

O.D. PMH/127405. This patient was first seen in Parkland Hospital at age 51 with suspected typhoid fever. At that time his hemoglobin ranged from 15.8 to 16.3. Urinalyses were normal. Serum cholesterol was 235.

He was seen again at age 54 with a 6-month history of rapidly progressing arthritis. It had started with neck pain, then involved both shoulders, elbows, wrists, fingers, ankles, hips, knees and temporo-mandibular joints. Leg edema started 5 months after onset. Nodules were noted in the extensor surfaces of the elbows. Chest x-ray films showed pulmonary fibrosis. X-ray films of the joints were typical of rheumatoid arthritis. A latex test was positive. The hemoglobin was 11.0 and the ESR 45 mm/hr. PARKLAND MEMORIAL HOSPITAL patient developed flexion deformities, ulna deviation and large olecranon bursae. There was some remission. September 23, 1965 He was not seen for two years, then returned with multiple nodules on the elbows, forearms, fingers and buttocks without exacerbation of his rheumatoid arthritis. At this time his sensitized sheep cell test showed a titer of 1:3584. Repeat titers ranged between 1:1792 and 1:3584. The nodules over the elbow were removed because of progressive enlargement and tenderness.

One site continued to drain and became infected. He was readmitted to the hospital for this and a trial of Versene therapy. Lab results at this time showed high titer, hyperglobulinemia, PSP of 35-50%, serum cholesterol 128, weakly positive L.E. prep., 2+ antinuclear test, white counts between 2,400 and 4,900 and hemoglobins ranging from 11.7 to 14.6. The patient had subjective improvement with a little increase in range of motion. Nodules continued to form, and an ulcer formed over his right medial malleolus. He had occasional joint aches. He died suddenly at home 4 1/2 years after the onset of his rheumatoid arthritis.

Conditions in which rheumatoid factor (SSCA-type) appears with a significant frequency (Normal population 1-5%)

1. [redacted]. This patient was first seen in [redacted] at age 51 with suspected typhoid fever. At that time his hemoglobin ranged from 15.8 to 16.8. Urinalyses were normal. Serum cholesterol was 285.

2. He was seen again at age [redacted] with a 6-month history of rapidly progressing arthritis. It had started with neck pain, then involved both shoulders, elbows, wrists, fingers, ankles, hips, knees and temporo-mandibular joints. Leg edema started 5 months after onset. Nodules were noted in the extensor surfaces of the elbows. Chest x-ray films showed pulmonary fibrosis. X-ray films of the joints showed no lesions typical of rheumatoid arthritis. A latex test was positive. The hemoglobin was 11.0 and the ESR 45 mm/hr. L.E. prep was negative. The patient developed flexion deformities, ulna deviation and large olecranon bursae. There was some remission with aspirin. He was not seen for two years, then returned with multiple nodules on the elbows, forearms, fingers and buttocks without exacerbation of his rheumatoid arthritis. At this time his sensitized sheep cell test showed a titer of 1:3584. Repeat titers ranged between 1:1792 and 1:3584. The nodules over the elbow were removed because of progressive enlargement and tenderness.

3. One site continued to drain and became infected. He was readmitted to the hospital for this and a trial of Versene therapy. Lab results at this time showed in addition to the high titer, hyperglobulinemia, PSP of 35-50%, serum cholesterol 128, weakly positive L.E. prep., 2+ antinuclear test, white counts between 2,400 and 4,900 and hemoglobins ranging from 11.7 to 14.6. The patient had subjective improvement with a little increase in range of motion. Nodules continued to form, and an ulcer formed over his right medial malleolus. He had occasional joint aches. He died suddenly at home 4½ years after the onset of his rheumatoid arthritis.

4. Post necrotic cirrhosis
5. Fatty liver
6. Obstructive jaundice - 2 series 0-4%, one 80% (latex)

IV. Rheumatoid factor in rheumatoid arthritis. Presence associated with:

1. Definitive diagnosis
2. Higher incidence of erosive disease
3. More unremitting course
4. Males (35.5% vs. females 26.4%)
5. Nodules

High titers are associated with:

1. Pulmonary disease
2. Arteritis?

I. Conditions in which rheumatoid factor (SSCA-type) appears with a significant incidence. (Normal population 1-5%)

1. Rheumatoid arthritis	70-80%	
2. Sjogren's syndrome (without arthritis)	74%	
3. Systemic lupus erythematosus	30-50%	
4. Rheumatoid-type lung lesions (without arthritis)	49%	(38% latex)
5. Scleroderma	30-40%	
6. Leprosy	15-30%	(24-53% latex)
7. Juvenile rheumatoid arthritis	20-40%	(13% latex in latter series)
8. Interstitial pulmonary fibrosis (without arthritis)	23%	(4% latex)
9. S.B.E.	19%	(50% latex)

II. Conditions in which rheumatoid-like factor (latex reacting type) appears with a significant incidence. (Normal population 5%)

1. Rheumatoid arthritis	80-90%	
2. Renal transplants	62%	
3. Sarcoidosis	10-47%	
4. Viral infections	15-17%	
5. Chronic pulmonary tuberculosis	13%	(7% SSCA)
6. Syphilis	6-11%	
(Myeloproliferative disorders	20-70%)	
(Waldenstrom's hypergammaglobulinemia	40-100%)	
(Waldenstrom's macroglobulinemia	25-50%	(35% SSCA))

III. Rheumatoid-like factors in liver disease.

1. Infectious hepatitis (early)	40-100%	
2. Lupoid hepatitis	ca 55%	
3. Portal cirrhosis (Lannaec's)	30-80%	
4. Biliary cirrhosis - 1 ^o 2 ^o	40, 70%	
	ca 40%	
5. Post necrotic cirrhosis	ca 90%	
6. Fatty liver	12, 79%	
7. Obstructive jaundice - 2 series	0-4%, one 80%	(latex)

IV. Rheumatoid factor in rheumatoid arthritis. Presence associated with:

1. Definitive diagnosis
2. Higher incidence of erosive disease
3. More unremitting course
4. Males (35.5% vs. females 26.4%)
5. Nodules

High titers are associated with:

1. Pulmonary disease
2. Arteritis?

V. Anti-nuclear factors found in significant incidence in:

1. Systemic lupus erythematosus	90-100%
2. Lupoid hepatitis	42-100%
3. Juvenile rheumatoid arthritis	ca 50% (<5% pos. Latex)
4. Cirrhosis	ca 40%
5. Adult rheumatoid arthritis	ca 30%
6. Scleroderma	ca 30%
7. Sjogren's syndrome	ca 30%
8. Ulcerative colitis	ca 25%
9. Interstitial pulmonary fibrosis	28%

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