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 comment 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. 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 or even exclusively 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, Strasbourg, France
4Centre National de Référence des Maladies Auto-Immunnes 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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