INTRODUCTION

Rheumatoid arthritis (RA) is a chronic, symmetrical, inflammatory polyarthritis involving the diarthrodial joints and exhibiting, in a proportion of patients, a variety of extra-articular features such as vasculitis and nodules ***(Panayi, 1986).***

Apart from isolated nerve lesions due to local pressure, peripheral neuropathy in RA has generally been attributed to occlusion of the vasa nervosa by the arteritis which occasionally complicates the disease ***(Schmid et al., 1981).***

The restless legs syndrome (RLS) is characterized by irresistible leg movements often accompanied or preceded by dysesthetic sensations in the leg ***(Ekbom, 1945).*** The dysesthesias may be described as "pins and needles", "an internal itch" or "a creeping or crawling sensation" ***(Walters and Hening, 1987).*** These sensations generally appear when the patient is at rest and are relieved by agitated motor activity or by walking ***(Lugaresi et al., 1986).***

How commonly patients with RA are affected by RLS has not been established, and the pathogenesis is obscure ***(Salih et al., 1994).***

Electromyography is a valuable technique for determining the classification, distribution and severity of diseases affecting skeletal muscles ***(Bradley and Fries, 1993).*** Although the changes identified are not specific, this technique should allow differentiation between myopathic and neuropathic conditions and, in the latter, localize the site of abnormality to the central nervous system, spinal cord, anterior horn cells, roots, peripheral nerves or neuromuscular Junction ***(Kimura, 1983).***