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SJOGREN SYNDROME WITH SACROILIITIS OR SPONDYLOARTHRITIS WITH SIALADENITIS? A CASE SERIES

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BACKGROUND

Sacroiliitis is considered a typical manifestation of spondylarthritis (SpA). Similar radiological changes, mimicking SpA, may occur in Paget's disease, diffuse idiopathic skeletal hyperostosis (DISH), osteitis condensans ilii, sarcoidosis, gout and infections. The prevalence of Sjögren's syndrome (SS) in patients with the diagnosis of SpA has been reported to be higher than normal population. Yet, the vice-versa is unclear. Although rare, sacroiliitis in autoimmune diseases has been described in isolated cases, such as random association or overlap. Inflammatory back pain and radiologic sacroiliitis is increased in patients with Primary SS (PSS). We report five cases of female patients which either were initially diagnosed as SpA and met criteria for PSS or evolved with inflammatory low back pain during follow-up after SS diagnosis.

CASE REPORT

The mean age of patients were 36.4 years (±5.81). Two of whom were initially diagnosed with SpA, two with SS, and the other with a doubtful diagnosis due to associated neurological clinical manifestations (Table 1). All patients were HLA-B27 negatives.

CONCLUSION

The simultaneous occurrence of sacroiliitis and sicca symptoms does not appear to be an aleatory condition. Women diagnosed with SpA due to alterations of the image in the sacroiliac and no others features of SpA, with HLA-B27 negative, xerostomy and xerophtalmy should be re-evaluated due to the possibility of misdiagnosis. Whether SI joint inflammation and radiologic sacroiliitis is due to the co-existence of SpA and PSS is an underdiagnosed clinical feature of SS deserves further studies of large patient numbers.