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IN BRIEF

OSTEOARTHRITIS

Knee injury, but not ligament damage, linked to risk of OA

Loss of anterior cruciate ligament (ACL) integrity does not confer an increased risk of progression to radiographic knee osteoarthritis (OA)—unlike a history of knee injury, new findings suggest. In this nested case–control study, conducted in adults with risk factors for OA but without radiographic disease at baseline, 355 patients who went on to develop radiographic OA were matched to 355 controls who remained OA-free. Detection of ACL tears on the baseline MRI was not related to the onset of radiographic OA at any time point, whereas prior knee injury was associated with an increased likelihood of incident radiographic OA after 12–48 months (OR 1.51, 1.05–2.16).

Original article Johnson, V. L. *et al.* Loss of anterior cruciate ligament integrity and the development of radiographic knee osteoarthritis: a sub-study of The Osteoarthritis Initiative. *Osteoarthritis Cartil.* doi:10.1016/j.joca.2015.02.001.

CONNECTIVE TISSUE DISEASES

Adverse outcome in SS-associated NHL—predictors revealed

Non-Hodgkin lymphoma (NHL) is a potentially fatal complication affecting 5–10% of patients with Sjögren syndrome. New findings suggest that high international prognostic index (IPI) and EULAR Sjögren syndrome disease activity index (ESSDAI) scores, measured at the time of NHL diagnosis, are predictors of adverse outcome and could potentially be used to guide therapeutic decision-making. This retrospective study compared 77 patients who had Sjögren syndrome and histologically confirmed NHL with 167 controls who had Sjögren syndrome but not NHL. High ESSDAI (total >10) scores predicted poor survival, whereas high IPI scores (presence of 3–4 factors) predicted a substantially increased risk of death, relapse, treatment failure, NHL progression and histological transformation.

Original article Papageorgiou, A. *et al.* Predicting the outcome of Sjögren's syndrome-associated non-Hodgkin's lymphoma patients. *PLoS ONE* doi:10.1371/journal.pone.0116189.

CARDIOVASCULAR DISEASE

Poor MI outcomes linked to autoimmune rheumatic disease

30-day and 1-year mortality after a first myocardial infarction (MI) are both increased (OR 1.44 [95% CI 1.25–1.66] and 1.82 [95% CI 1.51–1.94], respectively) in patients with autoimmune rheumatic diseases (AIRDs) versus other patients with MI, according to the results of a new population-based study conducted in Australia. Moreover, patients with AIRDs are substantially less likely than non-AIRD patients to undergo percutaneous transluminal coronary angioplasty or coronary artery bypass graft surgery within 90 days of their first MI. This difference in intervention rates might reflect the increased rates of comorbidities (such as lung, liver and kidney disease, which are also risk factors for post-MI mortality and morbidity) in the AIRD cohort. The researchers call for further studies to investigate whether inflammatory markers might help to identify patients with AIRDs at high cardiovascular risk, and to evaluate the effect of anti-inflammatory therapies on cardiovascular risk in this group.

Original article Van Doornum, S. *et al.* Increased 30-day and one-year mortality rates and lower coronary revascularization rates following acute myocardial infarction in patients with autoimmune rheumatic disease. *Arthritis Res. Ther.* doi:10.1186/s13075-015-0552-2