Patients with Rheumatoid Arthritis and Lupus have similar prevalence of periodontitis – A cross-sectional survey

C. Ciurtin1, M. Orlando2, J. Bakshi3, J. Guindo3, B. Bernstein1, F. D’Aulio1
1Rheumatology, University College London; 2Oral Health, Eastman Dental Hospital, London, UK

Background: Periodontitis (PD) is a chronic inflammatory disease of the gingival tissues triggered by a dysbiotic microflora and causing the loss of soft and hard tissues surrounding the dentition. Over the last two decades, PD has been linked to a systemic inflammatory response and an increased risk of other comorbidities including cardiovascular diseases and diabetes. Numerous observational studies have confirmed an association between PD and rheumatic diseases. Some evidence suggests an association with rheumatoid arthritis (RA) and a beneficial effect of periodontal treatment on RA outcomes. Scarce evidence instead exists on the association between PD and Systemic Lupus Erythematosus (SLE). The main aim of this study was to evaluate the prevalence of PD in RA and SLE.

Methods: We conducted a cross-sectional survey of consecutive eligible outpatients with RA and SLE attending the Rheumatology Department at UCLH. PD diagnosis was estimated administering a validated self-reported questionnaire. Medical histories, cardiometabolic risk factors and assessment of standard biomarkers of inflammation and RA activity were collected as part of the outpatients’ visit.

Results: 86 patients affected by RA and 122 by SLE and 5 presenting both diseases were recruited and agreed to complete the questionnaire. PD was detected in 100 patients of the overall survey (47%), 38 (44%) patients with RA and 52 (48%) patients with SLE had prevalent PD. There was no statistically significant difference in the prevalence of PD between the two patients’ groups (p=0.575). PD was associated with diagnosis of diabetes (p=0.023), hypertension (p=0.004) and hypercholesterolemia (p<0.0001). Diagnosis of PD was associated with increased levels of C-reactive protein (CRP) (2.8±3.3 vs 4.0±4.4, p=0.03) in the whole population. In RA patients PD was associated with increased CRP (3.2±3.2 vs 5.2±4.4, p=0.014) and ESR (9.8±10.0 vs 18.3±16.6, p=0.008).

Conclusions: Prevalence of PD is similar in both RA and SLE (approximately 45%) and to the UK national estimates (Adult Dental Survey 2009). PD could contribute to an increased inflammatory profile in patients with RA and SLE. Our data highlight the need of assessing oral health needs of patients with rheumatic diseases.

Disclosure of Interest: None declared


Extraglandular manifestations in patients with primary Sjögren syndrome in a tertiary hospital in Madrid

C. M. Pioján Moratala, C. Sobrino-Grande, C. De la Puente-Bujídos, Rheumatology, Hospital Ramón y Cajal, Madrid, Madrid, Spain

Background: Primary Sjögren syndrome (pSS) is a chronic autoimmune disorder characterised by generalised dryness. In a variable percentage of cases (up to 50%) patients can present extraglandular disease, which frequently determines the prognosis.

Objectives: To determine the frequency of both glandular and extraglandular disease in patients with Sjögren’s syndrome (SjS) and to compare them with the frequency observed in the large cohorts (SER and EULAR).

Methods: A descriptive, observational cross-sectional study was conducted. We included patients with diagnosis of pSS according to the ACR/EULAR Classification criteria (2016) attended in our Rheumatology Unit from 2012 to 2017. A database was created, including clinical and epidemiological data and a descriptive analysis was carried out comparing the results with those obtained in the Sjögren-SER project and EULAR group.

Results: 106 patients with pSS were included. 92.5% were female (98), with a mean age at diagnosis of 45 years (range: 32–58). Frequency of exocrine gland disease is shown in table 1. Dry eye was the most frequent symptom (91%), with nearly half of them presenting ocular complications. 69.8% complained of dry mouth and 18.9% associated complications such as dysphagia and oral candidiasis. 16 patients (15%) suffered from recurrent parotiditis and 13 (12.3%) from salivary gland enlargement. Glandular disease also included xerosis (25%), dyspareunia (11.3%), upper respiratory tract dryness (12.3%) and atrophic chronic gastritis (14%). Frequency of extraglandular disease is shown in table 2. Chronic fatigue was the most frequent symptom, similar to the observed in both cohorts (50.9%), followed by arthralgia which was less frequent than in the Spanish cohort (40.6% vs 54.5%). 35 patients suffered from inflammatory arthritis and 3 cases associated fibromyalgia. 9 patients (8.6%) had arthritis associated with medications (46%). 30 patients (28.3%) had rheumatoid factor and 16 (15%) had antinuclear antibodies. 16 patients (15%) had Raynaud’s syndrome. 7 patients had autoimmunity thyroid disease. Finally, 5 patients (4.7%) developed lymphoma, 3 of them being MALT lymphoma of the parotid gland and the other 2 patients with Panniculitis and lymphoma of the salivary gland.