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Does early primary Sjogren's syndrome really exist?

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Introduction & Aim: The study assessed differences in symptoms and immunological parameters between younger (<45) and older primary Sjogren's syndrome (pSS) patients.

Patients: Group I (GI): n=50 patients with $pSS \ge 45$ years old, women [F] (86.7%) and men [M] (10.3%); Group II (GII) n=25 < 45 years old, 24 [F] and 1 [M].

Methods: WBC, CRP, RF, ESR, Serum concentration of gamma globulins and of C4, C3 complement components were assessed. Antinuclear antibodies (ANA) titers, serum anti-SS-A, anti-SS-B and cytokine (BAFF, APRIL, FLT-3L, TNF- β , IL-21) levels were determined. The histopathological evaluation (focus score) and immunohistochemistry (presence of CD3+, CD4+, CD19+, CD21+ CD35+ cells) of minor salivary gland biopsies were studied. A Schirmer's test and ocular staining (lissamine green and fluorescein) eye assessments were carried out.

Findings: In GII leukopenia, higher gamma globulins and C3 complement component concentrations were observed. In GI Schirmer's test results were significantly lower. In GII higher $LT-\alpha$ levels were observed (p=0.049). No other differences in cytokine serum concentrations were observed. There were no differences in FS evaluation between groups, but in GII the number of dendritic cells (CD35+, CD21+) assessed with immunohistochemistry was significantly higher P=0.042 and P=0.031 respectively.

Conclusion & Significance: GI presented greater immune activity with less severe dryness symptoms. GII showed higher levels of lymphotoxin α (P=0.049) indicating Th1 lymphocytes activity and the active immune response in peripheral lymphoid organs. The presence of CD 35+ and CD 21+ cells in salivary glands in GII may indicate the active early disease phase and dendritic cells activity. Younger pSS patients may present no evident symptoms of dryness, inspite of the dynamic autoimmune process development (confirmed in lab tests).

Recent Publications

- 1. Brito-Zerón P, Theander E, Baldini C, et al., (2016) Early diagnosis of primary Sjögren's syndrome: EULAR-SS task force clinical recommendations. Expert Review of Clinical Immunology 12(2):137-56.
- 2. Patel R and Shahane A (2014) The epidemiology of Sjögren's syndrome. Clinical Epidemiology 6:247-255.
- 3. Shen L, Sureh L, Malyavantham K, et al., (2013) Different stages of primary Sjögren's syndrome involving lymphotoxin and type 1 IFN. Journal of Immunology 191(2):608-613.
- 4. Pers J O, Lahiri A, Tobón G J and Youinou P (2012) Pathophysiological cytokine network in primary Sjögren's syndrome. Presse Med 41:e467-474.
- 5. Shen L, Suresh L, Wu J, et al., (2010) A role for lymphotoxin in primary Sjögren's disease. Journal of Immunology 185(10):6355-6363.

Biography

Maria Maślińska is the Deputy Head of the Early Arthritis Clinic of the National Institute of Geriatrics, Rheumatology and Rehabilitation in Warsaw. She is the Deputy Editorin-Chief of Reumatologia Journal. Her research projects are unclassified arthritis and spondyloarthropathies. She received the Third Degree Group Award of the Rector of the Medical University of Warsaw for the scientific achievements in the field of the research related to the patho mechanism of inflammation. She is a member of the Polish Society for Rheumatology and of the Polish Union of the Physician-Writers. She is an author and co-author of scientific publications: articles and book chapters. She is a Lecturer of numerous courses, seminars and conferences for general practitioners and rheumatologists.

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