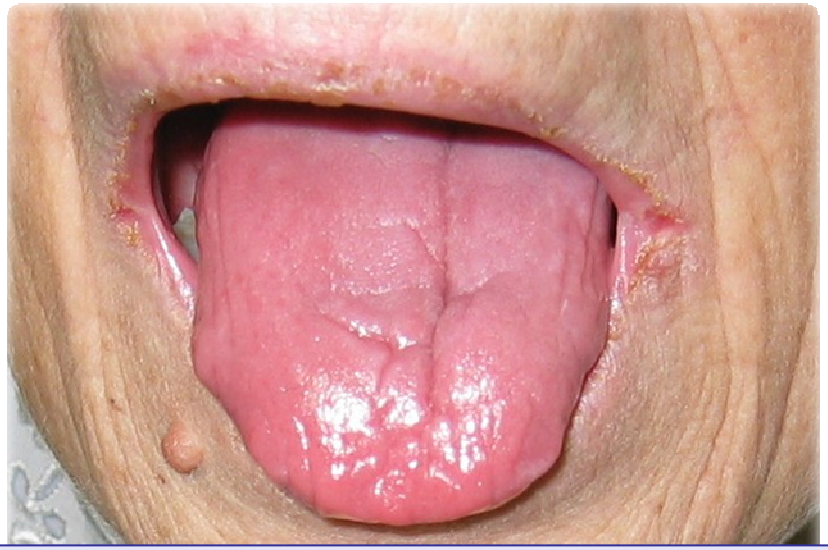
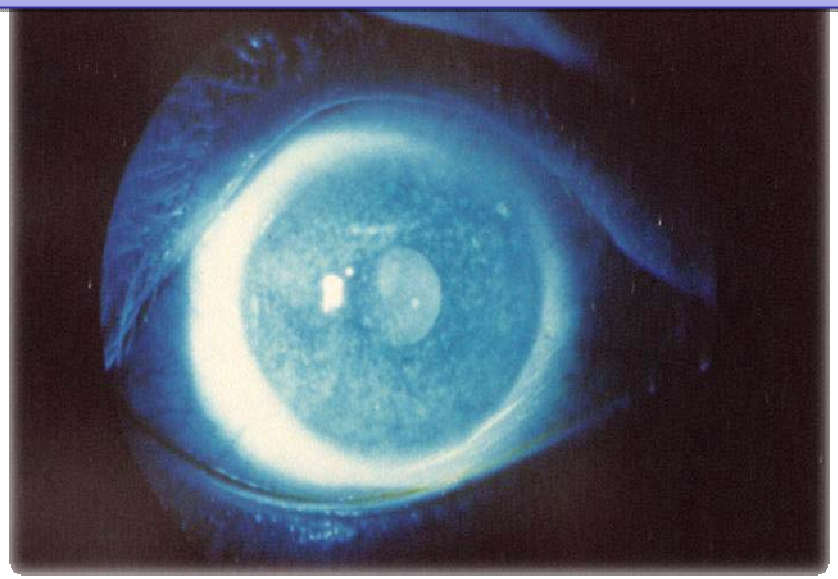
