is carried out early.

A. EL MAGHRAOUI, MD
A. AOURAGH, MD
M. HACHIM, MD
F. TOLOUNE, MD
V. OHAYON, MD
M.I. ARCHANE, MD

Internal Medicine Department, Military Hospital Mohamed V, Rabat, Morocco.



Fig. 1. X-ray of the left elbow showing narrowing of the joint space with erosive lesions.

Please address correspondence and reprint requests to: Dr. A. El Maghraoui, Internal Medicine Department, Military Hospital Mohamed V, Rabat, Morocco.
e-mail: a_elmaghraoui@hotmail.com

References

1. NORTON KI, EICHENFIELD AH, ROSH JR, STERN MT, HERMANN G: Atypical arthropathy associated with Crohn's disease. *Am J Gastroenterol* 1993; 88: 948-52.
2. WEINER SR, CLARKE J, TAGGART NA, et al.: Rheumatic manifestations of inflammatory bowel disease. *Semin Arthritis Rheum* 1991; 20: 353-66.
3. AL-HADIDI S, KHATIB G, CHHATWAL P, KHATIB R: Granulomatous arthritis in Crohn's disease. *Arthritis Rheum* 1984; 27: 1061-2.
4. TOUBERT A, DOUGADOS M, AMOR B: Erosive granulomatous arthritis in Crohn's disease. *Arthritis Rheum* 1985; 28: 958-9.
5. LINOSTROM C, WRAMSBY H, OSTBERG G: Granulomatous arthritis in Crohn's disease. *Gut* 1972; 13: 254-9.
6. DESHAYES P, LE LOËT X, MEJJAD O, DARAGON A, POTTIER S: Arthropathies érosives au cours de la maladie de Crohn. A propos de trois observations. *Rev Rhum* 1993; 60: 625-7.
7. TOUSSIROT E, DARMON P, REVIRON D, MERCIER P, ACQUAVIVA PC: Erosive polyarthritis in Crohn's disease. *Clin Exp Rheumatol* 1995; 13: 255-7.
8. TOMILSON IW, JAYSON MIV: Erosive Crohn's arthritis. Case report. *J R Soc Med* 1981; 74: 540-2.
9. BEAUVAIS C, LE QUINTREC JL, PRIER A, FLIPO RM, KAHN MF, KAPLAN G: Coxites destructrices de la maladie de Crohn. Dix observations. *Presse Med* 1995; 24: 1555-8.

Microscopic perineuritis. An unexpected finding of post-herpetic neuralgia in a temporal artery biopsy

Sirs,

Post-herpetic neuralgia (PHN) is defined by pain persisting more than 3 months after the end of the acute period (1, 2). Nearly all patients have pain in association with acute herpes zoster, and 10-70% have PHN, which can develop after a pain-free interval (1). Perineuritis is a histopathologic finding characterized by inflammatory cell collection around peripheral nerves. This entity has been observed in nerves infected by herpes virus, both simplex or zoster (3,4), and has also been described in some patients with PHN (5). We report the case of a patient with ophthalmic PHN, in whom a temporal artery biopsy was performed, and a perineuritic lesion near the temporal artery was found. To our knowledge no other cases of perineuritis in a temporal artery sample from a patient with PHN