BACKGROUND: Primary Sjögren’s Syndrome is an auto-immune disease characterised by dryness of the eyes and the oral cavity. Musculoskeletal manifestations are common. However, the underlying mechanism remains often unknown.

OBJECTIVES: The aim of the current study was to describe subclinical entheseal involvement in patients with Primary Sjögren’s Syndrome via ultrasound, to calculate a modified Madrid sonography enthesis index and to compare it with a group of healthy controls.

METHODS: The study was conducted in the rheumatology department of Mongi Slim hospital in Tunisia, between June 2015 and December 2017, including 25 patients with Primary Sjögren’s Syndrome and 25 healthy sex- and age-matched controls. Cases were defined according to the American-European Consensus Criteria for Sjögren’s Syndrome. All the included subjects underwent an enthesis ultrasound exploration (EsaoteMyLab 60 machine and a 13–18 MHz linear array transducer) by a rheumatologist experienced in ultrasound. Five enthesis locations bilaterally (distal Achilles tendon, distal and proximal patellar ligaments, distal quadriceps, and brachial triceps tendons) in each patient were explored. The following elemental lesions of enthesis were evaluated: thickening, presence of calcifications, erosions, enthesophyte, loss of fibrillar pattern and power Doppler signal. The calculated index was compared against Mann-Whitney U test between cases and controls. The significance level was set at 5%.

RESULTS: In our study population, the median age was 53.2±11.3 years and the median body mass index was 28.7±6.4 kg/m². All included subjects were female. The ultrasound abnormalities in the Primary Sjögren’s Syndrome were as follows: erosions in 19.2% of cases, entheseophyses in 16.4% of cases, calcifications in 6% of cases, hypoechogeneity in 2.8% of cases, thickening in 2.4% of cases, power Doppler signal in 1.6% of cases and loss of fibrillar pattern in 1.2% of cases. The total enthesis index was 4.96±2.59 among cases and 5.72±2.92 among healthy controls. The difference is significant (p<0.05).

CONCLUSIONS: Our study did not find a significant entheseal involvement among patients with Primary Sjögren’s Syndrome that could explain the chronic indefinable pain. The diagnosis of an associated fibromyalgia should be kept in mind.

Disclosure of Interest: None declared

REFERENCES: