Among individuals with CD there was a significantly higher frequency of individuals with weight loss, fever, perianal fistula, abdominal pain, dysentery, and uveitis. Among these factors, logistic regression analysis showed loss of weight as only
independent predictor of CD.

While there are obvious limitations in a retrospective analysis, this study brings forth several interesting issues. First, it would serve to create a greater awareness among those caring for these individuals regarding the need to perform colonoscopy among those who present with manifestations of enteropathic arthritis. Second, treatment of these individuals has involved the use of a combination of methotrexate and sulphasalazine as opposed to the latter alone for peripheral arthritis associated with other seronegative spondyloarthopathies. For the most part the dictum has been to treat peripheral arthritis in males with sulphasalazine alone if differentiation into specific syndromes is not possible. The combination is required only if one agent alone does not produce in satisfactory response.\(^1\)

Thirdly, differentiation from tuberculosis (TB) is essential not only since antitubercular therapy is indicated there, but also since anti-tumor necrosis factor, which has been used for CD, increases the probability of reactivation of TB.\(^2\)

One issue that merits special consideration is the use of advanced statistical techniques in studies where the readers might be interested in applying the results to individual patients. Thus, while the patients who were first seen up to August 1998 and followed for more than 6 years, the mean duration of follow up of patients with CD was 5.54 years and those without CD was 3.27 years when none of the patients dropped out in this period.

The paper should encourage other workers in this area to consider CD as a probable diagnosis among those who present with enteropathic arthropathy.

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