

PostScript

MATTERS ARISING

Anti-C1q antibodies in renal and non-renal SLE

We read with interest the report of Marto *et al*¹ on the occurrence of anti-C1q antibodies in systemic lupus erythematosus (SLE), particularly their finding of anti-C1q in 39.8% of patients with SLE without renal disease, 27.3% of whom went on to develop nephritis.

We recently tested for anti-C1q antibodies using an enzyme linked immunosorbent assay (ELISA) kit (Buhlmann Laboratories, Basel) in the sera of 28 patients with SLE (median 13.2 U/l (range 0.6–1516)), 14 patients with rheumatoid arthritis (RA; 12.6 (2–119.6)), and 13 healthy control subjects (5.4 (3–137.2)). Although just over 40% of patients with SLE and RA had anti-C1q levels above the manufacturer's cut off point for positivity, 18.2 U/l, only patients with SLE had levels over 200 U/l.

While we agree with Marto's findings of a correlation between renal disease and anti-C1q positivity in patients with SLE ($r = 0.56$, $p < 0.05$ in our study), we also found a correlation between haematological disease and anti-C1q positivity ($r = 0.65$, $p < 0.05$), and particularly, a negative correlation between lymphocyte count and anti-C1q concentration ($r = -0.55$, $p > 0.05$). Although 11/18 patients with haematological disease also had renal disease, some of the highest concentrations of anti-C1q antibody (460 and 680 U/l) were found in patients with marked lymphopenia but no evidence of nephritis.

Increased numbers of circulating apoptotic lymphocytes have been described in SLE,^{2–4} and linked with lymphopenia and disease activity. As Marto and colleagues argue, interference with clearance of apoptotic cells is now an attractive hypothesis for the development of autoimmunity.⁵ Interference of anti-C1q with the removal of the increased numbers of apoptotic lymphocytes in these lymphopenic patients might result in the exposure of antigenic nuclear material to the immune system, and so contribute to the development of autoantibodies. Although almost all studies on anti-C1q antibodies have been directed at lupus nephritis, a larger study might be useful in examining possible relationships with other forms of the disease, including haematological manifestations.

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References

- 1 **Marto N**, Bertolaccini ML, Calabuig E, Hughes GRV, Khamashta MA. Anti-C1q antibodies in nephritis: correlation between titres and renal disease activity and positive predictive value in systemic lupus erythematosus. *Ann Rheum Dis* 2005;64:444–8.
- 2 **Courtney PA**, Crockard AD, Williamson K, McConnell J, Kennedy RJ, Bell AL. Lymphocyte apoptosis in systemic lupus erythematosus: relationships with Fas expression, serum soluble Fas and disease activity. *Lupus* 1999;8:508–13.
- 3 **Emlen W**, Niebur J, Kadera R J. Accelerated in vitro apoptosis of lymphocytes from patients with systemic lupus erythematosus. *Immunol* 1994;152:3685–92.
- 4 **Perniok A**, Wedekind F, Herrmann M, Specker C, Schneider M. High levels of circulating early apoptic peripheral blood mononuclear cells in systemic lupus erythematosus. *Lupus* 1998;7:113–18.
- 5 **Pickering MC**, Walport MJ. Links between complement abnormalities and systemic lupus erythematosus. *Rheumatology (Oxford)* 2000;39:133–41.

CORRECTION

Discussion: Assessment of psoriatic arthritis (Mease P J, Behrens F, Boehncke W-H, Feldman S R, FitzGerald O, Gladman D D, Helliwell P S, Nash P, Olivieri I, Taylor W J, Tak P-P. *Ann Rheum Dis* 2005;64(suppl 2): ii69–73.)

The author name P-P Tak is incorrect in the list of authors. The correct name is P P Tak.

Corrections printed in the journal also appear on the *Annals website* <http://www.annrheumdis.com> and are linked to the original publication

FORTHCOMING EVENTS

Second EULAR Course on Systemic Lupus Erythematosus

4–9 September 2005; San Miniato, Italy
This course for 70 young rheumatologists (age <40) has been designed to provide comprehensive, intensive training on various aspects of this disease. It will deal with the following topics:

- Treatment of SLE, molecular basis of drug action, and pharmacogenetics
- Evaluation of patients with SLE: disease activity, damage, response to treatment
- Renal disease in SLE
- Neurological disease in SLE
- Skin disease in SLE
- Particular problems in SLE: fever, vaccination, pregnancy, haematological manifestations

Contact: Organising secretariat: c/o Clinical and Experimental Rheumatology, Via Santa Maria 31, I-56126 Pisa, Italy.

Tel.: +39-050-40124

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Email: slecourse@clinexrheumatol.org

Third International Conference on Neuroendocrine Immune Basis of the Rheumatic Diseases

10–12 September 2005; Genova-Santa Margherita, Italy

Topic: The clinical translation of the neuroendocrine immune mechanisms of the rheumatic diseases for a better understanding and management of their diagnosis and treatment.

Local organiser: Professor Maurizio Cutolo, Division of Rheumatology, DIMI, University of Genova, Italy

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XI Mediterranean Congress of Rheumatology

22–24 September 2005; Heraklion Crete, Greece

The meeting is organised by the Departments of Medicine, Rheumatology, and Clinical Immunology and Allergy, University of Crete. Contact: Organising Bureau (secretariat and travel office) of the Mediterranean Congress of Rheumatology

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Future EULAR congresses

21–24 June 2006; EULAR 2006; Amsterdam, The Netherlands

13–16 June 2007; EULAR 2007; Barcelona, Spain

11–14 June 2008; EULAR 2008; Paris, France