Our case differs from the ones presented in that she is younger and a long-term survivor. Her disease duration was short and her effusion, which appeared acute, responded to aspiration and high-dose prednisolone, and has not returned. Her episodes of accelerated hypertension, latterly with renal impairment, occurred 8 and 10 yr after presentation with pericardial tamponade. Autoantibodies, last measured in September 1995, have repeatedly shown Sm, Ro, La, RNP ScL70 and Jo1 negative, although the titre of ANF (speckled) has risen to 1/160. ESR, or more recently plasma viscosity, has never been elevated. However, we too have recorded pre-treatment with steroids prior to the onset of her effusion.


Rheumatoid Arthritis and Heparin

Sir—A recent editorial on rheumatoid arthritis [1] states that, despite current treatments, many patients continue to have pain, stiffness and progressive disability, and advocates the use of combination therapies. We would like to suggest that the combination of heparin and sulphasalazine is worth trying in early-stage rheumatoid arthritis.

The use of carbohydrate molecules to inhibit binding of leucocytes to adhesion molecules has been identified as a therapeutic target in rheumatoid arthritis [2]. Heparin (a polysaccharide) has potent anti-inflammatory actions based on the ability of heparin saccharides to bind the adhesion molecules L- and P-selectin, inhibits leucocyte rolling on the endothelium, and is ‘an interesting candidate for further study as an anti-inflammatory therapeutic’ [3].

We have reported remission of disease in nine of 10 patients with refractory ulcerative colitis treated with combined heparin and sulphasalazine [4]. These patients were commenced on 30–36 000 U i.v. for 10–21 days, followed by a variable period on s.c. heparin (10 000 U twice daily). Ulcerative colitis and rheumatoid arthritis share certain features (arthritis associated with ulcerative colitis, colitis with arthritis, and a similar range of treatment options). Our attention was drawn to the therapeutic possibilities of heparin in rheumatoid arthritis by the experience of a patient with poorly controlled disease admitted to another centre with occlusion of her tibial vessels. During 3 weeks on heparin, she was remarkably free of arthritic symptoms, which returned 1 week after discharge on warfarin.

As we are not involved in the treatment of rheumatoid arthritis, we felt that we should offer the idea for consideration by rheumatologists as a safer alternative to the use of immunosuppressive agents. Our experience with ulcerative colitis suggests that heparin is more effective when combined with sulphasalazine, but the use of non-steroidal anti-inflammatory agents with heparin is obviously contraindicated.

A. Gaffney, P. Gaffney*

*Department of Child Health, University College Cork and *Mallow General Hospital, Mallow Co. Cork, Ireland

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