Response to: ‘Correspondence on ‘Onset of rheumatoid arthritis after COVID-19: coincidence or connected?’ by Roongta et al

We thank Roongta et al for the interest taken in our work and for bringing this interesting case of seropositive rheumatoid arthritis (RA) after COVID-19 to the attention. They describe a patient who developed polyarthritis after proven SARS-CoV-2 infection, with seroconversion for both rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPA) between 2 weeks and 6 months after infection. This raises the question whether seroconversion (becoming seropositive for ACPA and RF) might occur more often after COVID-19.

In our study, three out of five patients presenting with polyarthritis post-COVID were already autoantibody positive at first presentation to the rheumatologist, on average 3.8 weeks after COVID-19. Unfortunately, there was no diagnostic test at first presentation to the rheumatologist, precluding any investigation into the characteristics of their ACPA response revealed the presence of multiple ACPA isotypes and detailed investigations into the characteristics of their ACPA response. In patients with RA without preceding COVID-19, the autoantibody characteristics greatly resembled those of regular patients with RA. Nevertheless, the hypothesis that pulmonary inflammation, due to COVID-19 or other inflammatory triggers, might be involved in the break of tolerance against citrullinated proteins remains very interesting and the topic of ongoing investigations. Although it appears likely that more cases of seropositive RA post-COVID will be reported in the future based on epidemiology alone, this in itself does not prove a causal relationship. Time will tell whether a plausible connection between these two events exists, or whether it may be coincidence.

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REFERENCES
Correspondence response


