



## **SICCA IN NON-SJOGREN PATIENTS (SICCA-NSS). WHO ARE THOSE PATIENTS?**

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### **BACKGROUND**

**INTRODUCTION:** Sicca-syndrome and Sjögren Syndrome (SS) were used as synonymous until recently years, when efforts were made to clarify the subjacent causes, mechanisms and propose criteria to separate the diseases. Sicca is generally use as dry eyes and dry mouth symptoms without specifying the underlying etiology. It composes the classic presentation of SS but can also be triggered by medications, hormones alterations, systemic metabolic and infectious or inflammatory diseases. **OBJECTIVE:** To characterize patients with Sicca-syndrome without Sjögren's syndrome (Sicca-NSS).

### **MATERIALS AND METHODS**

**PATIENTS AND METHODS:** A spontaneous sample of individuals with dry symptoms were evaluated and classified as SS or Sicca-NSS, based on the American European Consensus (2002), over 5 years.

### **RESULTS**

**RESULTS:** From a total of 418 individuals, 323 (77.3%) completed the exams. NSS diagnosis (n=99) was attributed to all individuals whom, after the complete investigation, did not match the minimum diagnostic criteria (n=86) or those who achieved any of the conditions listed as exclusion criteria (n=13). Mean age 50±16years, 85.8% female. The positivity of dry eyes and dry mouth symptoms was 81.5% and 67.7%, respectively. The percentage of cases with altered TFBUT, Fluorescein Staining, Schirmer's test was 83.3%, 31.5%, 26.2% respectively. The percentages of positivity for Anti-SSA/Ro, ANA and Rheumatoid Factor were 12.2%, 27.8% and 17.2%, respectively. The Focus Score (FS) ≥1 were found in 25.3% of the patients. Two groups were formed, n=13 "subjects with exclusion conditions for SS" (Hepatitis C, HIV/HTLV infections, IgG4 related-disease, lymphoma, sarcoidosis and GVHD), and n=86 "patients who did not meet SS criteria". The "exclusion" subgroup revealed higher mean age, FS≥1 (70% versus 17%) and Anti-SSA/Ro (33% versus 8.9%) compared to the other one; phenomena probably mediated by the underlying disease. The second subgroup presented other clinical conditions to explain dry symptoms – ocular surgery, glaucoma, contact lens wear (n=20), anti-cholinergic drugs prescription (n=13), Diabetes Mellitus, burning mouth syndrome, OSAS, etc (n=53).

### **CONCLUSION**

**CONCLUSION:** Sicca non-SS patients present diverse clinical features compared with primary SS, with less glandular inflammation and reactive antibodies. When distributed into subgroups, NSS patients excluded

by AECG-2002 criteria are similar to primary SS patients. Our data corroborate literature findings and show that laboratory tests such as Anti-SSA/Ro and salivary gland biopsy, but not clinical trials, are able to distinguish SS from NSS.