trated in that area and this leads to the progression of joint destruction.

Our present results indicated the possibility that joint destruction in the RA elbow begins on the radial side of the humeral trochlea and gradually spreads mediolaterally. If we accept the validity of this pattern of destruction of the elbow joint, then when analyzing X-rays taken in the early stage of RA elbow joint damage, it should be possible to focus on the radial side of the humeral trochlea and determine whether joint destruction had already begun. In addition, if bone destruction on the radial side of the trochlea were mild, we would be able to conclude that the joint destruction was at an early stage and that a minimally invasive therapy such as synovectomy was indicated.

The progression of joint destruction can be considered influenced by various factors, such as medication (including NSAIDs, DMARDs, and steroids), disease duration, and progression of joint deformation due to aging or osteoporosis [16–19]. A limitation of the present study was that we were unable to discuss the possible effects of drug treatments, disease duration, and aging in our patient series. However, this is the first report of a statistical analysis of the pattern of joint destruction in the rheumatoid elbow, and we think that our findings will make a significant contribution to decision making regarding therapeutic approaches to RA of the elbow.

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