BLOOD GROUPS IN ANKYLOSING SPONDYLITIS

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Since the discovery of Aird, Bentall, and Fraser Roberts (1953) of an association between cancer of the stomach and blood group A, many studies on a possible relationship of blood groups to disease have been carried out. Cohen, Boyd, Goldwasser, Cathcart, and Heisler (1963) investigating the blood groups of patients suffering from various articular diseases, found a significant correlation between the absence of the Rh antigen D and rheumatic disease. There also seemed to be a correlation with the absence of the antigen N of the MNSs system, whereas no correlation was found with the ABO system. The two major disease groups studied by Cohen and his co-workers were rheumatoid arthritis and ankylosing spondylitis, each representing 31 patients among a total of 99 persons examined.

In an attempt to find out which of the diseases included in the study of Cohen and others (1963) that might be responsible for the deviation in blood group distribution, Kornstad, Kornstad, and Guldberg (1965) studied the blood groups of 217 patients suffering from definite or classical rheumatoid arthritis. They were unable to find any correlation between the disease and the ABO, MN, or Rh(D) blood groups.

The purpose of the present investigation was to find out whether patients suffering from ankylosing spondylitis could have caused the deviation(s) in blood group distribution observed by Cohen and others (1963). Besides the MN and Rh(D) groups, the I blood groups were also examined. The reason for including the I grouping was the evidence pointing to “a mycoplasma as having some part in causing Reiter’s syndrome and ankylosing spondylitis” (Leading article, Brit. med. J., 1965) and the observation by Schmidt, Barile, and McGinniss (1965) that eighteen of 25 mycoplasma tested could block or destroy the I receptors of normal red cells.

Material and Methods

Blood samples were obtained from 200 patients suffering from ankylosing spondylitis. All the patients had been examined at the University Hospital for Rheumatic Diseases, the great majority of them as in-patients. The samples were kept in the refrigerator until they could be tested, which was always done within 5 days after the blood was collected. The blood grouping was performed at the National Blood Group Reference Laboratory and Immunopathology Laboratory, State Institute of Public Health. The blood grouping sera were all prepared at the same laboratory. Rabbit anti-M and anti-N sera were used, the other sera being of human origin. Each blood specimen was Rh(D) grouped independently by two skilled technicians, using saline reacting anti-D sera. No discrepancy between their results was observed. The D-negative samples were also tested with anti-C and anti-E. For I-grouping an isoagglutinin from a healthy group A1B, I-negative donor was used. This antiserum, which has been mentioned previously (Kornstad, 1962), belongs to the variety of anti-I which reacts best with O and A2 cells; it also reacts with cells carrying the A1 and B antigens.

The results obtained were compared with the blood group frequencies in the normal Norwegian population previously found at the same laboratory: Hartmann and Lundeval (1954) study of the ABO and MN distribution; Hartmann (1949) observations on the incidence of the Rh antigen D; and Kornstad (1964) study of the MN groups in Oslo blood donors. When the blood group distributions in the normal population and in the ankylosing spondylitis patients were compared, 2 x 2 tables were used for calculation of the $\chi^2$ values.

Results

The results of the Rh(D) testing are shown in Table I. Among the 26 D-negative patients, 25 were also C-negative and E-negative, whereas one belonged to the Rh genotype dcE/dce. The last patient was tested for Ds, with negative results. There was no significant difference in the incidence of the Rh antigen D in the two groups($\chi^2 = 0.9072$; 1 d.f.; $0.35 > P > 0.30$).

The results of the MN testing are given in Table II. When the total number of M and N genes observed in the two series were compared, we found $\chi^2 = 0.6779$; 1 d.f.; $0.45 > P > 0.40$.

All the ankylosing spondylitis patients were found to be I-positive.

Discussion

Among Norwegian patients no support has been found for the assumption that a correlation exists...
between rheumatic disease and absence of the Rh antigen D or absence of the N antigen; patients suffering from rheumatoid arthritis (Kornstad and others, 1965) or ankylosing spondylitis show Rh(D) and MN groups in good agreement with the normal distribution. While the present study was in progress, Stoia, Ramneantu, and Poitas (1967) reported the finding of 369 Rh and 42 rh persons among 411 Romanian patients suffering from rheumatoid arthritis. This should give an Rh(D) frequency of 89.8 per cent. as compared with 85.0 per cent. in a control group. The difference seemed to be statistically significant, but as the deviation from the normal distribution in their series was opposite to that observed by Cohen and others (1963), it seems reasonable to conclude that no correlation between Rh groups and rheumatic disease has so far been proved.

The finding that all the 200 ankylosing spondylitis patients were I-positive is also in good agreement with the findings in normal adult populations where more than 99.9 per cent. are known to be I-positive. If a mycoplasma plays any causative or secondary role at all in ankylosing spondylitis, it does not block the I-antigenic sites on the patients’ erythrocytes.

Summary
Blood samples from 200 patients suffering from ankylosing spondylitis were tested for MN, Rh(D), and I blood groups. In these systems a normal distribution was found.

REFERENCES
Leading Article (1965). Brit. med. J., 1, 607 (Is rheumatoid arthritis an infection?).

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SUMARIO
En 200 enfermos con espondilartritis anquilosante se determinaron los grupos sanguíneos MN, Rh(D) e I. La distribución estadística de estos grupos fué normal.

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Blood groups in ankylosing spondylitis.

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