Forefoot Reconstruction Preserves Function in RA

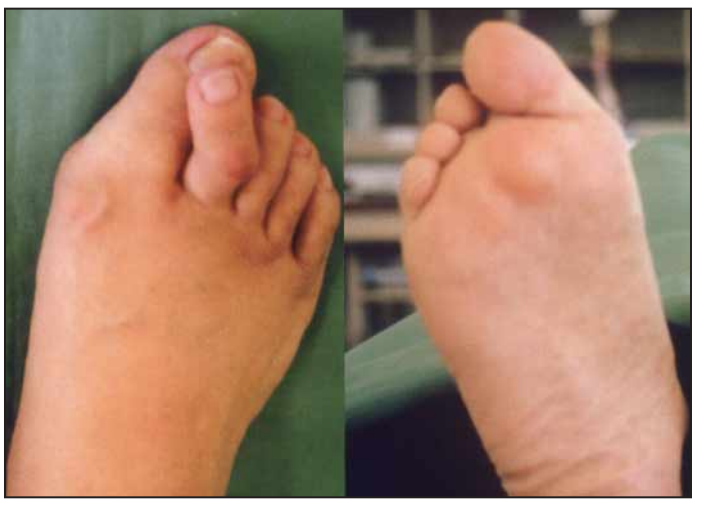
BY NANCY WALSH
New York Bureau

VIENNA — A new approach to forefoot reconstruction in patients with rheumatoid arthritis has shown superior results with regard to pain, deformity, and function compared with conventional techniques, according to Takeshi Mitsuka, M.D., of the department of orthopedic surgery, Chiba Tokushukai Hospital, Funabashi, Japan.

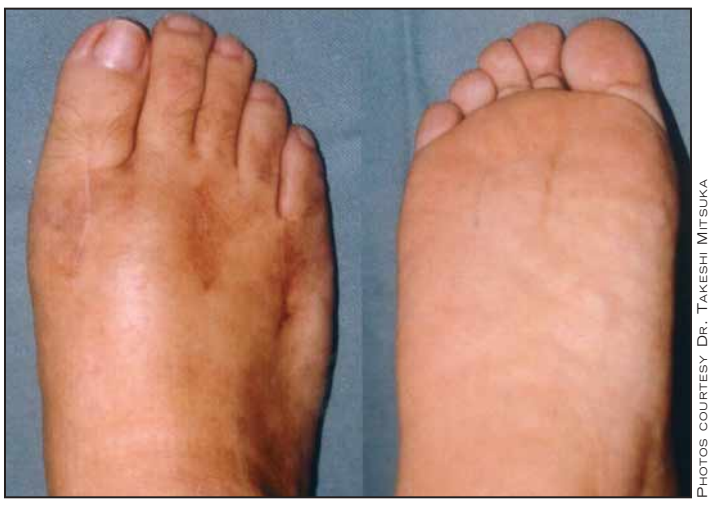
Reconstruction of the lateral toes is done by means of a metatarsal oblique osteotomy. For the great toe, either a Swanson implant or a metatarsal osteotomy can be done, depending on the condition of the joint, and the result is the preservation of the function of the metatarsophalangeal joints, Dr. Mitsuka wrote in a poster presented at the annual European congress of rheumatology.

"I have been performing this procedure since 1998 for almost all rheumatoid [arthritis] patients with forefoot deformities. The outcome is better than with resection arthroplasty of the MTP [metatarsophalangeal] joints or arthrodesis of the big toe for stability and mobility of the joint, length of toe, gait, and cosmetic result," he told this newspaper.

A total of 53 forefoot reconstructions in 31 patients have been done to date. Mean age at time of surgery was 60 years, and the mean duration of rheumatoid arthritis until time of operation was 18 years.



A 53-year-old RA patient with forefoot deformities is shown prior to surgery.



Lateral toe reconstruction was performed by means of a metatarsal oblique osteotomy.

PHOTOS COURTESY DR. TAKESHI MITSUKA

At their latest follow-up, patients were evaluated clinically using the American Orthopedic Foot and Ankle Society (AOFAS) score. Hallux valgus angle and intermetatarsal angle were examined radiologically.

Two patients died of causes unrelated to surgery, and in one foot the Swanson implant was removed 11 months after placement because of reactive synovitis.

Among the remaining 48 feet, with a mean follow-up of 40 months, the AOFAS score for the great toe improved from an average of 36 points preoperatively to 89 points (out of 100). For the lateral toes, the average score improved from 27 points to 87 points.

The hallux valgus angle improved from an average of 45 degrees preoperatively to 19 degrees at the latest evaluation, Dr. Mitsuka noted at the meeting, which was sponsored by the European League Against Rheumatism.

Intermetatarsal angle also improved, from an average of 16 degrees before surgery to 13 degrees.

