Letters

contrast agent was also detectable in the thickened cutis of both calves. Based on this, we also started 50 mg/day prednisolone; a decision which would have been questionable only on the basis of our clinical findings. After 3 months the tissue tautness had improved markedly and eosinophils were normal (336 cells/mm³).

The first description of MRI changes in EF was made in 1989.² Since then, sporadic publications of MRI features of EF have appeared mainly in radiological journals.^{3–6} Histological examination of all tissue layers from skin to muscle remains the golden standard for the diagnosis of EF, however, MRI may be helpful to confirm fascial inflammation, either if biopsy is not meaningful or not possible. However, only a prospective study can determine sensitivity and specificity of MRI for this question and its value for differentiating diseases with similar clinical presentation, such as localised scleroderma, graft versus host disease or eosinophilia–myalgia syndrome.

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IgM-rheumatoid factor and anti-cyclic citrullinated peptide decrease by 50% during intensive treatment in early rheumatoid arthritis

Decreases in rheumatoid factor (IgM-RF) during antirheumatic treatment are often reported,^{1–4} but the course of anti-cyclic citrullinated peptide (anti-CCP) is less conclusive, with some studies showing decrease,^{2–5} but others finding no change.^{4–7}

As anti-CCP antibodies are very specific as a marker for rheumatoid arthritis (RA), decreases in anti-CCP levels on therapy may have prognostic relevance and guide further treatment decisions in patients with early RA.

A total of 21 patients with active, early RA were treated for 40 weeks with intensive conventional disease-modifying antirheumatic drug (DMARD) therapy, comprising hydroxychloroquine, sulfasalazine, methotrexate and tapered high-dose prednisolone (enhanced “COBRA” (Combinatietherapie Bij Reumatoide Artritis trial) schedule, fig 1). On non-response at 8 weeks, methotrexate (MTX) was intensified to 25 mg/week; on non-response at 21 weeks, infliximab was offered to patients on high-dose MTX and MTX was intensified in the remainder. Serum was available for 18 out of 21 patients.

IgM-RF and anti-CCP were measured and analysed at baseline and weeks 4, 8, 14, 21, 28, 32, 36 and 40. IgM-RF was measured by an in-house ELISA (positive at >30 IU/ml) and anti-CCP was measured using the anti-CCP2 ELISA

(positive at >5 AU/ml). The Wilcoxon signed rank test was used to determine whether IgM-RF and anti-CCP at the different time points differed significantly from baseline.

The mean age of the 18 participants was 52 years (range: 29–76); 72% were women and their mean disease duration was 3 months. At baseline, 5 out of 18 patients were IgM-RF negative and 4 out of 18 were anti-CCP negative, resulting in available data of 13 patients for the IgM-RF analysis and 14 patients for the anti-CCP analysis. As previously reported, 90% of patients achieved 28-joint Disease Activity Score (DAS28) remission.⁹

IgM-RF values decreased immediately by mean 58% in the first 8 weeks during prednisolone treatment and by 63% after 40 weeks ($p<0.05$, table 1). Of 13 patients, 8 received MTX intensification at 8 weeks and subsequently 4 received anti-TNF at 21 weeks; 77% of patients experienced a $\geq 50\%$ reduction in IgM-RF after 40 weeks.

Similarly, anti-CCP antibody levels decreased significantly by 46% in the first 8 weeks and by 48% after 40 weeks ($p<0.05$) (fig 1). For two patients, anti-CCP antibody levels increased although RF decreased and they both achieved DAS28 remission. Of 14 patients, 9 received MTX intensification at 8 weeks and subsequently 5 received anti-TNF at 21 weeks. After 40 weeks of controlled treatment, 86% of patients experienced a $\geq 50\%$ reduction in anti-CCP antibodies.

At 8 weeks, 6 out of 13 patients who were IgM-RF positive turned IgM-RF negative; at 40 weeks, 5 remained IgM-RF negative and 1 turned positive again. In contrast only 1 out of 14 patients who were anti-CCP positive turned negative at 21 weeks.

Table 1 28-Joint Disease Activity Score (DAS28), IgM-rheumatoid factor (RF) and anti-cyclic citrullinated protein (CCP) over 40 weeks of intensive treatment for all 18 patients

	Baseline	8 weeks		21 weeks		40 weeks	
DAS28	5.2 (0.9)	5.2 (3.9–7.3)	2.3 (1.3)	2.4 (0.5–4.1)*	2.2 (1.4)	2.0 (0–5.2)*	2.2 (1.4)
IgM-RF (U/ml)	190 (150)	49 (5–634)	52 (101)	24 (4–443)*	44 (79)	15 (3–340)*	44 (79)
Anti-CCP (U/ml)	205 (227)	141 (0–850)	112 (137)	39 (0–454)*	93 (117)	35 (0–360)*	93 (117)
							30 (0–1000)*

Values are mean (SD) or median (range).

*Significantly different from baseline ($p<0.05$) calculated using the Wilcoxon signed rank test.

This study strengthens the suggestion that intensive conventional treatment including initial high-dose prednisolone according to the COBRA schedule, and infliximab add-on

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IgM-rheumatoid factor and anti-cyclic citrullinated peptide decrease by 50% during intensive treatment in early rheumatoid arthritis

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