

LACK OF ASSOCIATION OF ANTI CCP AND ARTHRITIS IN SLE.

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Introduction: Systemic lupus erythematosus (SLE) is characterized by multiplicity of auto antibodies, many of them play an unknown role in disease pathogenesis. Anti cyclic citrulinated antibodies (aCCP Ab) predict the progression to rheumatoid arthritis in patients with recent onset arthritis, and are associated with erosive disease. Its utility in SLE has not been determined yet, but their positivity has been linked to arthritis, and presence of erosions in small retrospective studies.

Objectives: to evaluate the prevalence of aCCP Ab in a cohort of patients with SLE and the possible association with clinical manifestations of disease.

Methods: the presence of third generation aCCP 3 Ab (ELISA) was evaluated in 100 consecutive, ambulatory patients with diagnosis of SLE 1997 ACR from January 2011 to June 2011, and medical records were reviewed retrospectively. The cumulative presence of photosensitivity, malar rash, alopecia, discoid lesions, Raynaud's phenomenon, arthritis, myositis, nephropathy, hemolytic anemia, lymphopenia, neutropenia, thrombocytopenia, serositis, myocarditis, pulmonary intersticiopathy, panniculitis, neuropsychiatric lupus and antiphospholipid syndrome (APS) was evaluated. Categorical variables were compared by Fisher or Chi2 test 2 t.

Results: data of 83 patients was analyzed. aCCP Ab were positive in 15/83 cases (18%). Not significant association was found between a CCP Ab and any clinical manifestations, including the presence of arthritis: 13/15 (86.6%) in aCCP Ab positive group vs. 56/67 (83.6%) in the negative aCCP group. 28/83 (34%) patients developed lupus nephritis, none of them presented positive aCCP (OR: 0.00, p:0.005, CI: 0.00-0.45).

Conclusions: The aCCP Ab was positive in only 18% of patients studied. No association was detected between the ACCP Ab and any clinical manifestation of SLE. Further prospective studies are needed to establish the role of this antibodies in SLE.