

## Letters

neuron subpopulations and their influence upon muscle tone in humans.

ROBERT A RINGEL  
JAMES L CULBERSON

Departments of Neurology and Anatomy,  
West Virginia University Medical Center,  
Morgantown, West Virginia, 26506, USA

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### Transient ischaemic attacks associated with thrombocytosis in active rheumatoid arthritis

Sir: Cerebrovascular involvement associated with rheumatoid arthritis is rare. Most of the vascular complications have been related to vasculitis,<sup>1,2</sup> hyperviscosity syndrome<sup>3</sup> and cervical rheumatoid arthritis.<sup>4</sup> However, thrombocytosis has rarely been reported with cerebral events in patients with rheumatoid arthritis.<sup>5,6</sup> We describe a patient who suffered from rheumatoid arthritis, thrombocytosis and transient ischaemic attacks.

A 54 year old man with seropositive rheumatoid arthritis since the age of 30 years was admitted because of recent acute exacerbation of rheumatoid arthritis and two episodes of paraesthesia of the left cheek and arm and dysarthria followed by complete improvement in minutes. Previous therapy had included prednisone, gold salts and indomethacin. General examination showed findings typical of active rheumatoid arthritis. Neurological examination was normal. ESR was 110/140 mm (Westergren) Hb 9 g/dl, platelets 620,000/mm<sup>3</sup> and latex fixation test positive in a dilution of 1/640. CT of the brain, EEG, chest radiograph and ECG were normal. The cervical spine was not markedly abnormal. Both supraaortic and cerebral IV digital subtractions angiography were normal. Aspirin, dipyridamol, indomethacin, azathioprine and rehabilitation were started. Gradually the patient's condition improved, the platelet count decreased to 300,000/mm<sup>3</sup> and no more neurological disturbances were observed.

Thrombocytosis is usually asymptomatic; however, it may induce thrombosis by means of platelet aggregates.<sup>7</sup> Thrombocytosis may occur in patients with active rheumatoid arthritis<sup>8</sup> but thromboembolic phenomena have rarely been reported.<sup>5,6</sup> We believe that our patient's symptoms were related to the elevated number of platelets, and can exclude on clinicoradiological grounds both vasculitis and vertebrobasilar insufficiency. The reduction in platelets count we ascribe to administration of azathioprine.

I CASADO NARANJO\*  
R MARTIN GONZALEZ\*  
J SANCHO RIEGER\*  
J MORERA GUITART\*  
J CALVO CATALA†

Departments of Neurology\* and Medicine,†  
Hospital General de Valencia, Spain

Address for correspondence: Dr I Casado Naranjo, Department of Neurology, Hospital Infanta Cristina, 06080, Badajoz, Spain.

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## Notice

8th World Congress of Psychiatry. This will be held in Athens, Greece, 13-19 October, 1989. Information may be obtained from the Congress Secretariat, 4 Eginitou Street, GR-115 28 Athens, Greece.