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IN BRIEF

VASCULITIS SYNDROMES

Rituximab as remission maintenance therapy

Induction therapy with cyclophosphamide and glucocorticoids results in remission in most patients with anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis; however, many patients relapse on maintenance therapy with azathioprine or methotrexate. A study has now compared relapse rates in patients with vasculitis in complete remission ($n=115$; 87 with granulomatosis with polyangiitis, 23 with microscopic polyangiitis and 5 with renal-limited ANCA-associated vasculitis) receiving 500 mg rituximab on days 0 and 14, and at months 6, 12 and 18 ($n=57$), or azathioprine daily until month 22 ($n=58$). At month 28, 17 patients receiving azathioprine (29%) and 3 patients receiving rituximab (5%; HR for relapse 6.61, 95% CI 1.56–27.96, $P=0.002$) had undergone a major relapse, indicating that rituximab could be an efficacious remission maintenance therapy for ANCA-associated vasculitis. Frequencies of severe adverse events were similar in the two groups: 44 events occurred in the azathioprine group and 45 in the rituximab group.

Original article Guillevin, L. *et al.* Rituximab versus azathioprine for maintenance in ANCA-associated vasculitis. *N. Engl. J. Med.* doi:10.1056/NEJMoa1404231

LUPUS NEPHRITIS

Multitarget induction therapy versus cyclophosphamide

In a 24-week study of adults with biopsy-proven lupus nephritis, multitarget therapy with tacrolimus (4 mg/day) and mycophenolate mofetil (1 g/day) was more efficacious than intravenous cyclophosphamide (starting dose 0.75 and adjusted to 0.5–1.0 g/m^2 body surface area every 4 weeks) as an induction therapy. All patients were also given 3 days of pulse methylprednisolone and a tapering course of oral prednisone therapy. 45.9% of the multitarget group versus 25.6% of the cyclophosphamide group achieved complete remission (95% CI 10.0–30.6, $P<0.001$). Remission was achieved more quickly in the multitarget group compared with the cyclophosphamide group (mean difference –4.1; 95% CI –7.9 to –2.1 weeks). The incidence of adverse events were similar in the multitarget and intravenous cyclophophomide groups (50.3% [91 of 181] versus 52.5%, [95 of 181] respectively).

Original article Liu, Z. *et al.* Multitarget therapy for induction treatment of lupus nephritis: A randomized, controlled trial. *Ann. Intern. Med.* doi:10.7326/M14-1030

OSTEOARTHRITIS

Arthroscopic debridement and capsular release in OA

Isolated arthroscopic debridement and capsular release, in the absence of any other procedures, were associated with only temporary pain relief and improvement in motion in patients with shoulder osteoarthritis, according to a retrospective review of 33 patients seen by a single surgeon at Washington University. Although range of movement and pain scores did initially improve after debridement and capsular release, scores returned to preoperative levels approximately 3.8 months after the procedure and 20 patients (60.6%) stated that they were not satisfied with the outcome.

Original article Skelley, N. W. *et al.* Arthroscopic debridement and capsular release for the treatment of shoulder osteoarthritis. *Arthroscopy* doi:10.1016/j.arthro.2014.08.025