

GLOSSARY

MODIFIED STOKE
ANKYLOSING
SPONDYLITIS SPINAL
SCORE (MSASSS)

The Stoke Ankylosing Spondylitis Spinal Score, modified by adding a score for the cervical spine and defining squaring

lesion), and no previous treatment. In the alendronate group, only 4/29 hips progressed one or more stages, 2/29 hips collapsed and 3/29 required surgery, compared with 20/25, 19/25 and 17/25, respectively, in the control group. All results were statistically significant ($P < 0.001$).

The small size and 2-year duration of the study mean that the confounding influence of risk factors could not be examined, and it is uncertain if alendronate prevents or merely delays collapse. The optimum dosage of alendronate was not assessed in this study, although rat models have shown bone resorption to be dose dependent. The same might be true for humans. The study participants are still being followed, and a second, multicenter, double-blind, prospective trial of broader scope is underway.

Katherine Sole

Original article Lai K-A *et al.* (2005) The use of alendronate to prevent early collapse of the femoral head in patients with nontraumatic osteonecrosis: a randomized clinical study. *J Bone Joint Surg Am* **87**: 2155–2159

Injections of lidocaine are more effective than botulinum toxin for myofascial pain syndrome

Myofascial pain syndrome (MPS) is usually treated by either dry needling or injections of anesthetic into hypersensitive 'trigger points'. Both techniques show similar therapeutic efficacy. Controversially, injections of botulinum toxin type A (BTX) into trigger points have also been used to treat MPS. A prospective, single-blind study carried out in Turkey aimed to compare the efficacy of BTX injection with dry needling and with lidocaine injection.

In total, 23 female and 6 male MPS patients were randomized to one of three treatment arms: lidocaine injection ($n = 10$, 32 trigger points); dry needling ($n = 10$, 33 trigger points); or BTX injection ($n = 9$, 22 trigger points). Pressure-pain thresholds at trigger points were compared with those of the unaffected area on the contralateral side, before and after treatment. In all patients, muscles at the injection sites were lengthened by passive stretching after treatment. After 1 month, all three treatments had significantly improved patients' cervical range of motion and pressure-pain thresholds at trigger points, but pain, fatigue

and work disability decreased only in the BTX and lidocaine arms, with lidocaine showing the greatest effect. Statistically significant improvements in depression and anxiety scores were seen only with BTX ($P < 0.05$).

Lidocaine injection should be recommended rather than dry needling, say the authors, because of its rapid effect on MPS trigger points and low incidence of injection-site pain. BTX is a higher-cost option that should be reserved for patients who do not respond to conventional treatments.

Caroline Barranco

Original article Kamanli A *et al.* (2005) Comparison of lidocaine injection, botulinum toxin injection, and dry needling to trigger points in myofascial pain syndrome. *Rheumatol Int* **25**: 604–611

Infliximab inhibits radiographic progression in some patients with ankylosing spondylitis

Ankylosing spondylitis (AS) is usually detected clinically and classified by use of conventional radiography. Standard treatment for AS consists of nonsteroidal anti-inflammatory agents and physiotherapy, with disease-controlling anti-rheumatic treatments used only in subgroups of patients with additional rheumatic conditions. Treatment with the anti-tumor-necrosis-factor agent infliximab has shown positive results in previous trials. In this study, subgroup analysis of patients with radiographic damage at baseline revealed a trend for less progression of disease in the infliximab group.

Both prospective and retrospective data were used in this analysis: 41 patients came from a prospective, 2-year, open-label extension of a 12-week, randomized, placebo-controlled trial of infliximab, and 41 were conventionally treated patients from an earlier, investigator-driven, multicenter study (as comparators). Results were assessed on the basis of lateral radiographs at baseline and at 2-year follow-up. The radiographs were scored using the MODIFIED STOKE ANKYLOSING SPONDYLITIS SPINAL SCORE (MSASSS). When the two groups were compared after adjustment for baseline damage, patients treated with infliximab showed a trend for less radiographic progression over 2 years despite a higher mean age, a longer disease duration and a higher level of radiographic damage at baseline (all predictive