Preliminary Communications

Treatment of Reiter's Disease with Stilboestrol

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A prospective study of Reiter's disease has been in progress at the Rheumatism Research Centre, Manchester Royal Infirmary, since 1957, and the clinical and laboratory characteristics of the disease at its onset and during its evolution, as studied in the first 82 patients, have already been reported (Popert, Gill, and Laird, 1964). Alternate patients in this series received oxy-tetracycline 500 mg. four times daily for five days and prostatic massage, but analysis showed that the duration and extent of the arthritis were not appreciably influenced by this treatment of the genito-urinary infection (see Table).

Effects of Treatment and Comparison of Groups of Patients

Group:	Previous Study (Popert <i>et al.</i> 1964)		Present Study (10 Cases)
	Tetracycline	Control	Stilboestrol
Mean No. of joints affected at first examination	5.3 (39 cases)	4.7 (42 cases)	5.4
Mean No. of new joints affected after first examination	1.98 (38 cases)	1.81 (41 cases)	1.6
Maximum No. of joints affected at any one examination	6.0 (38 cases)	5.5 (39 cases)	6.7
Mean duration of extra-articular lesions (weeks)	8.5 (24 cases)	8.0 (31 cases)	10
E.S.R. Initial examination (mean)	48.6 (82 cases)		45
Mean duration of attack in cases followed to recovery (weeks)	24.8 (range 6-92) 25 cases	26.3 (range 3-78) 29 cases	17.5

Impressed by the rarity of Reiter's disease in the female, and being in agreement with the view that there was no effective treatment of the disease (King, 1964), we decided in December 1963 to use small doses of stilboestrol in all cases. The conditions of the study and the general care of the patients were similar to those already described (Popert *et al.*, 1964); no antibiotic was given, and the non-gonococcal urethritis was ignored. The hormone nature of the treatment and its possible side-effects were explained to every patient, and none refused to have it. At first tab. stilboestrol B.P. 0.5 mg. was given twice daily for 21 days, but in August 1964 the dosage was doubled (1 mg. twice daily for 21 days). No side-effects resulted, and

our clinical impression of the progress of the patients was encouraging. Analysis of 10 patients treated for a first attack of Reiter's disease with stilboestrol is presented in the Table. It will be noted that they correspond closely to the series previously reported (Popert *et al.*, 1964) in respect of the mean number of joints affected at first examination, the mean number of new joints affected after first examination, the maximum number of joints affected at any one examination, the mean duration of extra-articular lesions, and the initial erythrocyte sedimentation rate (E.S.R.). It will also be noted that the mean duration of attack in cases followed to recovery in the patients treated with stilboestrol (17.5 weeks) is shorter than that for the cases reported in our earlier study (about 25 weeks).

No firm conclusions can be drawn from such a small series of cases, but this preliminary experience with stilboestrol in very small dosage has led us to begin a controlled "double-blind" study using larger dosage. The improvement in or actual suppression of the arthritis induced in rats by Freund's adjuvant after using oestrogens (Muller and Kappas, 1964) further encourages us to make this trial.

SUMMARY

A preliminary report is given of the effect of small doses of stilboestrol in 10 patients suffering from a first attack of Reiter's disease. The results appear to justify a controlled trial of larger doses of stilboestrol in this condition, in which hitherto various forms of treatment have proved ineffective.

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REFERENCES

- King, A. (1964). *Recent Advances in Venereology*, p. 457. Churchill, London.
Mueller, M. N., and Kappas, A. (1964). Programme of the 1964 Annual Meeting of the American Rheumatism Association.
Popert, A. J., Gill, A. J., and Laird, S. M. (1964). *Brit. J. vener. Dis.*, 40, 160.

Medical Memoranda

Pyloric Antral Mucosal Diaphragm

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A septum at or near the pylorus is a congenital abnormality the rarity of which prompts this case report.

CASE REPORT

A 29-year-old woman presented in January 1964 with a five-year history of intermittent episodes of heartburn and epigastric discom-

fort which occurred one to two hours after meals and were relieved by vomiting. At first she had these attacks every few weeks, but later they became more frequent and for three months she had been afraid to eat because she vomited after each meal. Symptoms were constantly worse in the pre-menstrual week; her weight was unaltered. Examination was negative, the abdomen being normal.

Investigations.—Hb 92% (13.6 g./100 ml.); plasma electrolytes normal; plasma urea 24 mg./100 ml.; no occult blood in stools. Barium-meal examination (see Fig.) showed a fixed ring-like stenosis 2.5 cm. from the pylorus. Proximally the gastric mucosa was thickened and irregular but no ulcer was seen. Barium passed readily into the duodenum. A week later these appearances were unchanged. On gastroscopy (Dr. J. C. Hawksley) the diaphragm with a central aperture was easily seen. Chronic gastritis was present.