

## INTRODUCTION

Rheumatoid arthritis is a chronic inflammatory arthritis of unknown origin, involving multiple joints and characterised by a tendency for spontaneous remissions and subsequent relapses (Silberberg, 1985).

Articular synovial tissue is the target, but the synovial membranes of tendon sheaths, joint recesses and bursae are also disturbed (Gardner, 1986).

According to the presence or absence of IgM rheumatoid factor in their sera, patients with rheumatoid arthritis are classified into sero-positive and sero-negative groups respectively (Hughes and Currey, 1975).

It is a common opinion that the wrist, metacarpophalangeal and proximal interphalangeal joints of the fingers are the joints most often and most typically involved in rheumatoid arthritis (De Carvalho and Graudal, 1980).

Radiologic evaluation has been used by clinicians for many decades to assess the progression of rheumatoid

Clinicians and radiologists alike have focused particularly on the hands and wrists in rheumatoid arthritis because of the early involvement, its functional importance, the fairly characteristic appearance of the disease at these sites, and the ease with which high quality radiographs of these thin bony parts can be obtained (Mall et al., 1974).