



DRY SYMPTOMS, HISTOLOGICAL ABNORMALITIES IN LABIAL SALIVARY GLANDS AND SJOGREN'S SYNDROME ARE COMMON IN SYSTEMIC LUPUS ERYTHEMATOSUS.

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BACKGROUND

Systemic lupus erythematosus (SLE) and Sjögren's syndrome (SS) may overlap and they have clinical and immunological similarities confounding the diagnosis. Few and heterogeneous studies evaluated SS prevalence in SLE and no one used new classification for SS.

OBJECTIVES: To evaluate dry symptoms, to describe histology of salivary glands and to study prevalence of SS in SLE, according to ACR-EULAR 2016 and AECG 2002 classification criteria.

MATERIALS AND METHODS

Cross-sectional study of 117 patients with SLE from Rheumatology outpatient clinic of university hospital from 2016-2018. Patients were undergone to dryness questionnaire, whole unstimulated salivary gland, ocular surface tests (fluoresceine/lisamine), Schirmer I test, and labial salivary gland biopsy.

RESULTS

Most were female (94%) young people from 17-41 years old, 49,6% miscigenous ethnicity, and 92,2% fulfilled SLICC 2012 to SLE, 93,1% positive ANA, 31,6% anti-DNAbs. The frequency of symptoms of dryness evaluated was 70.1% of visual turbidity, 66.7% of xeroderma, 65% of photophobia, 61.5% of xerostomia, 46.2% of xerophthalmia. Glandular dysfunction was $FS \leq 0.1\text{ml} / \text{min}$ 48.3%, Schirmer I $\leq 5\text{mm}$ 30% and $OSS \geq 5$ 28.5%. Anti-Ro + was observed in 49.6%. The prevalence of SS was 35% based on the ACR-EULAR 2016 criteria and 23% based on the AECG 2002 criteria. The ESSDAI in SS + was 9.22 ± 7.97 . Histological abnormalities 49.6% presented nonspecific sialoadenitis and 17.2% focal lymphocytic sialoadenitis with focal score ≥ 1 , 56.8% acinar atrophy, 71.5% ductal dilatation, 55.8% adipose infiltration. Of the 18 patients with biopsy with focal score ≥ 1 , 4 (22%) presented lymphoepithelial lesion. The predictive factors ($p < 0.05$) for SS were the presence of anti-Ro, with $OR = 17.6$ (6.7, 47); focal lymphocytic sialoadenitis with focal score ≥ 1 $OR = 3.7$ (1.8 = 7.3); $OSS \geq 5$ $OR = 7.5$ (2.6,21.7); Schirmer test I $OR = 2.67$ (1.028,6.8) and non-stimulated salivary flow $\leq 1.5 \text{ ml} / \text{min}$ OR 4.1 (1.7.10.2). The symptoms of oral and ocular dryness were not associated with the diagnosis of SS.

CONCLUSION

The prevalence of SS in SLE was 35% based on the ACR-EULAR 2016 criteria and 23% based on the AECG 2002 criteria. The presence of anti-Ro and glandular dysfunction were predictors for SS in SLE. Considering that the presence of anti-Ro was a predictor of SS, symptoms were not associated with SS and that the

AECG criteria showed lower sensitivity, the ACR-EULAR 2016 criteria seem to be more adequate for SS classification associated with SLE.