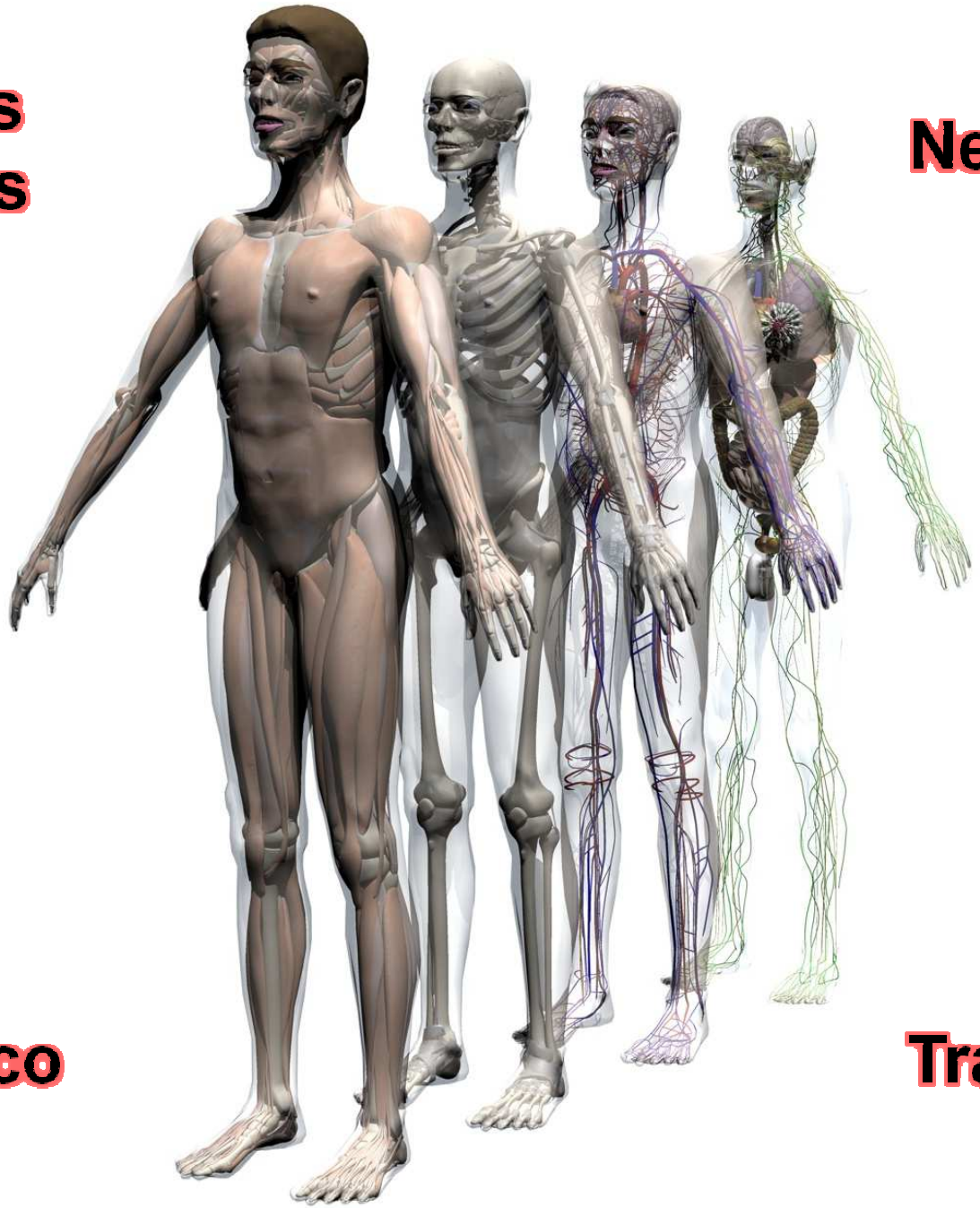


