

## A perplexing arthritides

An endemic polyarticular arthritides, mainly affecting the hip and knee joints, has plagued the local population surrounding Mseleni and Manguzi areas of the Ubombo District in KwaZulu, South Africa<sup>1</sup>. (This area being adjacent to Lake Sibaya, the largest fresh water lake in Southern Africa).

There are more than 2 500 Zulus of the local indigenous Bantu population suffering from this crippling clinical entity, known as Mseleni Joint Disease<sup>2</sup>. To date, despite extensive research, including nutritional<sup>3</sup>, biochemical<sup>4</sup>, fungal<sup>5</sup>, and miscellaneous other surveys<sup>6,7</sup> no causation has been found since the condition was first scientifically described in 1970. The most recent research presents a Histomorphometric Analysis of Osteopenia associated with Mseleni Joint Disease<sup>8</sup>. Pathologically, MJD bears some resemblance to Multiple Epiphyseal Dysplasia (MED)<sup>9</sup>, and a severe form of Polyarticular Osteoarthritis (POA), which can progress to Protrusio Acetabuli<sup>10</sup>. The possible components, ie genetic<sup>11</sup>, environmental<sup>12</sup>, or multifactorial<sup>13</sup>, have not been completely elucidated. The overall prevalence is 16,8%, with a 3:1 female to male incidence. Fifty percent of 40 to 50 year old women are affected<sup>14</sup>. There is a 50% chance of a 40 year old person, and an 85% chance of a 70 year old person in the community being affected<sup>15</sup>. Many non-sufferers live in constant fear of becoming new victims of what the indigenous population call the "pain".

Recently the South African Broadcasting Corporation

screened a documentary highlighting the plight of these patients. The socio-economic impact of MJD extends to the whole family. Fifty percent of children with an affected parent have received no formal education, compared to 30% of children of unaffected parents.

Forty-seven percent of females and 67% of males who are eligible for Disability Grants are not receiving remuneration. However, a Mobile Cripple Care Service and a Physiotherapist energetically pursue financial aid through the Magistrate's Office at Ubombo.

Unfortunately, the present financial restraints prevent the willing Regional Orthopaedic Unit at Ladysmith from embarking upon further hip replacements, which still remains the treatment of choice<sup>16</sup>. Recent offers from a multidisciplinary group, under the auspices of the Medical Research Council, to co-ordinate a combined Survey, are welcomed.

Notwithstanding, the pertinent practical problems of provision of formal education for sufferers' children, transport of patients, sheltered employment for younger victims, and financial aid for affected families, remain.

Such a large problem in such a small Community prompts one to ask, "How many other perplexing problems remain unresolved in many parts of Africa, and indeed, other Continents?"<sup>17</sup>

V Fredlund  
J R Hunter

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