Response to: 'Overlap of systemic lupus erythematosus and myositis is rare in anti-Ku antibody-positive patients' by Ogawa-Momohara *et al*

We thank Ogawa-Momohara *et al* for their comment¹ on our work in which we identified that anti-Ku patients with elevated serum creatine kinase (elevated CK) are at risk of interstitial lung disease (ILD), whereas anti-Ku patients with anti-double-strand DNA (dsDNA) antibodies frequently have systemic lupus erythematosus (SLE) and are at risk of glomerulonephritis.²

The data reported by Ogawa-Momohara *et al* importantly complete our results since none of our anti-Ku patients had an Asian origin. Ogawa-Momohara *et al* retrospectively screened sera from 600 Japanese patients with connective tissue diseases and found 10 anti-Ku-positive patients.

Their data confirm that anti-Ku patients with elevated CK are at risk of ILD and rarely overlap with anti-Ku patients with SLE who are at risk of glomerulonephritis. Among their five anti-Ku-positive patients with elevated CK, three had ILD and none had glomerulonephritis. By contrast, among the three patients diagnosed with SLE, none had increased CK; only one had ILD; and all had nephritis.

Yet, in contrast with our cohort, when detected, anti-dsDNA antibodies were systematically found in patients with elevated CK (n=3/5), while none of their anti-Ku patients with SLE tested positive for anti-dsDNA. This finding is in contrast to several previous non-Asian series in which anti-dsDNA antibodies were more frequently^{3–5} or even exclusively⁶ detected in anti-Ku patients with SLE as compared with anti-Ku patients with other connective tissue diseases.

As pointed by Ogawa-Momohara *et al*, this may indicate that genetic and/or environmental backgrounds may shape the anti-dsDNA profile of anti-Ku patients, although results may have also been influenced by detection methods used and/or delay between treatment onset and serum sampling.

In conclusion, as pointed by Ogawa-Momohara *et al*, the patients' geographical origin must be taken into consideration when describing connective tissue diseases. In this regard, the data provided by Ogawa-Momohara *et al* represent an important addition to our own findings by shedding light on the spectrum of anti-Ku-related disease in Asian patients.

Lionel Spielmann ,¹ Benoit Nespola,² Alain Meyer^{3,4,5}

¹Service de Rhumatologie, Hôpitaux Civils de Colmar, Colmar, France

²Laboratoire d'immunologie, Hôpitaux Universitaires de Strasbourg, Strasbourg, France

³Exploration Fonctionnelle Musculaire, Hôpitaux Universitaires de Strasbourg de Strasbourg, Strasbourg, France

⁴Centre National de Référence des Maladies Auto-Immunes Systémiques Rares de l'Est et du Sud-Ouest, Service de rhumatologie, Hôpitaux Universitaires de Strasbourg, Strasbourg, France

⁵Fédération de médecine translationnelle de Strasbourg, FRU 6702, Hôpitaux Universitaires de Strasbourg, Strasbourg, France

Correspondence to Dr Lionel Spielmann, Service de Rhumatologie, Hospices civils de Colmar, Colmar, Alsace (Région), France; lionel.spielmann@ch-colmar.fr

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ORCID iD

Lionel Spielmann <http://orcid.org/0000-0003-1057-6890>

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