FIBROSITIS **MEDICAL APPENDIX**
(NON-ARTICULAR RHEUMATISM, MYALGIA, MUSCULAR RHEUMATISM, FIBROMYOSITIS, FIBROMYOPATHY)

DEFINITION

1. **Fibrositis** is the term most commonly employed to designate pain and tenderness of connective tissue, particularly around joints and in or near muscles and tendons, for which a cause is not evident.

CLINICAL MANIFESTATIONS

2. The syndrome is characterised by pain and stiffness which varies in intensity but which is worse on movement. It is rarely associated with any disturbance of general health. It may run an acute or chronic course and, in the latter case, periods of remission are common. There is frequently a complaint of severe stiffness on waking, with improvement to some extent during the day. The pain sometimes radiates from one or more fibrous nodules or “trigger points”, which are extremely tender on palpation.

3. According to the area affected, various descriptive terms are used, for example, severe fibrositic pain in the lumbar region and upper thigh in the absence of an underlying cause is known as LUMBAGO, while involvement of the shoulder girdle is commonly described as BRACHIAL FIBROSITIS.

AETIOLOGY

4. Medical experts agree that there may be a variety of causes for the disease syndrome which is, by definition, vague and of which pain is often the only feature.

SEX AND AGE

5. The syndrome is largely, although not completely, confined to females and usually occurs in middle age.

INFECTION

6. Microscopic examination of the tender fibrous nodules frequently present in a case of fibrositis reveals inflammatory changes suggestive of infection, but no micro-organisms have ever been isolated. A focus of infection has been postulated from which toxins having a special affinity for fibrous tissues are disseminated through the blood stream. This theory, although no longer widely held, has never been completely discredited. It is known that certain infective diseases mostly of virus origin, such as rubella, measles and influenza, may initiate fibrositis, which usually clears up during convalescence. In these illnesses, tender nodules can frequently be detected, and they are the source of the backache which is a common symptom. The nodules may occasionally persist and are sometimes reactivated by further infections of diverse kinds, including the common cold. It is also recognised that there are epidemic forms of fibrositis, of which the best recognised is a virus infection known as Bornholm disease.

TRAUMA AND OCCUPATION

7. Trauma in the form of a single incident may give rise to fibrositis at the time or, if sufficiently severe, years afterwards as a result of fibrosis and contraction of the soft tissues. Trauma may also operate as a result of a prolonged postural or other repetitive strain, such as that arising from scoliosis or a shortened leg, or as a result of repetitive industrial employment. Fibrositis in specific areas supposedly subject to excessive strain has been described in various occupations – eg. cervical fibrositis in taxi drivers and lumbar fibrositis in bus drivers.

COLD AND WET

8. Experience gained in wartime has confirmed that fibrositis can be initiated in an apparently fit subject by the direct action of exposure to cold and wet. In such cases there is a general lowering of the body temperature by the cold environment and this will be much more rapid if the skin or clothes are damp. The effect of local cold in the form of a draught impinging on some uncovered portion of the body is also recognised as a causative factor, presumably as a result of local circulatory changes.

PSYCHOGENIC FACTORS

9. Many authorities believe that the condition is a symptomatic manifestation of minor psychiatric disorder. Features of psychological disturbance are present in many patients, but not in all, or even in the majority.

CONCLUSION

10. Fibrositis is an ill-defined condition of unknown cause. Various factors listed above have been incriminated by different authorities as playing a part in the onset or development of the condition.

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