A COMPARATIVE STUDY ON CLINICAL AND SEROLOGICAL CHARACTERISTICS BETWEEN PATIENTS WITH RHUPUS AND PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Concomitant presence of two autoimmune diseases, such as rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) is known as “Rhupus”. Although poliimmunewithness is not uncommon phenomenon, only a small series of patients have been described so far with Rhupus.

Objectives: Our purpose was to analyze the clinical and serological characteristics of patients with Rhupus and compare them with a cohort of patients with SLE.

Methods: In this cross-sectional study, we included cases of Rhupus (ACR/EULAR 2010 plus ACR 1987 criteria) from 11 different Rheumatology Departments at Catalonia, Spain. We included patients with a diagnosis of SLE in a 2:1 ratio matched by sex, race and disease duration. To avoid misclassification, those patients with Rhupus but who had Jaccoud’s arthropathy or with overlap syndromes were excluded.

Results: A total of 120 patients were included, 40 cases with Rhupus and 80 cases with SLE. Most of patients were female (95%) and Caucasian (75%). Mean age was 51.0 ± 14.7 years with a mean disease duration of 12.9 ± 9.2 years. Main clinical characteristics were articular involvement (93.3%), cutaneous involvement (77.5%), haematological involvement (93.3%), gut involvement (93.3%), and uveitis (77.5%). Among the patients evaluated, 56 were treated with anti-Blys therapy (p: 0.019; OR 0.49; 95%CI 0.26-0.91 and p: 0.07, respectively). Among the patients evaluated, 56 were treated with anti-Blips therapy (p: 0.019; OR 0.49; 95%CI 0.26-0.91 and p: 0.07, respectively).

Conclusion: The prevalence of anti-CarP antibodies was associated with higher disease activity and more comorbidities and organ damage. If Rhupus represents a different condition, requires further analysis in bigger cohorts.

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ANTI-CARBAMYLATED PROTEIN ANTIBODIES IN SYSTEMIC LUPUS ERYTHEMATOSUS: ARE THEY USEFUL?

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Background: Anti-carbamylated protein antibodies (anti-CarbP) have been described not only in Rheumatoid arthritis but in other systemic autoimmune diseases. Recently, they have been reported in different cohorts of Systemic Lupus Erythematosus (SLE) with a prevalence of 9-28% (1-4). Anti-CarbP have been proposed as a marker of erosive arthritis in SLE(4).

Objectives: The aim of this work was to assess the prevalence of anti-CarbP in SLE patients from a single center cohort and their association to clinical and laboratory data.

Methods: Anti-CarbP were evaluated using a home-made ELISA (5), with some modifications: all the incubations had been reduced to 1.5 hrs at room temperature and the reaction was developed with diethanolamine and read at 405nm. The cut-off value of 0.350 optical density (OD) was set up, testing 230 healthy controls sera, calculating the average plus 3 times standard deviation. The ROC curve analysis demonstrated a specificity and sensitivity of 0.98 and 0.32, respectively. The OD was converted to arbitrary units (AU) with 20 AU as cut-off value. Clinical data were obtained from clinical charts.

Results: Anti-CarbP antibodies were found in 80/282 (28.3%) SLE patients. Complete clinical and serological data were available for 217 patients (76.9%): 71 positive and 146 negative. No clinical associations were found with anti-CarbP antibodies. However, cytopenia and renal involvement were more frequently assessed in patients without anti-CarbP antibodies (p: 0.019; OR 0.49; 95%CI 0.26-0.91 and p: 0.07, respectively). Among the patients evaluated, 56 were treated with anti-Blips therapy (belimumab). In this subgroup, sera collected at the first administration (T0), after 6 months (T6) and after 12 months (T12) were tested. At baseline anti-CarbP were positive in 10 (17.8%) with a mean titre of 37 AU (SD: 17.9); Anti-CarbP titre significantly decreased at T6 (p: 0.006) and T12 (p: 0.01). Negative seroconversion was observed in 7/10 sera.

Conclusion: The prevalence of anti-CarbP antibodies found in our cohort is in line with what previously reported. In our hands, anti-CarbP antibodies are not associated to any clinical SLE features.

REFERENCES

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