

Surgery benefits patients with nonsevere, degenerative, lumbar stenosis

Patients with severe lumbar spinal stenosis (LSS) who have persistent pain and progressive neural dysfunction require decompressive surgery; however, patients with degenerative LSS whose clinical signs and symptoms are not consistently severe can be treated either surgically or nonsurgically. A study by Malmivaara and colleagues has shown that decompressive surgery is beneficial for patients without consistently severe LSS.

The randomized, controlled study included 94 patients with clinical and radiographic signs of LSS and persistent pain, but without progressive neurologic dysfunction. In total, 50 patients were randomly allocated to undergo surgery and 44 to nonsurgical treatment. Surgical treatment comprised segmental decompression with an undercutting facetectomy, while nonsurgical treatment included use of NSAIDs (where indicated) and advice from a physiotherapist.

Both groups experienced improvements in functional ability, leg and back pain, and walking ability during follow-up, although these benefits were particularly evident in surgically treated patients. At 1 and 2 years after randomization, surgically treated patients had less disability and pain than nonsurgically treated patients, but walking ability did not differ between the groups. The benefit of surgery diminished over time, but remained evident at 2 years. Only four of the nonsurgically treated patients eventually underwent surgery for persistent symptoms during the 2-year follow-up.

The authors conclude that surgical decompression in patients without consistently severe LSS should be suggested—with caution—if patients do not respond adequately to conservative, nonsurgical treatment.

Original article Malmivaara A *et al.* (2007) Surgical or nonoperative treatment for lumbar spinal stenosis? *Spine* 32: 1–8

Severe, extra-articular RA is a major determinant of cardiovascular morbidity

The excess cardiovascular disease (CVD) risk seen in patients with rheumatoid arthritis (RA) correlates with RA-related rather than traditional risk factors and, therefore, might be exacerbated

in patients with severe, extra-articular manifestations of RA. Turesson and colleagues at the Mayo Clinic have confirmed this hypothesis in their retrospective study of a well-characterized population of patients with RA.

The authors reviewed medical records from 81 patients with severe, extra-articular RA (mean disease duration 9.5 years) and 184 age-matched control patients with RA but without extra-articular disease. Rheumatoid-factor-positive patients had an elevated CVD risk, but patients with severe, extra-articular disease had the highest risk of incident CVD and coronary artery disease (hazard ratios 3.78 and 3.16, respectively). Both associations were independent of age, sex, smoking status, rheumatoid factor, or the presence of erosive disease. The authors suggest that CVD in patients with RA is particularly associated with systemic, extra-articular disease, rather than being associated with disease severity; the onset of extra-articular disease preceded CVD events in 77% of cases (26 of 34 patients). They suggest that pathogenetic mechanisms involved in extra-articular RA initiate or accelerate vascular pathology (perhaps via systemic endothelial activation and clonal expansion of immunosenescent T cells), which contributes to increased atherosclerosis.

Patients with RA who have no history of vascular disease, but who have severe, extra-articular disease or are rheumatoid-factor-positive, should be considered for cardioprotective therapies such as statins and low-dose aspirin.

Original article Turesson C *et al.* (2007) Severe extra-articular disease manifestations are associated with an increased risk of first ever cardiovascular events in patients with rheumatoid arthritis. *Ann Rheum Dis* 66: 70–75

The prevalence of the metabolic syndrome correlates with RA disease activity

Patients with rheumatoid arthritis (RA) have an elevated risk of cardiovascular disease—and about half of these patients die from cardiovascular causes. In the general population, the metabolic syndrome confers a similarly increased risk of cardiovascular disease. Since patients with RA frequently have insulin resistance, and systemic inflammation is a pathogenetic mechanism common to both insulin resistance