Ultrasound in Rheumatology
Fundamental background and clinical applications

1. Standard baseline ultrasonography of joints has no added value in predicting clinical effect at one year in early RA patients treated to target. (this thesis)

2. The current definition for low-grade grey scale ultrasonographic inflammation is too sensitive for clinical purposes. (this thesis)

3. The power Doppler ultrasonographic modality is highly variable between ultrasound machines. (this thesis)

4. To diagnose early RA, at a minimum bilaterally the wrist, metacarpophalangeal and metatarsophalangeal joints should be scanned, whereas for remission, at least the wrist and MCP joints of the dominant hand. (this thesis)

5. The most reliable probe position to scan the wrist joint longitudinally is on the line from Lister’s tubercle to the third digit. (this thesis)

6. There is no such thing as too much gel, at least when performing ultrasonography.


8. Between male non-training persons, boxers, persons practicing capoeira and ju-jitsuka’s, the highest indicators of overall aggressiveness were recorded in the non-training group whereas the lowest were recorded among ju-jitsuka’s. (C. Kusnierz et al, Arch Budo 2014; 10: 253-260)

9. The word תִּמְשָׁל (Genesis 4:7) should be translated as ‘Thou mayest rule’ instead of ‘Thou shalt rule’ or ‘Do thou rule’. (J. Steinbeck, East of Eden)

10. ‘Minder, minder’ is een echo uit recente, vreselijke tijden.

11. If you’re flammable and have legs, you are never blocking a fire exit. (Mitch Hedberg)

David ten Cate, Rotterdam, 2015