CES is a rare and severe complication of longstanding and often quiescent AS. Until now, few medical interventions have produced good results in AS-associated CES. We suggest that TNFα antagonist therapy could be tried first, with surgical procedures such as lumboperitoneal shunting being reserved as a second-line option in patients who fail to exhibit response to anti-TNF therapy administered for a sufficient period of time.

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Tobacco: from pre-Columbian use to the appearance of rheumatoid arthritis in the Old World?

To the Editor:

The engraving depicted in Figure 1, entitled “Les Délices de la Tabagie” (“The Delights of the Smoking Den”), was created by David Teniers the Younger, born in Antwerp in 1610 and the son-in-law of artist Jan Brueghel the Elder (1582–1649).

The piece depicts a group of men smoking pipes: the man on the left holds an ember, apparently taken from the little stove in front of him, to the end of his clay pipe. The man next to him is exhaling smoke and looks rather dreamy, while the third man, with his back to the viewer, is slumped over the table. Behind the table, still another man holds a glass and casts a glance at his neighbor, who is staggering. On the left, the innkeeper carries a plate and a bar pint: he is leaving the room, most likely going into the kitchen.

This engraving documents some of the unsavory effects of tobacco addiction, which became widespread in the Old World in the 16th and 17th centuries. These effects included apathy, trances, hallucinations, alterations in behavior, coated tongue, extended wakefulness, and unpleasant body odor. At the time, tobacco was very different from the tobacco smoked in modern-day pipes, being then of the species Nicotiana rustica, which is characterized by high concentrations of alkaloids that rapidly result in drowsiness.

The tobacco culture arose in the Americas more than 3,000 years ago. Pipes have been found in South America and in what is now the US at the Ohio–Hopewell archaeological site. As described by Thevet, the Amerindians of the 15th century smoked cigars and pipes and chewed tobacco (Nicotiana rustica) mixed with other hallucinogenic plants (2). According to Ramón Pané, Christopher Columbus found that this species of tobacco was used by the indigenous Tainos, who lived in the Gulf of Mexico region: the Tainos smoked it by rolling the tobacco leaves and also chewed a combination of tobacco and lime (2).

Interestingly, in the year 1500, the Portuguese explorer Pedro Alvares Cabral observed the consumption of another tobacco species in Brazil, which he named Petun (also known as Nicotiana tabacum). This species is the tobacco that is most commonly smoked today.

In the pre-Columbian Americas, shamanic healers used tobacco to communicate with spirits, cure diseases, and exorcise evil (1). By the middle of the 16th century, tobacco use was widespread across Europe but concentrated in Portugal and around the large ports of Amsterdam and Antwerp. To the Europeans, tobacco was a cure-all and was thus widely used therapeutically. Catherine de Medici relied on this universal “medicine,” and Louis XIII smoked it for pleasure. By the 18th century, tobacco was no longer used to treat diseases, but was widely used for pleasure (2).

At the end of the 18th century, rheumatoid arthritis appeared in the Old World (3). Interestingly, tobacco is now considered the most important environmental factor interacting with genetic factors (HLA–DRB1 and PTPN22) in the pathogenesis of rheumatoid arthritis. A recent report published in Arthritis & Rheumatism (4) indicates that as a result of cigarette smoking, HLA–DRB1 shared epitope alleles encode proteins that bind the citrulline peptide with a higher affinity, resulting in an enhanced T helper cell response and the production of anticitrulline autoimmunity and rheumatoid factor. In addition, cigarette smoking stimulates PTPN22 genes...
that encode proteins leading to a failure to delete autoreactive T cells (4–6).

In the past, tobacco leaves were either dried or left fresh and then shipped from the Americas to the Old World (2). We cannot exclude the alternative possibility that infectious agents either from tobacco parasites (e.g., arthropods, insects) or transported by pollen and affecting the plant (after mutation?) played a role in the emergence of rheumatoid arthritis in the Old World a few centuries ago. It is possible that the introduction of tobacco in the 16th and 17th centuries may have added an environmental element tied to the emergence of rheumatoid arthritis in Europe at the end of the 18th century.

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Clinical Images: Calcific iliopsoas bursitis in a patient with scleroderma mimicking avascular hip osteonecrosis

The patient, a 53-year-old woman who was being treated with oral corticosteroids for diffuse scleroderma, presented with progressive, incapacitating hip pain that had started 1 month earlier. Laboratory testing revealed no increase in the C-reactive protein level. Radiography of the pelvis showed no abnormalities. Magnetic resonance imaging (MRI) was performed since there was a suspicion of corticosteroid-induced avascular necrosis of the hip. Fat-suppressed T2-weighted MRIs in the coronal plane (left) and the sagittal plane (right) revealed marked high-signal-intensity fluid collection within the right iliopsoas bursa associated with low signal intensity in its center, indicative of calcification. Periarticular deposits of hydroxyapatite crystals due to scleroderma were suspected, even though hip involvement remains extremely rare in this autoimmune disease. Ultrasound-guided aspiration of the bursa yielded an inflammatory aseptic fluid containing a large amount of apatite crystals, confirming the diagnosis. Local ultrasound-guided steroid injection was administered, and the symptoms resolved completely within a week.

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