fragments. Results were evaluated by χ^2 test with Bonferroni correction.

There was no difference in genotype and allele frequencies in the SLE group compared with healthy Czech individuals (table 1). Our results support previous Italian findings,⁸ but differ from the UK report.⁷ However, with respect to the specific organ manifestation of SLE (table 1), we detected an association between the G allele and articular involvement ($P_c = 0.0086$, OR 2.56, 95% CI 1.51 to 4.33). Based on age when SLE was diagnosed, we observed a GG genotype frequency of 44.8% in the 21–40 years subgroup compared with 15.8% and 24.0% in the <20 years and >40 years subgroup, respectively ($P_c = 0.023$, OR 2.94, 95% CI 1.43 to 5.96). Additionally, we correlated the presence of alleles and genotypes of –1149 G/T SNP with antibodies against antinuclear antibody, double-stranded DNA, Sm, RNP, Ro and La, but no connection was found (data not shown).

Significantly higher heterozygote GT genotype was detected in the RA group compared with the controls ($P_c = 0.039$, OR 1.82, 95% CI 1.14 to 2.94). We observed no differences in homozygote genotypes or in allele frequencies between patients with RA and controls (table 1). Across the groups, no gender differences in genotype distribution or allele frequencies were identified (data not shown).

In conclusion, the presence of the G allele and GG genotype of the PRL extrapituitary promoter –1149 G/T SNP is associated with certain clinical features of SLE. The GT genotype is a predisposing genetic factor for RA. Further investigation on this is required.

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Doppler ultrasonographic characteristics of superficial and deep-flow signals in the knee joint pannus of patients with rheumatoid arthritis

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Increased blood flow signals on power Doppler ultrasonography in the proliferated synovium (pannus) of patients with rheumatoid arthritis (RA) have been used to evaluate articular inflammation.^{1–7} Fiocco *et al*⁸ reported that, in patients with RA after 3 months of etanercept treatment, superficial layer vascularity of the knee joint pannus⁸ was significantly reduced, and this occurred before deep-layer vascularity was affected. In all, 97 knee joints of 52 patients with RA were scanned longitudinally and transversely at suprapatellar recess; we measured the vascular resistance, resistance index (RI) and pulsatility index (PI) on spectral Doppler (with the lowest filter setting at 125 Hz) and 167 colour flow signals in the pannus on power Doppler (using a pulse repetition frequency of 1170–1220 Hz with maximum gain eliminating background noise). The flow signals were categorised into superficial flow signals (located in the superficial half of the pannus and fluid space) and deep flow signals (located in the deep

half of the pannus) of either capsular or supracortical pannus. The mean (SD) RI value (0.724 (0.125)) of the 102 superficial flow signals (87 capsular, 15 supracortical) was significantly lower ($p < 0.001$) than the mean (SD) RI value (0.872 (0.172)) of the 65 deep flow signals (43 capsular, 22 supracortical). The difference in mean PI values between superficial and deep signals was less significant ($p = 0.002$) than for mean RI values.

Subsequently, the flow signals in the joints were divided into a superficial pattern and a deep pattern on the basis of their dominant location in the pannus on both longitudinal and transverse scans. Following this, we compared 61 joints with superficial pattern signals and 36 joints with deep pattern signals with respect to the intensities of the colour flow signals (graded 0–3 by the modified Klausner's method),⁹ synovial effusion

Abbreviation: RA, rheumatoid arthritis

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Table 1 Comparison of power Doppler and spectral Doppler characteristics between 61 knee joints with superficial pattern signals and 36 knee joints with deep pattern signals of 52 patients with rheumatoid arthritis

Type of signals	Number of joints	Grades			Vascular resistance	
		Flow signals (mean (SD))	Synovial effusion (mean (SD))	Synovial proliferation (mean (SD))	RI (mean (SD))	PI (mean (SD))
Superficial pattern	61	1.680 (0.817) *	1.279 (0.552) *	1.164 (0.373) †	0.735 (0.110) *	1.622 (0.511) NS
Deep pattern	36	1.111 (0.319)	0.722 (0.566)	1.444 (0.558)	0.858 (0.119)	2.145 (1.666)

PI, pulsatility index; RI, resistance index.

* $p < 0.001$.

† $p < 0.01$.

(graded 0–3 by the previous method)⁹ and synovial proliferation of thickness ≥ 2 mm (graded 0–3 by Rubaltelli's method)¹⁰ on power Doppler, as well as RI and PI values. As shown in table 1, compared with joints with deep pattern signals, joints with superficial pattern signals had significantly higher flow signal ($p < 0.001$) and synovial effusion ($p < 0.001$) grades, and significantly lower RI values ($p < 0.001$). On the other hand, joints with deep pattern signals had a significantly higher grade of synovial proliferation ($p = 0.010$).

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FORTHCOMING EVENTS

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CORRECTION

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An error occurred in the March issue of the journal (Richette P, Dumontier M-F, Tahiri K, Widerak M, Torre A, Benallaloua M, *et al.* Oestrogens inhibit interleukin 1 β -mediated nitric oxide synthase expression in articular chondrocytes through nuclear factor- κ B impairment. *Ann Rheum Dis* 2007;**66**:345–50.) The correct spelling of the sixth author's name is Mourad Benallaoua. The online version has been amended and differs from the print version.