SÍNDROME DE SJÖGREN PRIMARIO: Novedades literatura 2012-2013



Síntomas generales



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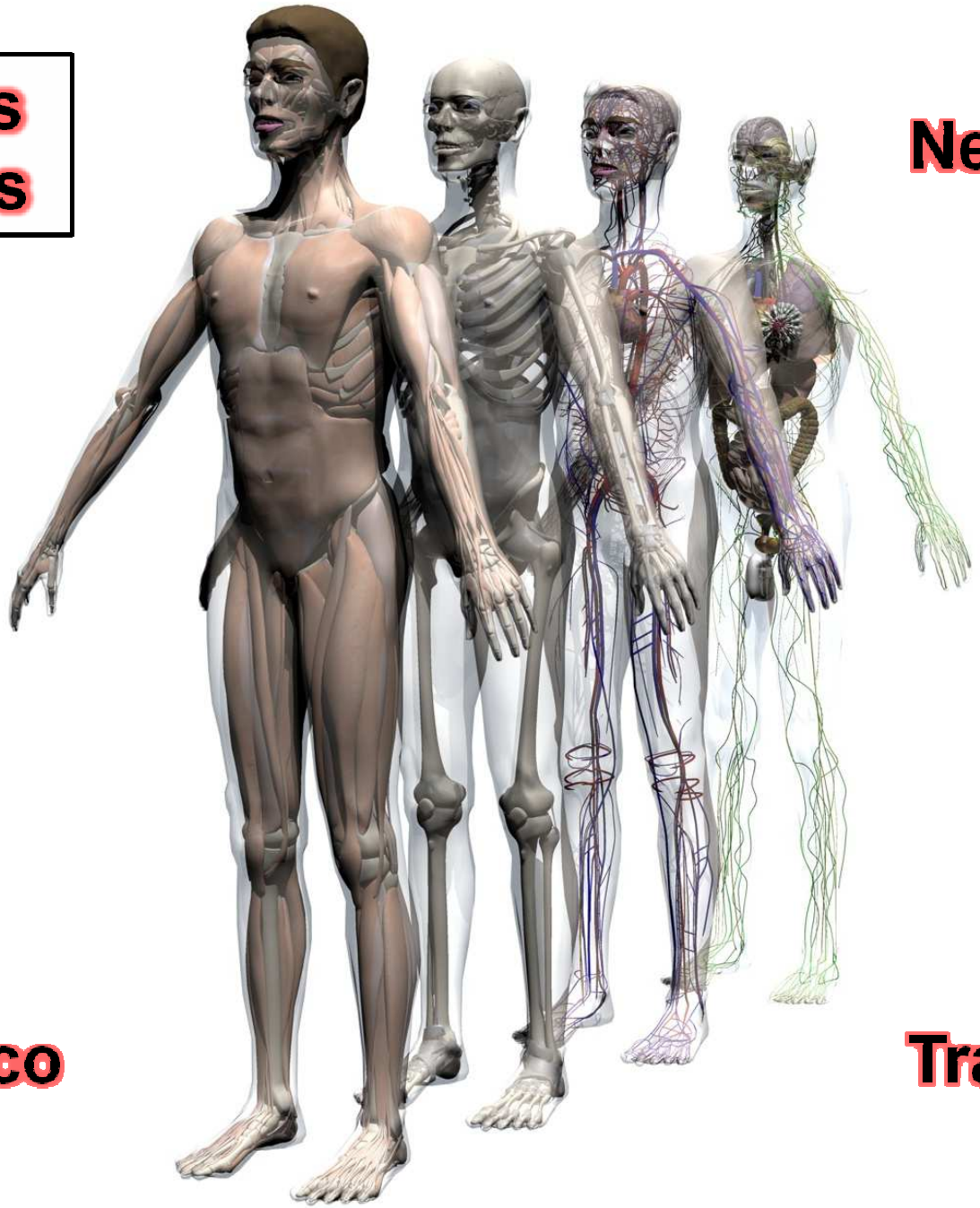

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Arthritis Care & Research
Vol. 65, No. 8, August 2013, pp 1358–1364
DOI 10.1002/acr.21991

BRIEF REPORT

European League Against Rheumatism Sjögren's Syndrome Disease Activity Index and European League Against Rheumatism Sjögren's Syndrome Patient-Reported Index: A Complete Picture of Primary Sjögren's Syndrome Patients

R. SEROR,[1] J. E. GOTTENBERG,[2] V. DEVAUCHELLE-PENSEC,[3] J. J. DUBOST,[4] V. LE GUERN,[5] G. HAYEM,[6] A.-L. FAUCHAIS,[7] V. GOEB,[8] E. HACHULLA,[9] P. Y. HATRON,[9] C. LARROCHE,[10] J. MOREL,[11] A. PEDRIGER,[12] X. PUECHAL,[13] S. RIST,[14] A. SARAUX,[3] D. SENE,[15] J. SIBILIA,[2] O. VITTECOQ,[16] C. ZARNITSKY,[17] M. LABETOULLE,[18] P. RAVAUD,[19] AND X. MARIETTE[20]

QoL

QoL

Table 2. Correlation between primary SS disease-specific outcomes measures assessing systemic activity and patients' symptoms*

	SSI	PROFAD	PGA	PhGA of patient symptoms	PhGA	ESSDAI	SSDAI	SCAI
ESSPRI								
Spearman's rho	0.55	0.71	0.73	0.39	0.18	0.06	0.28	0.25
P	< 0.0001	< 0.0001	< 0.0001	< 0.0001	0.0009	0.30	< 0.0001	< 0.0001
SSI								
Spearman's rho	1.00	0.55	0.47	0.27				0.18
P		< 0.0001	< 0.0001	< 0.0001				0.0036
PROFAD								
Spearman's rho		1.00	0.66	0.30				0.34
P			< 0.0001	< 0.0001				< 0.0001
PGA								
Spearman's rho			1.00	0.41	0.21	0.07	0.27	0.24
P				< 0.0001	< 0.0001	0.17	< 0.0001	< 0.0001
PhGA of patient symptoms								
Spearman's rho				1.00	0.56	0.14	0.33	0.24
P					< 0.0001	0.01	< 0.0001	< 0.0001
PhGA								
Spearman's rho					1.00	0.34	0.33	0.21
P						< 0.0001	< 0.0001	0.0003
ESSDAI								
Spearman's rho						1.00	0.27	0.25
P							< 0.0001	< 0.0001
SSDAI								
Spearman's rho							1.00	0.39
P								< 0.0001

