Attenuated response to purified protein derivative in patients with rheumatoid arthritis: study in a population with a high prevalence of tuberculosis

D Ponce de León, E Acevedo-Vásquez, A Sánchez-Torres, M Cucho, J Alfaro, R Perich, C Pastor, J Harrison, C Sánchez-Schwartz

Methods: 112 patients with RA and 96 healthy controls were studied. PPD 5 U was applied using the Mantoux method, and skin reaction was measured at 72 hours. The reaction was considered negative for PPD <5 mm.

Results: There were no significant differences in age, sex, history of bacille Calmette-Guerin vaccination, or tuberculosis contact between the two groups. The median size of the PPD induration in the patients with RA was significantly less than that in the control group (4.5 v 11.5 mm, p<0.01). Seventy nine (70.6%) patients with RA compared with 25 (26%) of the control group had a negative reaction to PPD (p<0.01), a response not influenced by disease activity or duration of disease in the patients with RA.

Conclusion: A PPD skin test is not an appropriate test for recognising LTBI in patients with RA in our population.

Abbreviations: LTBI, latent tuberculosis infection; PPD, purified protein derivative; RA, rheumatoid arthritis; TB, tuberculosis

The purified protein derivative (PPD) skin test is currently the only widely used method which detects latent tuberculosis infection (LTBI). A defect in the cellular immune function exists in rheumatoid arthritis (RA), which may result in an inability to produce an adequate PPD reaction.

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RESULTS

According to the exclusion criteria, 28 patients were excluded from the analysis: 8 did not return for a PPD reading, 4 had other chronic medical conditions (diabetes, allergic rhinitis, asthma), 10 had malnutrition, 1 presented a hypersensitivity reaction to PPD, and 5 had acute infections (upper respiratory and urinary tract infection). One hundred and twelve patients and 96 controls were included. There were no significant differences between patients with RA and controls in age (mean (SD) 54.7 (12.3) v 55.6 (11.8); p = 0.56); sex (94% v 92% female; p = 0.58); body mass index (24.6 (3.6) v 24.4 (3.7); p = 0.67); BCG vaccination (91% v 82%; p = 0.14), or TB contact (18% v 16%; p = 0.35). One hundred and three (92%) patients with RA had a positive rheumatoid factor compared with three (3%) in the control group.

In patients with RA the mean (SD) disease duration was 15.6 (10.1) years and 33/112 (29%) patients had active disease. Disease modifying antirheumatic drug treatment was used alone or in combination in 80%, with methotrexate being the most commonly used drug (68%). Eighty seven per cent of patients received prednisone (≤7.5 mg daily).

Figure 1 shows that 79/112 (70.6%) of patients with RA had a negative reaction to PPD (<5 mm) compared with 25/96 (26%) from the control group (p<0.01). Seventy three (65%) patients with RA showed no reaction to PPD (0 mm) compared with 24/96 (26%) in the control group.

Abbreviations: LTBI, latent tuberculosis infection; PPD, purified protein derivative; RA, rheumatoid arthritis; TB, tuberculosis.
In patients with RA a similar negative reaction to PPD (p = 0.65) was found in the active (67%) and in the inactive group (72%). To determine whether or not this difference was influenced by factors that altered the reactivity to PPD we compared the PPD positive and PPD negative groups. Although PPD negative patients with RA tended to have a longer disease duration (12.8 (9.2) v 16.7 (10.3) years), the difference was not significant (p = 0.06). There were no differences in age (34.4 (12.4) v 54.8 (12.3) years; p = 0.87); albumin (40 (5) v 39 (4) g/ l; p = 0.87); active disease (33% v 28%; p = 0.65); immunosuppressant treatment (81% v 79%; p = 0.99); use of prednisone (85% v 89%; p = 0.25), and history of BCG vaccination (89% v 96%; p = 0.36) between the two groups. When the group who did and did not receive prednisone were compared, 74/98 (75%) of those using the drug had a negative reaction to PPD, whereas 9/14 (64%) in the group not receiving prednisone had a negative reaction to PPD.

**DISCUSSION**

The Hospital Nacional Guillermo Almenara Irigoyen, a 900 bed referral hospital, belongs to the social security system, serving 7 million people or one third of the Peruvian population. The incidence of TB in patients with RA in our hospital was 216/100 000 (Acevedo-Vasquez et al, unpublished), whereas in the general population it was 133.6/100 000.7

Subjects with a negative reaction to PPD are those who are not infected or unable to develop a delayed hypersensitive skin reaction.8 In this prospective case-control study we found a high negative reaction to PPD in patients with RA. More than 90% of the patients taking part in the study had a history of BCG vaccination, which as a rule leads to a positive PPD skin test.9 However, as demonstrated by Wang et al,8 when the PPD test is taken 15 years or more after vaccination, the vaccination does not have any influence on PPD reactivity. In Peru vaccination, in general, is performed shortly after birth. The prevalence of LTBI in the general population in our country is 68% in people over 25 years of age, with a BCG vaccination cover of 87% in the general population and 74% in health workers from our hospital (Acevedo-Vasquez et al, unpublished). In our group of control patients we found a prevalence of positive PPD of 71% compared with only 29% in the RA group. This difference is in contrast with that reported by Wolle et al,10 who found no decrease in PPD positivity between patients with RA (9.2%) and background rates in the American population. This disparity with our results probably is due to the much higher TB prevalence in our group and the way in which the information was obtained in the other group, mainly retrospectively and by telephone contact.

It has been reported that patients receiving daily corticosteroids at a dose <15 mg/day will not suppress cutaneous delayed hypersensitivity, including tuberculin reactivity.11 All of our patients received prednisone at doses of <7.5 mg/day.

**CONCLUSIONS**

We consider that it is not appropriate to use PPD to recognise LTBI in patients with RA in our population. However, until other more sensitive diagnostic tests are available for the identification of LTBI, the PPD standard test should continue to be used.

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