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Correspondence

HLA antigens in ankylosing spondylitis with peripheral arthritis

SIR, We were much interested in the article by Sanmarti *et al* on HLA studies involving patients with ankylosing spondylitis and peripheral arthritis reported in the *Annals*.[1] We noted some parallels with our own findings of an HLA-DR7 association with peripheral arthritis in a similar population.[2] Especially noteworthy was the use of an HLA-B27 control population in both studies, an essential step in this instance because of the strong negative linkage disequilibrium between HLA-DR7 and HLA-B27. In Sanmarti's study the HLA-DR7 association was limited to children with an erosive peripheral arthritis in addition to ankylosing spondilitis. Although we did not ascertain the extent of erosive disease in all our patients, they were biased towards those with more severe disease and hence were also likely to be erosive. The inclusion of patients that had already had joint replacement helps support this conclusion. Another similarity was the occurrence of patients with childhood onset disease in both studies. Five of 25 patients from Spain had an onset below the age of 17, whereas none of the group with ankylosing spondylitis only did so, though the mean age of both groups was approximately the same.

In neither study is it possible to separate the earlier age of onset from the presence of peripheral arthritis so that HLA-DR7 may well act as a gene determining severity of disease and thus explain both sets of observations.

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Isolated HLA-B27 cross reactive group (CREG) associated Achilles tendinitis

SIR, We read with interest the article by Olivieri *et al*, which describes a case of isolated HLA-B27 associated Achilles tendinitis.[1] The authors suggest that Achilles tendinitis may for a long time be the only feature of the HLA-B27 associated disease process. We have recently observed a patient with longstanding HLA-B7 associated bilateral Achilles tendinitis without seronegative spondarthropathy.

A 35 year old man who suffered for two years and six months from recurrent bilateral Achilles tendinitis presented to us in November 1987. There was no history of low back pain, peripheral arthritis, ocular complaint, urethritis, diarrhoea, cutaneous involvement, or physical injury. A detailed general physical examination showed only soft tissue swelling, warmth, and tenderness along the Achilles tendon and at its calcaneal insertion. The blood counts, chemistry, serological tests, and urine analysis were normal; the erythrocyte sedimentation rate was 36 mm/h. HLA typing was positive for the B7 antigen. Radiographs of the heels showed posterior calcaneal erosions. Chest, sacroiliac, lumbar, dorsal, and cervical spine *x* rays were normal. Treatment was started with diclofenac 150 mg/day, and the condition improved.

Our case supports the hypothesis proposed by Olivieri *et al* and extends the spectrum of disease to HLA-B27 CREG (cross reactive group)[2] positive patients.

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