Pneumocystis carinii pneumonia complicating low dose methotrexate treatment for rheumatoid arthritis

We read with interest the paper by Dr A Wollner and his colleagues (March 1991; 46:205-7) as we have recently reported two cases of pneumocystis pneumonia in immunocompromised patients with rheumatoid arthritis. A 42 year old man with severe seropositive rheumatoid arthritis was started on oral methotrexate treatment 7.5 mg per week and developed pneumocystis pneumonia after 16 weeks of treatment. Despite a stormy course, requiring ventilation for almost three weeks, she made a full recovery. It is of interest that at the onset of pneumonia her total white cell count was 14.6 x 10^9/l with relative lymphopenia (total) lymphocytes 290 x 10^9/l, 2% of total). Our second patient was a 55 year old man treated with cyclophosphamide 2.5 mg/kg plus prednisolone 40 mg for microscopic polyarteritis nodosa. After eight months of treatment he developed pneumocystis pneumonia. Again, despite a normal total white cell count of 4.9 x 10^9/l, he had profound lymphopenia (1%, 43 x 10^9/l). This patient also required assisted ventilation but responded well to treatment, with complete resolution of symptoms.

With the increasing use of immunosuppression for patients with rheumatoid arthritis and similar conditions, the guidelines on falling total white cell counts would seem to be ineffective. The lymphopenia found in our two patients and in three of the cases recorded by Dr Wollner and colleagues would suggest that this makes a substantial contribution to the immunodeficiency resulting in opportunistic infections. We advise that the absolute lymphocyte count should also be monitored in patients treated with cytotoxic drugs and that the dose should be adjusted promptly if profound lymphopenia develops.

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The author's preface states that this book is not intended to compete with comprehensive textbooks but is a review of current topics and controversies, aimed primarily at MRCP candidates. In this object it only partially succeeds. The book is organised in a standard way. Basic anatomy and physiology covered adequately in the first five chapters; chapter 6 discusses basic investigations, and the middle chapters deal with clinical topics. The coverage is adequate but from the MRCP candidate's viewpoint there are important omissions. Recent developments are popular topics in membership examinations and coverage of these is patchy. For example, discussion of atypical mycobacterial infections is brief, and no mention is made of the recent improvement in the understanding of the genetics of cystic fibrosis or of biphosphonates in the management of malignant hypercalcaemia. The use of antineutrophil cytoplasmic antibodies in the diagnosis of Wegener's granulomatosis is not mentioned. Fine detail on radiographs is difficult to see owing to reproduction on print quality paper. The book is 560 pages and 15.5 lb, very similar although the attached diagnoses are different. The book concludes with case histories, which are rather brief and would be improved if more information were given and questions were more akin to the "grey" cases posed in the membership examination. The MCQ questions are a useful aid to revision. Thus, although most standard topics are covered well, there are important omissions in the coverage of recent changes in diagnosis and management of topical respiratory conditions.—JAR


This multi-author volume deals with a wide range of lung diseases in which immunological processes are thought to play a part in pathogenesis. The authors are exclusively American or Canadian and most are acknowledged experts in their spheres. The topics covered range from asthma, including occupational asthma, to pulmonary fibrosis, atypical mycobacterial disease, sarcoidosis, the human immunodeficiency virus, and conditions such as eosinophilic pneumonia, granulomatous lung disease, and other thoracic malignancies. This comprehensive and authoritative book contains contributions from the world's experts on the various topics included, and we believe it will become a classic in the field of pulmonary immunology.

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This book comprises several reviews with discussion sections derived from a three day symposium and attempts to cover comprehensively the pathology and treatment of asthma. In many respects it is wide ranging but well written and has drawn on the expertise of several acknowledged experts. Of particular note are the sections on asthma epidemiology and airway epithelium. Occasional chapters suffer from a disproportionate emphasis on the authors' own work. There are one or two subjects that are not covered particularly well, including cytokines, occupational asthma, and certain of the new asthma treatments, such as the potassium channel activators, in addition to some of the more practical aspects of asthma management. It would also have been useful to have an overview chapter, either at the beginning of the book or at the end. All things considered, however, this book represents a comprehensive review of asthma, which would be a useful addition to the bookshelf of the asthma specialist. It would make a useful reference book for general respiratory physicians, but for this group the price may prove prohibitive.—AK