Highlights from the literature 2002-2003: The Editorial Board's suggested readings

Important articles recommended by the Editorial Board for vasculitis students and experts. The Editorial Board was polled for their opinions about vasculitis articles that most affected their thoughts and practices during the past year. We hope that the following recommendations will facilitate your reading of the vasculitis literature.

Pathogenesis and experimental work

Xiao H, Heeringa P, Hu P, Liu Z, Zhao M, Aratani Y, Maeda N, Falk RJ, Jennette JC: Antineutrophil cytoplasmic autoantibodies specific for myeloperoxidase cause glomerulonephritis and vasculitis in mice. *J Clin Invest* 2002; 110: 955-63.

This paper describes a new and exciting model that demonstrates the direct pathogenic role of MPO-ANCA in vasculitis.

Russell KA, Specks U: Are antineutrophil cytoplasmic antibodies pathogenic? Experimental approaches to understand the antineutrophil cytoplasmic antibody phenomenon (review). *Rheum Dis Clin North Am* 2001; 27: 815-32.

An excellent review of a large body of data supporting the pathogenicity of ANCA in select types of vasculitis.

Weyand CM, Goronzy JJ: Medium- and large-vessel vasculitis. Mechanisms of disease. (Review). *N Engl J Med* 2003; 349: 160-9.

This article is a particularly well written and illustrated overview of many important new observations about GCA pathogenesis. Numerous seminal insights about GCA have in fact come from the authors' own laboratories.

Dal Canto AJ, Swanson PE, O'Guin AK, Speck SH, Virgin HW: IFN-γ action in the media of the great elastic arteries, a novel immunoprivileged site. *J Clin Invest* 2001; 107: R15-22.

Compelling mouse model of large-vessel vasculitis and the potential for a role in etiopathogenesis of microbial pathogens.

Clinical vasculitis

Jayne D, Rasmussen N, Andrassy K, Bacon P *et al*.: A randomized trial of maintenance therapy for vasculitis associated with antineutrophil cytoplasmic antibodies. *N Engl J Med* 2003; 349: 36-44.

This is a very important paper that demonstrates the utility and safety of converting cyclophosphamide to azathioprine, following induction of remission. The relapse rate at 18 months follow-up was no greater in the group that continued CPversus those randomized to azathioprine (~15% in each group).

Wegener's granulomatosis

The WGET Research Group: Baseline data on patients in the Wegener's granulomatosis Etanercept trial (WGET): Comparisons of the limited and severe disease subsets. *Arthritis Rheum* 2003; 48: 2299-309.

Description of important demographic and clinical differences between the limited and severe disease subsets

Temporal arteritis

Hoffman GS, Cid MC, Hellman DB *et al*.: A multicenter, randomized, double-blind, placebo-controlled trial of adjuvant methotrexate treatment for giant cell arteritis. *Arthritis Rheum* 2002; 46: 1309-18.

Editorial Board members selected this article because of its importance in demonstrating that methotrexate does not significantly reduce relapses or cumulative corticosteroid requirements in the treatment of giant cell arteritis.

Salvarani C, Cantani F, Boiardi L, Hunder GG: Polymyalgia rheumatica and giant cell arteritis (review). *New Engl J Med* 2002; 347: 261-71.

This is an excellent state-of-the-art review of clinical aspects of PMR and GCA.

Smetana GW, Shmerling RH: Does this patient have temporal arteritis? *JAMA* 2002; 287: 92-101.

A meta-analysis of the test characteristics of various findings in the history, physical examination, and laboratory tests in TA.

Hernández-Rodríguez J, Segarra M *et al*.: Elevated production of interleukin-6 is associated with a lower incidence of disease-related ischemic events in patients with giant cell arteritis. Angiogenic activity of interleukin-6 as a potential protective mechanism. *Circulation* 2003; 107: 24283-4.

A very interesting study designed to assess the potential protective role of proinflammatory cytokines in the development of ischemic events in giant cell arteritis.

Salvarani C, Silingardi M, Ghirarduzzi A *et al*.: Is duplex ultrasonography useful for the diagnosis of giant cell arteritis? *Ann Intern Med* 2002; 137: 232-8.

A nice diagnostic test study that assesses the usefulness of temporal artery duplex ultrasonography and compares this mode of ultrasonography with the physical examination of temporal arteries for the diagnosis of giant cell arteritis.

Other

Gonzalez-Gay MA, Garcia-Porrua C, Guerrero J, Rodriguez-Ledo P, Llorca J: The epidemiology of the primary systemic vasculitides in northwest Spain: Implications of the Chapel Hill Consensus Conference definitions. *Arthritis Rheum* 2003; 49: 388-93.

An excellent population-based study that examines the epidemiology of the primary systemic vasculitides in a well-defined population of southern Europe using the Chapel Hill Consensus Conference definitions.

Stone JH, Calabrese LH, Hoffman GS, Hunder GG, Pusey C, Hellmann DB: The vasculitides: A collection of pearls and myths. *Rheum Dis Clin North Am* 2001; 27:677-728.

Collected clinical wisdom on the spectrum of vasculitides.

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