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IN BRIEF

OSTEOARTHRITIS

Intra-articular hyaluronic acid is noninferior to oral NSAIDs

NSAIDs are recommended for the management of osteoarthritis (OA), but are associated with serious adverse events. Evidence regarding the safety and efficacy of other treatments is limited. A multicentre, randomized, open-label, parallel group, noninferiority study has shown that intra-articular hyaluronic acid (once a week for 5 weeks; $n=86$) is noninferior to oral NSAIDs (3 times a day for 5 weeks; $n=86$) for the treatment of knee OA, and is associated with fewer adverse events than the oral therapy.

Original article Ishijima, M. *et al.* Intra-articular hyaluronic acid injection versus oral non-steroidal anti-inflammatory drug for the treatment of knee osteoarthritis: a multi-center, randomized, open-label, non-inferiority trial. *Arthritis Res. Ther.* doi:10.1186/ar4446

RHEUMATOID ARTHRITIS

Certolizumab pegol as an add-on therapy in RA

A 52-week, randomized, double-blind phase IIIb trial assessing the efficacy and safety of certolizumab pegol as an add-on therapy to nonbiologic DMARDs in patients with low to moderately active rheumatoid arthritis (RA) showed that addition of certolizumab pegol is effective in this setting, resulting in low disease activity or remission in most patients. However, as remission was not sustained following withdrawal of the drug, the authors recommended that certolizumab pegol be continued in patients achieving remission.

Original article Smolen, J. S. *et al.* Certolizumab pegol in rheumatoid arthritis patients with low to moderate activity: the CERTAIN double-blind, randomised, placebo-controlled trial. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-204015

OSTEOARTHRITIS

Cartilage injury assessed by multiphoton microscopy

A safe method for detecting cartilage injury at the cellular level in live tissues is highly sought after, as current methods involve cartilage sectioning or the use of dyes that are not safe for patients. A study now provides proof-of-concept that quantitative multiphoton microscopy, with FDA-approved sodium fluorescein, can safely be used to detect early, minor cellular-scale cartilage injury after compressive loading damage (in mature equine distal metacarpal or metatarsal osteochondral blocks).

Original article Novakofski, K. D. *et al.* Identification of cartilage injury using quantitative multiphoton microscopy. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2013.10.008

RHEUMATOID ARTHRITIS

Etanercept and MTX for patients with RA and HCV infection

A prospective, multicentre, randomized, open study assessed the safety of methotrexate (MTX), etanercept, or both, in patients with active RA and mild hepatitis C virus (HCV) infection ($n=29$). None of the treatments resulted in increased HCV viral load or increased levels of liver enzymes. The authors conclude that a combination of MTX and etanercept can be safely used to treat RA in patients with chronic HCV infection without risking hepatotoxicity or HCV replication.

Original article Iannone, F. *et al.* Safety of etanercept and methotrexate in patients with rheumatoid arthritis and hepatitis C virus infection: a multicenter randomized clinical trial. *J. Rheum.* doi:10.3899/jrheum.130658