

## IN BRIEF

**RHEUMATOID ARTHRITIS****Local versus systemic treatment for tenosynovitis**

Ultrasonography (US)-guided injection of glucocorticoids into tendon sheaths provided better disease control than intramuscular injection for patients with rheumatoid arthritis and tenosynovitis in a randomized, double-blind, controlled study. US remission of tenosynovitis (defined as greyscale score  $\leq 1$  and colour Doppler score = 0) at week 4 was achieved by 64% (16/25) of patients who received intratendinous injections, compared with 25% (6/24) who received intramuscular injections ( $P = 0.001$ ). Remission rates also differed significantly at week 12 (44% versus 8%,  $P = 0.001$ ).

**ORIGINAL ARTICLE** Ammitzbøll-Danielsen, M. et al. Intramuscular versus ultrasound-guided intratendinous glucocorticoid injection for tenosynovitis in patients with rheumatoid arthritis: a randomised, double-blind, controlled study. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2016-209840> (2016)

**SYSTEMIC LUPUS ERYTHEMATOSUS****Epratuzumab not effective in phase III trials**

Yet more failed drug trials in systemic lupus erythematosus (SLE). The primary end point was not met in two phase III, randomized, placebo-controlled, double-blind, multicentre trials of epratuzumab for moderately to severely active SLE. In EMBODY™ 1 ( $n = 786$ ) and EMBODY™ 2 ( $n = 788$ ), treatment response rates at 48 weeks, measured using the BILAG-based combined lupus assessment (BICLA) composite end point, were no better in patients with SLE who received the anti-CD22 monoclonal antibody in addition to standard therapy than those who received placebo in addition to standard therapy.

**ORIGINAL ARTICLE** Clowse, M. E. B. et al. Efficacy and safety of epratuzumab in moderately to severely active systemic lupus erythematosus: results from the phase 3, randomized, double-blind, placebo-controlled trials, EMBODY™ 1 and EMBODY™ 2. *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.39856> (2016)

**FIBROMYALGIA****Optic nerve damaged in patients with fibromyalgia**

A study using noninvasive optical coherence tomography (OCT) detected axonal damage in the optic nerve in patients with fibromyalgia ( $n = 116$ ) as compared with controls ( $n = 144$ ), suggesting that neurodegeneration contributes to the pathology of the disease. Thinning of the retinal nerve fibre layer did not correlate with disease duration or severity, but was more pronounced in the subgroup of patients with 'biologic' fibromyalgia according to the Giesecke classification scheme.

**ORIGINAL ARTICLE** Garcia-Martin, E. et al. Fibromyalgia is correlated with retinal nerve fiber layer thinning. *PLoS ONE*, <http://dx.doi.org/10.1371/journal.pone.0161574> (2016)

**COMORBIDITIES****Stroke risk increased after herpes zoster infection**

In a retrospective cohort study of 43,527 patients with autoimmune and inflammatory diseases (ankylosing spondylitis, inflammatory bowel disease, psoriasis, psoriatic arthritis and rheumatoid arthritis) with herpes zoster infection (HZ), HZ was identified as a risk factor for stroke occurring soon afterwards. The adjusted incidence rate ratio (IRR) for stroke within 90 days of HZ was 1.36 (95% CI 1.10–1.68) in the overall cohort, and 1.77 (0.97–3.23) in those with HZ-related cranial nerve complications. Prompt antiviral treatment reduced the IRR for subsequent stroke to 0.83 (95% CI 0.70–0.98).

**ORIGINAL ARTICLE** Calabrese L. H. et al. Herpes zoster and the risk for stroke in patients with autoimmune diseases. *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.39855> (2016)