OP0069 MICROCHIMERISM AND SJÖGREN'S SYNDROME: A PRELIMINARY STUDY ON SALIVARY GLANDS

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Background Recent researches suggested a role of microchimerism in the pathogenesis of systemic sclerosis and Graft Versus Host Disease.

Objectives Aim of the present study was to evaluate whether fetal microchimerism plays a role in the pathogenesis of Sjögren's syndrome (SS).

Methods We looked for male microchimerism in minor salivary glands tissue from 6 women with SS and at least one male pregnancy or miscarriage. SS diagnosis was made according to EEC criteria. As control we used DNA from minor salivary biopsy of 3 women with SS and female pregnancies only, 1 woman with SS without previous pregnancies and 2 healthy women, one with a male pregnancy and one with a female pregnancy. We assayed by PCR for a specific Y chromosome sequence, SRY, and for the homologous gene of Amelogenin.

Results We didn't find male DNA neither in the tissue from women with SS and male pregnancy nor in the controls.

Conclusion This preliminary study doesn't support the hypothesis of a role of microchimerism in the pathogenesis of Sjögren's syndrome, however further analysis should be performed to better clarify the hypothetical association between microchimerism and SS.

OP0070 NON-MALIGNANT LYMPHOPROLIFERATION IN SJOEGREN'S SYNDROME: PROPOSED CLASSIFICATION BASED ON INTEGRATED CLINICO-PATHOLOGIC AND MOLECULAR STUDIES AND FOLLOW-UP

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Background Non-neoplastic B-cell lymphoproliferation (NNBLP) is a common feature in Sjögren's syndrome (SS) and predisposes to non-Hodgkin's lymphoma (NHL). It is characterised by extranodal or nodal organ involvement or by the presence of an M-component in biologic fluids, in particular mixed monoclonal cryoglobulinemia (MMC).

Objectives To better address the issue of SS-NNLP of Mucosa-Associated Lymphoid Tissue (MALT), usually involving the major salivary glands, we investigated 13 consecutive patients with primary SS and persistent parotid swelling (12F, 1M; mean age 59.5 years).

Methods Clinical and pathologic results were integrated with molecular analyses of B-cell clonal expansion in synchronous and metachronous biopsies (mean follow-up: 5.3 years).

Results At baseline 6/13 patients presented a parotid MESA with lymphoproliferative lesion (Group 1) and 7/13 a MESA with fully benign lymphoid infiltrate (Group 2), according to strict pathologic criteria.¹ Tissue B-cell clonal expansion was monoclonal in 5/6 cases in Group 1 and oligo-polyclonal in 6/7 cases in Group 2. B-cell NHL evolution was observed in 2/6 cases in Group 1 and in 0/7 in Group 2. Only the 2 cases evolved into NHL presented previous molecular evidence of ongoing expansion of the same clone or clonal dissemination in multiple

biopsies. By contrast, the clinical and laboratory features were not relevant either for the diagnosis of NNLP vs NHL or to predict NHL evolution. MMC was detected in 2/13 cases, not evolved into NHL.

Conclusion Pathologic features are crucial to distinguish between non-neoplastic and neoplastic extranodal LP in SS. Molecular analyses of B-cell clonal expansion appear relevant to identify a subset of patients with higher risk of NHL progression. When considering the whole spectrum of NNLP in SS and a practical diagnostic approach ("real" disease entities,¹⁻³), the following classification is proposed: a) Fully benign lymphoproliferation: fully benign lymphoid infiltrates in MALT sites or reactive lymphadenopathy in the lack of M-component; b) Lymphoproliferative disorder: lymphoproliferative lesions in MALT sites, nodal atypical lymphoproliferative disorder or persistent MMC or M-component in biologic fluids. A consensus on the classification of NNLP in SS will allow cooperative studies to clarify disease pathobiology and the risk of NHL evolution and to optimise follow-up and treatment.

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Spondylarthropathies including psoriatic arthritis

AB0122 PREVALENCE OF SPONDYLARTHROPATHY AND PREDICTION OF ANKYLOSING SPONDYLITIS IN PATIENTS PRESENTING WITH INFLAMMATORY BACK PAIN

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Background Back pain is a common symptom. It is one the first manifestations of ankylosing spondylitis (AS), which is also included in many sets of diagnostic criteria for spondylarthropathies (SPA). Definitive diagnosis of AS requires the presence of radiologic sacroiliitis, but its appearance lasts many years, so isolation of AS related back pain among patients with inflammatory back pain (IBP) is difficult and needs complete clinical examination with regard to specific signs and symptoms of AS.

Objectives The objective of this study is to assess the prevalence of SPA and AS in patients with IBP and to predict the diagnosis of AS on the basis of clinical findings.

Methods The study patients were seen in Shaheed Beheshti hospital clinic since 1994-1998. All patients presented with IBP which was confirmed clinically according to the criteria proposed by Clain *et al.* Patients assessment included, taking history, complete clinical examination for clinical sacroiliitis, buttock pain, arthritis, enthesitis, spinal mobility and chest expansion. Limitation of spine mobility and chest expansion was measured by standard tests. Pelvic radiograph was performed for all patients and appropriate diagnostic tests were requested as needed.

Diagnosis of SPA and AS was confirmed by European Spondylarthropathy study Group (ESSG) criteria and the modified New York criteria respectively. Patients with history of spinal trauma, surgery, infectious, degenerative and neoplastic diseases of the spine were excluded from the study.