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AGREEMENT BETWEEN AMYLOID DEPOSITION IN SALIVARY GLANDS AND ABDOMINAL FAT AND ITS RELATIONSHIP WITH ORAL HEALTH

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BACKGROUND

Amyloid AA deposition is a complication of uncontrolled inflammation and may be found in rheumatoid arthritis (RA) and systemic lupus erythematosus patients (SLE). Although it is found in only 1-5% of RA patients and it is even more rare in SLE, amyloidosis is an important cause of morbimortality. Amyloidosis AA is diagnosed by histological findings; its deposition is usually reached in abdominal fat, salivary gland, rectum mucosa and kidney.

MATERIALS AND METHODS

Study of 46 patients with RA or SLE submitted to salivary gland biopsy looking for diagnosis of secondary Sjogren syndrome (sSS). AA deposition was search by violet crystal. Patients with positive findings in salivary gland were submitted to abdominal fat aspiration for local search for AA deposition. Study of oral health by CPOD (mean number of teeth with caries, lost or treated with obturation) and CPITN (Community index of need for periodontal treatment) by a single dentist.

RESULTS

In the 46 studied cases, 14 had amyloid deposition in salivary gland. None of these patients had amyloid deposition in the abdominal fat. The comparison of 6 patients with AA deposition in salivary gland with 6 patients without it showed no differences in CPOD scores (mean score of positive vs negative of 18.1 vs 22.6 respectively, p=0.31) or CPITN (mean score of positive vs negative of 1.6 vs 1.2; p=0.69).

CONCLUSION

We found no agreement between findings of AA deposition in salivary and abdominal fat. No association of AA deposition in salivary gland and oral health was detected.