Age of onset in successive generations of patients with a spondyloarthropathy

Juvenile spondyloarthropathy (JSPA) is as yet not a fully defined disorder, but can be considered as a juvenile form of the adult spondyloarthropathy (SPA). Preliminary criteria for the latter have been proposed, the tip of the iceberg being ankylosing spondylitis. These criteria are also applicable for JSPA. The clinical presentation of JSPA may differ from adult onset SPA, but eventually a considerable percentage of patients with JSPA will develop a clinical picture indistinguishable from adult SPA. Ankylosing spondylitis has a strong association with the presence of the HLA-B27 antigen. The risk for a first degree HLA-B27 positive relative of a patient with ankylosing spondylitis developing that disease is about 20%.

Quinine induced lupus-like syndrome and cardiolipin antibodies

A large number of drugs are known to cause a clinical syndrome resembling systemic lupus erythematosus. The antimalarial agent, quinidine has historically been most commonly reported to cause such a syndrome.

Additionally, the presence of cardiolipin antibodies has been described in patients receiving phenothiazine, procainamide, and ethosuximide treatments. Quinidine is an antimalarial drug analogue to quinidine that can also produce several autoimmune abnormalities.

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