

## IN BRIEF

**AUTOINFLAMMATION****Stem cell transplantation for DADA2**

Haematopoietic stem cell transplantation (HSCT) was an effective and definitive treatment in 14 patients with deficiency of adenosine deaminase 2 (DADA2), a monogenic autoinflammatory vasculopathy. All patients reported resolution of immunological and haematological phenotype, with no new vascular events at an average of 18 months follow-up, and adenosine deaminase 2 activity normalized as early as 14 days post-HSCT in those patients tested ( $n = 7$ ). Adverse events were reported in 11 of the 14 patients (four incidents of cytopenia and seven incidents of moderate or acute graft-versus-host disease).

**ORIGINAL ARTICLE** Hashem H. *et al.* Haematopoietic stem cell transplantation rescues the haematological, immunological and vascular phenotype in DADA2. *Blood* <http://dx.doi.org/10.1182/blood-2017-07-798660> (2017)

**CRYSTAL ARTHRITIS****Febuxostat reduces synovitis in early gout**

Compared with placebo, urate-lowering therapy with once-daily febuxostat at 40mg (or 80mg if serum uric acid was  $\geq 6$  mg/dL after 14 days) in patients with early gout (hyperuricaemia and  $\leq 2$  gout flares;  $n = 183$ ) reduced MRI-detected synovitis (change from baseline RAMRIS score of  $-0.43$  versus  $-0.07$ ;  $P < 0.001$ ), decreased the incidence of disease flares (29.3% versus 41.4%;  $P < 0.05$ ) and increased the proportion of patients obtaining a serum uric acid level of  $< 6$  mg/dL (62.8% versus 5.7%;  $P < 0.001$ ) after 24 months. However, treatment with febuxostat did not cause detectable changes in joint erosion over 2 years.

**ORIGINAL ARTICLE** Dalbeth, N. *et al.* Effects of febuxostat in early gout: a randomized, double-blind, placebo-controlled study. *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.40233> (2017)

**PAEDIATRIC RHEUMATOLOGY****DNA methylation in oligoarticular JIA**

Results from the analysis of DNA methylation patterns using Illumina HumanMethylation450 arrays showed no substantial differences between CD4<sup>+</sup> T cells from 56 patients with oligoarticular juvenile idiopathic arthritis (JIA) and CD4<sup>+</sup> T cells from 57 age-matched healthy individuals. The authors of the study suggest that this lack of a difference could indicate a less crucial role for epigenetic changes in JIA than in rheumatoid arthritis in adults.

**ORIGINAL ARTICLE** Chavez-Valencia, R. A. *et al.* The DNA methylation landscape of CD4<sup>+</sup> T cells in oligoarticular juvenile idiopathic arthritis. *J. Autoimmun.* <http://dx.doi.org/10.1016/j.jaut.2017.09.010> (2017)

**VASCULITIS SYNDROMES****Rituximab for adult-onset IgA vasculitis**

In a multicentre observational study of 22 patients with adult-onset IgA vasculitis, 90.9% ( $n = 20$ ) achieved remission (as defined by Birmingham Vasculitis Activity Score; BVAS) at an average follow-up of 24 months when receiving rituximab either as monotherapy or as an additional therapy. Following the initiation of rituximab, patients experienced reductions in BVAS ( $P < 0.0001$ ) and levels of proteinuria ( $P < 0.0001$ ) and C-reactive protein ( $P = 0.0005$ ), and were able to reduce their dose of prednisone. Of those patients who achieved remission, 35% ( $n = 7$ ) subsequently experienced a relapse.

**ORIGINAL ARTICLE** Maritati, F. *et al.* Rituximab for the treatment of adult-onset IgA vasculitis (Henoch-Schönlein purpura). *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.40339> (2017)