Reconstruction of the great toe of 44 feet in 25 patients involved arthroplasty with a Swanson implant, and was done with a Mitchell's osteotomy in the remaining 9 feet in 6 patients. In the lateral toes, an oblique osteotomy was performed at the metatarsal neck, starting proximally on the dorsum and proceeding distally and plantarward at an angle of 45 degrees. This was then resected at a width of 5-15 mm.

The metatarsal head subsequently was freed from its plantar aspect, and the dislocated base of the proximal phalanx was corrected. The osteotomized bones were then transfixed longitudinally by Kirschner wires from the distal phalanx to the metatarsal base. ■

Fentanyl Patches Relieve Pain in Advanced Large-Joint Osteoarthritis

BY BRUCE JANCIN
Denver Bureau

VIENNA — Transdermal fentanyl brought effective pain relief to patients with advanced knee or hip osteoarthritis in a large randomized, double-blind, placebo-controlled trial, Jozef Vojtassak, M.D., reported at the annual European congress of rheumatology.

Fentanyl patches have previously been shown to be effective for a variety of types of chronic nonmalignant pain, including that associated with osteoarthritis; however, until now the evidence has come largely from open-label studies, according to Dr. Vojtassak of Comenius University, Bratislava, Slovakia.

He reported on 416 patients awaiting knee or hip replacement surgery who were randomized to transdermal fentanyl (Durogesic) or placebo patches in a 6-week double-blind study followed by a week-long taper.

All had previously shown an inadequate response to weak opioids. None had received strong opioids within 4 weeks of enrollment.

The starting dose of fentanyl was 25 mcg/hour. It could gradually be raised to 100 mcg/hour as required. Patches were changed every 72 hours. Allowable supplemental pain medication consisted of nonsteroidal anti-inflammatory agents, used by more than two-thirds of patients, and acetaminophen, used at dosages of up to 4 g/day by 27%.

Of note, 57% of participants withdrew from the study prematurely, with roughly equal numbers of dropouts in both study arms. Their reasons for quitting, however, were quite different. Fifteen patients in the fentanyl arm withdrew because of insufficient treatment efficacy, compared with 66 in the placebo group. On the other hand, 62 patients taking fentanyl quit due to adverse events—chiefly nausea and vomiting—compared with 20 patients in the placebo group, he said at the meeting, which was sponsored by the European League Against Rheumatism.

The primary study end point was change in mean pain visual analog scores recorded by patients in a daily pain diary. From a baseline self-rated score of 73 out of a possible 100, fentanyl-treated patients had a mean 23.4-point decrease, significantly better than the 17.9-point reduction with placebo. Morning and evening pain improved by 19%-20% in the fentanyl arm, compared with a 14% improvement with placebo.

Pain on walking was rated 25% better than at baseline in fentanyl-treated patients with knee osteoarthritis, and 15% better in placebo-treated patients. Similarly, fentanyl-treated patients with hip osteoarthritis rated their pain on walking as 20% improved over baseline, which was significantly better than the nearly 13% improvement among controls.

Measures of functional improvement by the Western Ontario and McMaster Universities Osteoarthritis Index trended strongly in favor of the fentanyl group, a benefit that fell just short of statistical significance.

The study was sponsored by Janssen Pharmaceutica. ■

High Response, Low Remission Rates in Patients Using Biologics For Rheumatoid Arthritis

BY NANCY WALSH
New York Bureau

VIENNA — Response rates to biologic agents are high among patients with rheumatoid arthritis, but remission rates remain disappointingly low, Mikkel Ostergaard, M.D., said at the annual European congress of rheumatology.

According to the Danish Database for Biological Therapies in Rheumatology (DANBIO), two-thirds of patients on tumor necrosis factor–α blockers have persistently inadequate inflammatory control.

A total of 417 patients in Denmark receiving these drugs have been enrolled in DANBIO since October 2000—378 on infliximab and 39 on etanercept. Disease activity was measured at baseline and six times during the following year.

At baseline, the median disease duration was 9 years, swollen joint count was 10, tender joint count was 11, serum C-reactive protein was 27 mcg/mL, and DAS-28 was 5.9.

The median number of disease-modifying antirheumatic drugs taken previously was four.

There were no differences in baseline data or clinical response between patients receiving infliximab and those receiving etanercept.

From week 6 on, 15%-20% of patients were in clinical remission and another 10%-15% had low disease activity. Thus, approximately 70% of patients had moderate or high disease activity, said Dr. Ostergaard of Copenhagen University Hospitals.

Despite this less than optimal response in many patients, the median time they remained on the same drug exceeded 2 years, he said at the congress, sponsored by the European League Against Rheumatism.

This illustrates that continuous close monitoring of each patient with careful consideration of therapeutic adjustments is needed in daily clinical practice to achieve the goal of disease control in RA patients treated with biologics, he said.

Dr. Ostergaard disclosed that he has received financial support from Schering-Plough and Wyeth Pharmaceuticals. ■