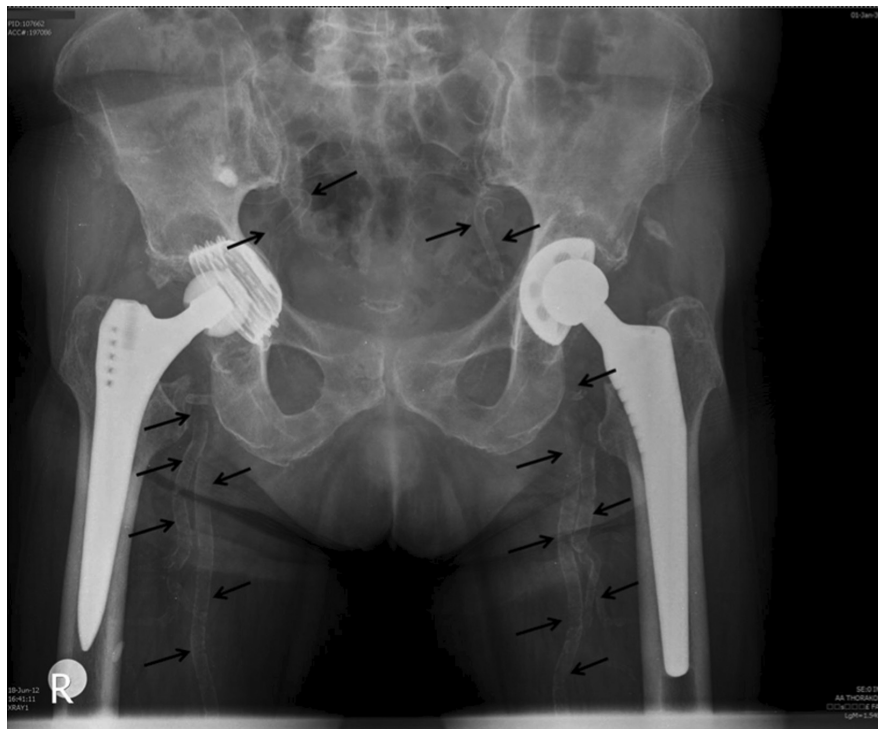


## Contrast-free... arteriography

Sirs,

A 78-year old woman was evaluated for pelvic pain after a fall. She had a four-decade history of rheumatoid arthritis (RA) for which she had been on long-term glucocorticoids and methotrexate. She had osteoporosis with vertebral fractures, as well as bilateral total hip replacement. On physical examination, the signs of long-standing deforming and disabling RA were evident in the joints of hands and feet. Plain films showed no fracture of the pelvis or the femoral bones. A remarkable finding was that the large arterial branches (iliac, common, superficial and deep femoral arteries) were clearly visible, as if they contained contrast medium (Fig. 1). This radiographic picture is suggestive of extensive media calcinosis, also known as Mönckeberg's sclerosis. Its pathogenesis involves numerous factors, plenty of which also promote atherogenesis, and is typically encountered in diseases characterised by vasculopathy, such as diabetes mellitus (1). However, so striking an image of media calcinosis in a patient with RA who presents apparent consequences of a significant, almost lifelong, cumulative inflammatory burden (articular destruction, osteoporosis), but lacks other cardiovascular risk factors, highlights the concomitant detrimental effects of systemic inflammation on the arterial wall. Briefly, this picture illustrates what has only recently been realised: that RA may be a diabetes mellitus equivalent from a cardiovascular point of view (2).

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**Fig. 1.** Plain film of the hip joints showing railroad track-like calcifications of almost the entire length of the iliac and femoral arteries (arrows) bilaterally, suggestive of Mönckeberg's sclerosis.

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