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## Rubella Rheumatism

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Since Gregg's brilliant researches in 1951, rubella has been elevated from the status of a minor illness to one of major importance with far-reaching sequelae. These have assumed such significance that it has perhaps been overlooked that rubella on occasion can result in a severe illness and be followed by immediate complications.

During the winter of 1954 a widespread rubella outbreak occurred in Salisbury. The resulting illness was severe, particularly amongst young adults. Febrile symptoms were marked, and the patients had severe conjunctivitis and upper respiratory involvement. Temperatures often remained elevated for four to five days. The superficial lymph glands, mainly the occipital and cervical, became swollen and often remained palpable for weeks after recovery. An interesting observation, and the main subject of this paper, was the development of a well marked polyarthrititis in seven patients.

All affected patients were adults, six being female. All showed the typical features of rubella. The joint pains and swelling appeared on the day following the exanthem in one case, on the second day in two cases, on the fourth day in three and on the fifth day in one. None had previously suffered from rheumatism or acute rheumatic fever.

The clinical picture was similar in all these cases. The joints involved were mainly the wrist, metacarpophalangeal, interphalangeal, ankle, tarsal and metatarsophalangeal joints. The affected joints were swollen and tender and sometimes reddened. In a typical case some joints were swollen and tender, others were merely painful on movement. The type of joint involvement resembled that of acute rheumatic fever with pain and swelling rapidly passing from one joint to another. However, the general reaction was very slight; the temperature ranged from normal to 101° F., there was no appreciable tachycardia and no heart involvement. The average duration of these arthritic changes was five to seven days. In two patients the affected joints remained painful for three weeks.

### ILLUSTRATIVE CASES

(1) B.P., female aet 36 years. Sudden onset of shivering, conjunctivitis, enlarged occipital glands, followed by the eruption of the macular rash of rubella. No sore throat. The following day she felt well and the rash was fully developed. On the third day of illness the wrists, ankle and finger joints became very painful and swollen. On the following day the big toe joints became similarly affected and the swelling had subsided in some of the joints affected earlier. Two days later she appeared to be perfectly well.

(2) D.E.H., female aet 34 years. Typical exanthem of rubella with enlarged occipital and other superficial lymph glands. Four days later she felt better, but complained of a very swollen and painful right hand followed by severe pains in the fingers and wrist of the left hand. She also complained of parasthesiae in her fingers. The next day the hands were better, but both feet were very painful, swollen, hot and reddened. Tenderness was most marked over the metatarsophalangeal joints. Movement was very limited. This lasted for three days and then slowly improved.

(3) A.C., female aet 32 years. Features of severe rubella: enlarged occipital glands, marked conjunctival injection, sore throat, no Koplik's spots, temperature ranged from 100° F. to 102° F. Persistent dry cough. Macular rash of rubella came out on the second day of illness. The rash was profuse and she complained of severe headache and general body pains. The following day she was much better. Five days after the rash had appeared, and when she had fully recovered, both wrist joints and all her finger joints became painful and swollen. The following day these had improved, but the swelling and tenderness had spread to the joints of the ankle and foot. The knees were also painful, but not swollen. Seven days later she had fully recovered.

### COMMENT

Modern works of reference mention this complication of rubella. Perry<sup>1</sup> writes that in some epidemics of rubella this illness is sometimes followed seven to ten days later by an acute polyarthrititis resembling acute rheumatic fever. Box<sup>2</sup> in Price's Textbook of Medicine also states that benign polyarthrititis has been a feature in some outbreaks of rubella. Of the older textbooks consulted, only Osler<sup>3</sup> mentions that an acute arthritis may rarely develop after rubella.

The first detailed study of this complication appears to have been made in 1940 during a widespread rubella epidemic in England. Suffer<sup>4</sup> described a man aged 17 who complained of swollen and painful knee and midtarsal joints one day after the onset of the rash of rubella. On the third day the wrists were similarly affected, and on the fourth day the fingers. The joints then cleared up rapidly, though some weakness remained. At the same time Hodges<sup>5</sup> reported on four cases of "Brachial neuritis" following rubella. Although this worker considered the complication to be a neuritis, it is

more probable from the case description that the condition was a polyarthritis. Indeed, French,<sup>6</sup> writing a short time later, confirmed the occurrence of this complication and suggested that it was an acute or subacute rheumatism. He went further, however, and added that these cases were probably due to an antecedent streptococcal infection and that the erythematous rash (viz. scarlet fever) had been misdiagnosed as the "ubiquitous rubella." Two further workers, however, soon came forward with impressive figures: Hope-Simpson<sup>7</sup> found that polyarthritis developed in 25 out of 72 patients with typical rubella; Loudon<sup>8</sup> found this complication in 16 out of 50 cases. A further interesting fact in Loudon's figures was that 15 of these 16 patients, all adults, were women.

It is interesting that when the first Australian cases of German measles in pregnant women were reported, the question was raised as to whether the disease was rubella, since there were many cases with severe sore throats and swollen joints. As the result of much investigation, particularly by Swan,<sup>9</sup> it was shown that the disease was rubella.

In America Bass<sup>10</sup> has seen cases of uncomplicated rubella in which definite swelling and tenderness of the small joints, particularly the fingers were present.

In the cases which have been personally observed there has been no doubt as to the diagnosis of rubella and the possibility of scarlatinal rheumatism or of a septic arthritis could be definitely excluded. There appears to be some relationship between the severity of the attack and the development of this complication. The cases observed during the recent Salisbury

epidemic were severe and it is possible that this type of rubella may be more prone to be followed by a complicating rheumatism. From all reports rubella rheumatism appears to be rarely seen in childhood. The fact that the rash of rubella can sometimes be scarlatiniform in character and can even be followed by desquamation<sup>11</sup> makes the recognition of this syndrome most important. Contrariwise, a preceding rubella may solve the cause of an unknown polyarthritis or a suspected case of rheumatic fever.

The arthritis, though well marked and very painful in a few patients, subsided usually within five to seven days and left no sequelae. Aspirin in moderate dosage gave symptomatic relief.

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