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THE ANTI-RO52 PREVALENCE IN THE SJÖGREN’S SYNDROME PICTURE: A SINGLE CENTER CROSS SECTIONAL STUDY

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Background: Sjögren syndrome (SjS) is an autoimmune disorder characterized by inflammation and destruction of exocrine glands. The presence of autoantibodies (AA) against the Ro52/TRIM21, an RNP complex binding to the stem-loop structure of human cytoplasmic RNA, might be relevant in the SjS pathogenesis. It has been suggested that distinguishing between antibody reactivity against Ro60 and Ro52/TRIM21 could be helpful in terms of evaluating clinical course, features and even pre-symptomatic stages of the disease (1).

Objectives: To evaluate the prevalence of anti-Ro52/TRIM21 antibodies in a cohort of patients diagnosed with primary SjS.

Methods: In this cross-sectional study we evaluated 179 patients with primary SjS according to the ACR classification criteria who had been admitted between December 2008 and December 2018 to our clinic. All patients had ANA titers higher than 1:320 (2) in at least two positive determinations for any pattern. ANA, anti-Ro52/TRIM21, anti-Ro60, anti-La and rheumatoid factor (RF) were tested by immunoblot (Euroimmun, Lübeck, Germany).

Results: In our cohort the median age at diagnosis was 57 years (range: 20-85 years); 89% with a clear dominance of females (n=160, 89%). The most frequently reported ANA patterns were speckled (93%), while only few patients had a homogeneous (6%) pattern. 177/179 were positive for anti-Ro52/TRIM21 (98%), 159/179 (88%) for anti-Ro60, 127/179 for anti-La (79%) and 94/179 (52%) showed RF reactivity. 76/179 (42%) patients showed all four reactivities (anti-Ro52/TRIM21, anti-Ro60, anti-La and RF). Out of these 76 patients, 11 (6%) patients exhibited Raynaud’s syndrome, 25 (13%) exhibited arthritis/arthritisalgia, 31 (17%) had hypergamma-globulinemia, 13 (7%) had hypocomplementemia and 26% had elevated free kappa/lambda chains, as typical clinical and laboratory features described in SjS.

Conclusion: Our results showed that anti-Ro52/TRIM21 but not anti-Ro60 is present in virtually all patients with SjS and has the most prevalent antibody reactivity. This finding needs to be considered in the current classification criteria of SjS (2), which include the presence of anti-Ro60, rather than anti-Ro52/TRIM21. Also, including the anti-Ro52/TRIM21 measurement in larger cohorts and longitudinal studies would also help us in improving the knowledge of its pathogenic role and to define of more focused diagnostic/therapeutic strategies.

REFERENCES


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