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 frequently3–5 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.

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