

Nature Reviews Rheumatology 8, 306 (2012); published online 31 May 2012;
[doi:10.1038/nrrheum.2012.70](https://doi.org/10.1038/nrrheum.2012.70);
[doi:10.1038/nrrheum.2012.71](https://doi.org/10.1038/nrrheum.2012.71);
[doi:10.1038/nrrheum.2012.72](https://doi.org/10.1038/nrrheum.2012.72);
[doi:10.1038/nrrheum.2012.73](https://doi.org/10.1038/nrrheum.2012.73)

IN BRIEF

OSTEOARTHRITIS

Resurfacing versus total hip arthroplasty for hip OA

Resurfacing arthroplasty ($n=60$) was as efficacious as total hip arthroplasty ($n=66$) at 12 months after surgery for patients with severe hip osteoarthritis (OA) in this single centre, blinded, randomized controlled trial. Intention-to-treat analysis found no inter-group difference in hip function, based on Oxford and Harris hip scores. Complication rates were also similar in the two groups, but wound complications and thromboembolic events were more common in the total arthroplasty and resurfacing groups, respectively. Longer term data are required.

Original article Costa, M. L. *et al.* Total hip arthroplasty versus resurfacing arthroplasty in the treatment of patients with arthritis of the hip joint: single centre, parallel group, assessor blinded, randomised controlled trial. *BMJ* doi:10.1136/bmj.e2147

CONNECTIVE TISSUE DISEASES

Risk of arterial events in patients with primary APS

This study, performed to assess the prevalence and clinical implications of metabolic syndrome (MetS) in patients with primary antiphospholipid syndrome (pAPS), involved 71 patients with pAPS and 73 age-matched controls. 33.8% of patients with pAPS in this study also had MetS, and these patients had a higher risk of arterial events and cardiovascular risk factors than patients with pAPS alone. The authors conclude that co-existent MetS might exacerbate endothelial abnormalities of pAPS.

Original article Rodrigues, C. E. *et al.* Coexistence of metabolic syndrome and primary antiphospholipid syndrome is associated with arterial events. *Arthritis Care Res. (Hoboken)* doi:10.1002/acr.21701

PAEDIATRIC RHEUMATIC DISEASE

Radiological cervical spine involvement in pJIA

Comparing radiographs of the cervical spine from young adults with polyarticular juvenile idiopathic arthritis (pJIA) with or without cervical symptoms ($n=57$) with those from adults (<55 years of age) with rheumatoid arthritis (RA) ($n=58$) showed that 65% of pJIA and 67% of RA patients had cervical lesions; however, 51% of patients with pJIA with radiographic abnormalities had no clinical symptoms. Radiographic cervical lesions were directly associated with more severe disease, so the authors recommend regular cervical spine radiographic assessment in patients with pJIA.

Original article Elhai, M. *et al.* Radiological cervical spine involvement in young adults with polyarticular juvenile idiopathic arthritis. *Rheumatology* doi:10.1093/rheumatology/kes054

OSTEOARTHRITIS

Measuring cartilage quality with CT arthrography

CT arthrography can be used to quantitatively measure cartilage quality in human knees, but can the dose of radiation used in the scans be reduced? This study tested a range of radiation doses (81.33–8.13 mGy) for scanning cadaveric knee joints and found that cartilage quality could be assessed using a reduced radiation dose; however, for determination of spatial sGAG distribution a higher radiation dose was required.

Original article Van Tiel, J. *et al.* CT arthrography of the human knee to measure cartilage quality with low radiation dose. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2012.03.007