

## IN BRIEF

## PEDIATRIC RHEUMATOLOGY

In a 2-year study of 26 pediatric patients with mild osteogenesis imperfecta, oral risendronate increased lumbar spine bone mineral density and decreased serum levels of bone resorption markers, but its other skeletal effects were not significantly better than those of placebo. The effects of this treatment seem to be weaker than those of intravenous pamidronate, which is the standard treatment for moderate-to-severe cases of the disease.

**Original article** Rauch, M. *et al.* Risedronate in the treatment of mild pediatric osteogenesis imperfecta: a randomized placebo-controlled study. *J. Bone Miner. Res.* [doi:10.1359/jbmr.09213] (2009).

## THERAPY

Rituximab therapy did not improve symptoms of fibrosis in a pilot study of 15 patients with diffuse cutaneous systemic sclerosis, even though circulating and dermal B cells were depleted. The treatment was well tolerated during the 6-month study, but titers of disease-associated autoantibodies remained largely unchanged and skin thickness scores did not significantly improve from baseline.

**Original article** Lafyatis, R. *et al.* B cell depletion with rituximab in patients with diffuse cutaneous systemic sclerosis. *Arthritis Rheum.* 60, 578–583 (2009).

## CRYSTAL ARTHRITIS

An analysis of several factors associated with episodes of gout has determined that a long duration of disease and a low fasting serum level of HDL cholesterol are independent predictors of gouty flares. Whether improving the atherogenic serum lipid profile, which is a prevalent feature in patients with gout, could prevent or reduce episodes of gout remains to be seen.

**Original article** Mak, A. *et al.* Atherogenic serum lipid profile is an independent predictor of gouty flares in patients with gouty arthropathy. *Rheumatology (Oxf.)* 48, 262–265 (2009).

## RHEUMATOID ARTHRITIS

Spironolactone improves endothelial dysfunction and reduces disease activity, according to the results of a study of 24 patients with highly active rheumatoid arthritis despite DMARD therapy. After 12 weeks of treatment with oral spironolactone, endothelium-dependent vasodilation and serum markers of endothelial dysfunction had improved significantly from baseline. Inflammatory disease activity also improved, with significant reductions in Health Assessment Questionnaire-Disability Index scores and 28-joint disease activity scores.

**Original article** Syngle, A. *et al.* Effect of spironolactone on endothelial dysfunction in rheumatoid arthritis. *Scand. J. Rheumatol.* 38, 15–22 (2009).