Charcot joints

Tabes dorsalis is now an uncommon disease in Western countries, but patients with Argyll Robertson pupils and Charcot joints are frequently dredged up to appear in clinical examinations. Arthropathy of ataxic patients, Charcot’s original description, was passed on to his students in a model lecture. He summarises the salient points:

“A. Without appreciable external cause, the local affection appears. At this moment the incoordination is not marked, the patient does not fling about his legs in a disorderly manner.

B. This arthropathy is developed at a but slightly advanced period of the spinal disease, and most commonly when its symptomatology is limited to lightning pains....

C. The arthropathy is produced, generally, without prodrums, if we except, however those cracking sounds in the joint which we find....

E*. Most usually, the first phenomenon discernible is extreme tunecfulness of the entire member, forming 1° by a considerable hydralithrosis; 2° by an engorgement which..., presents a hard consistence, and in which the ordinary symptoms of oedema are not generally very marked.”

“This arthropathy is not commonly accompanied by fever, or by pains:... At the end of some weeks or months, the swelling disappears and then all returns to the normal state (benignant form); sometimes, on the contrary, serious disorders remain in the joints, crackings, dislocations, answering to a wearing down of the osseous surfaces, and various luxations (malignant form). The member affected by arthropathy may still serve for prehension, if be the upper extremity; or for walking, if the hip and knee be...affected. F. the order of preference begins with the knee, then comes the shoulder, next the elbow, the hips, and the wrists. But the small articulations are not always spared....

Charcot separates the condition from osteoarthrosis (dry arthritis), purulent arthritis, and nodose rheumatism and from gout. Pathologically: “in cases of old standing...the signs observed are those of dry arthritis: to wit, ebullition and deformation of the articular surfaces...bony bursae and stalactites, foreign bodies etc...I must request your attention to: 1°. The predominance of wearing away over the production of bony bursae in recent cases... 2°. the frequency of luxations, which are, to some extent, the rule in ataxic arthropathy, while they are only exceptions in common dry arthritis.”

Seeking enlightenment as to the cause, he finds analogies in the arthropathies of paraplegia in Pott’s disease, acute myelitis, tumours of gray substance, and traumatic spinal lesions. Charcot concludes that the anterior cornua of the gray matter, and in one case the spinal ganglia, are the starting point of the articular disorder.

The great English physician Thomas Clifford Allbutt recognized, and described the same clinical features a year later.

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* the item “D” is omitted (presumably a typographical error) in the original text.


3 Allbutt TC. Remarks on a case of locomotor ataxy with hydrothorax. St George’s Hospital Reports 1869: 4259-60.