activity persisted despite standard treatment, and he developed posterior uveitis. At age 15 years he had neurological symptoms, and MRI revealed CNS lesions. RhIFN-α2a was initiated at 3×10^6 IU per day for 1 month, and then 3×10^6 IU three times per week thereafter. All neurological symptoms improved, his lesions did not progress (but remained visible on MRI), and he experienced mild adverse effects. Colchicine therapy continued, but steroids were tapered.

These cases show that rhIFN-α2a is safe and effective in adolescents with severe, treatment-resistant Behçet's disease and CNS involvement. Long-term studies are needed to confirm these findings.

Original article Kuemmerle-Deschner JB *et al.* (2008) Interferon-α—a new therapeutic option in refractory juvenile Behçet's disease with CNS involvement. *Rheumatology (Oxford)* **47:** 1051–1053

Type I collagen improves skin symptoms in late-phase diffuse cutaneous systemic sclerosis

Previous studies have demonstrated that orally administered bovine autoantigens can induce immune tolerance and improve symptoms in patients with autoimmune diseases. In a multicenter, double-blind trial, Postlethwaite *et al.* compared 500 μg per day oral bovine type I collagen with daily placebo in patients with diffuse cutaneous systemic sclerosis (dcSSc) of less than 10 years duration.

The improvement in modified Rodnan skin thickness score (MRSS) from baseline was similar in patients who received collagen ($n = 83$) and in those who received placebo ($n = 85$), at both the end of the 12-month treatment period and at the 15-month follow-up. In a secondary analysis restricted to patients with early-phase dcSSc (≤3 years duration), there was no difference between the groups. In patients with late-phase dcSSc (3–10 years duration), however, individuals who received collagen showed a significantly greater improvement in MRSS at 15 months than did those who received placebo ($P = 0.0063$). There was a correlation between improvement in MRSS at 15 months and improvement in pain and global assessment of health in patients with late-phase disease. A similar number of adverse events occurred in the two treatment groups.

The authors conclude that 12 months' treatment with oral bovine type I collagen has a delayed, beneficial effect in patients with dcSSc of 3–10 years duration; however, this treatment effect was established in secondary analyses and needs to be confirmed in further clinical trials.

Original article Postlethwaite AE *et al.* (2008) A multicenter, randomized, double-blind, placebo-controlled trial of oral type I collagen treatment in patients with diffuse cutaneous systemic sclerosis: I. oral type I collagen does not improve skin in all patients, but may improve skin in late-phase disease. *Arthritis Rheum* **58:** 1810–1822

Efalizumab treatment for psoriasis could trigger onset of psoriatic arthritis

Efalizumab is a humanized anti-CD11a monoclonal antibody that is beneficial in the treatment of moderate-to-severe psoriasis. Unfortunately, efalizumab treatment does not improve psoriatic arthritis (PsA); in fact, some reports suggest that the treatment could worsen PsA. To confirm or refute these claims, Viguier and colleagues conducted a retrospective study to identify and characterize cases of arthritis that occurred *de novo* during the course of efalizumab treatment in patients from 12 French dermatology departments over a 1-year period.

The researchers identified 16 patients treated with efalizumab for long-standing, severe psoriasis who developed inflammatory rheumatic disease; the onset of disease occurred a mean of 15 weeks after the start of efalizumab treatment. Notably, only one of the patients had a personal or family history of inflammatory disease. All patients fulfilled at least two sets of classification criteria for PsA, and most had typical features of the disease. Interestingly, in most cases, skin lesions improved at the time of PsA onset; however, the mechanism underlying this effect is unclear. Severe PsA prompted withdrawal of efalizumab treatment in 11 patients, of whom 8 required further treatment before symptoms improved. Furthermore, two patients experienced a relapse of PsA after reintroduction of efalizumab.

The findings suggest a causal link between efalizumab treatment for psoriasis and onset of PsA in these patients, although the researchers highlight that prospective, case–control studies are required for accurate evaluation of the risk of PsA associated with efalizumab use.

Original article Viguier M *et al.* (2008) Onset of psoriatic arthritis in patients treated with efalizumab for moderate to severe psoriasis. *Arthritis Rheum* **58:** 1796–1802