Afectación sistémica

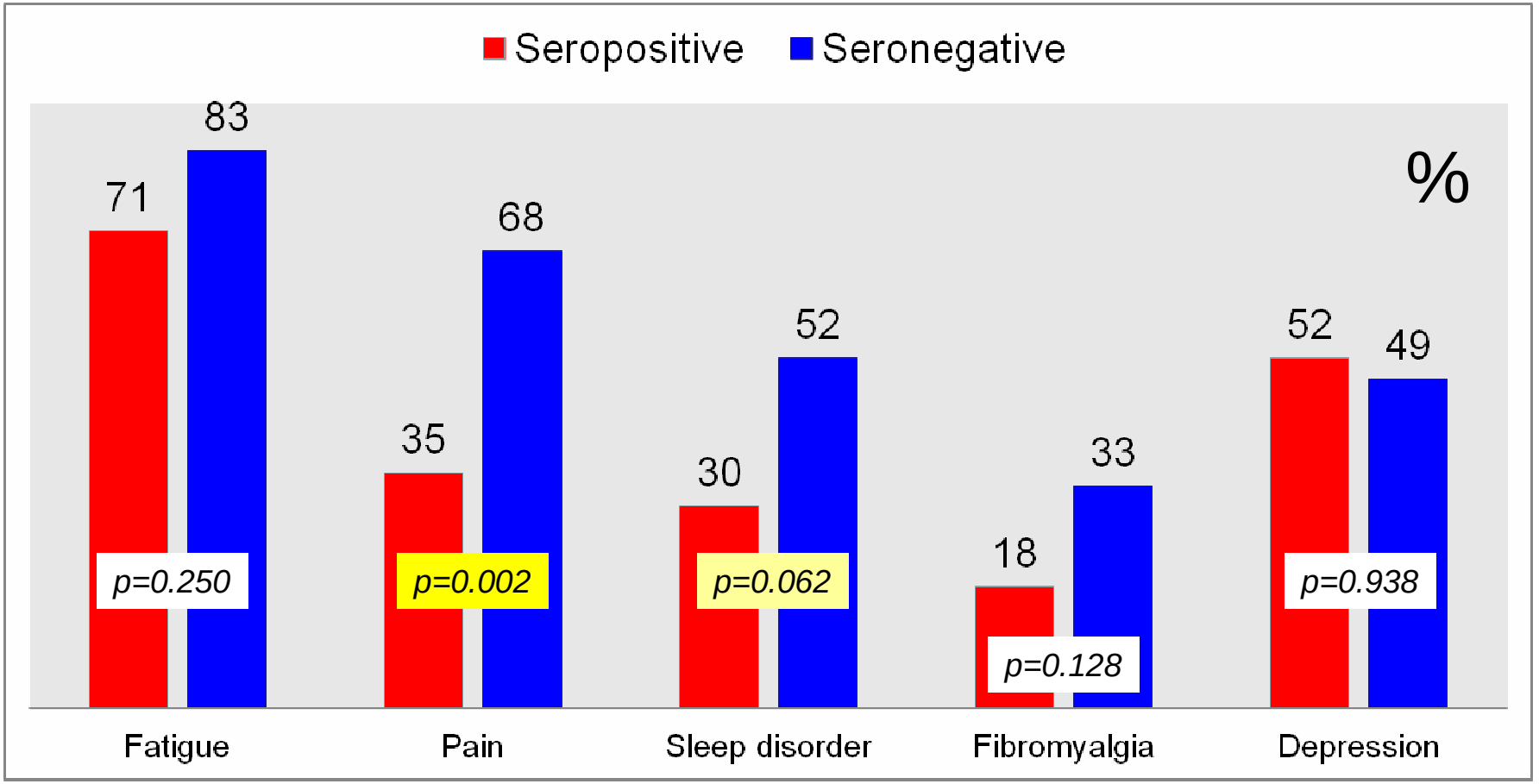
* SS = Sjögren's syndrome; SSI = Sicca Symptoms Inventory; PROFAD = Profile of Fatigue and Discomfort; PGA = patient global assessment; PhGA = physician global assessment; ESSDAI = European League Against Rheumatism (EULAR) SS Disease Activity Index; SSDAI = SS Disease Activity Index; SCAI = Sjögren's Systemic Clinical Activity Index; ESSPRI = EULAR SS Patient-Reported Index.

Arthritis Care & Research
Vol. 65, No. 8, August 2013, pp 1291–1298
DOI 10.1002/acr.21956

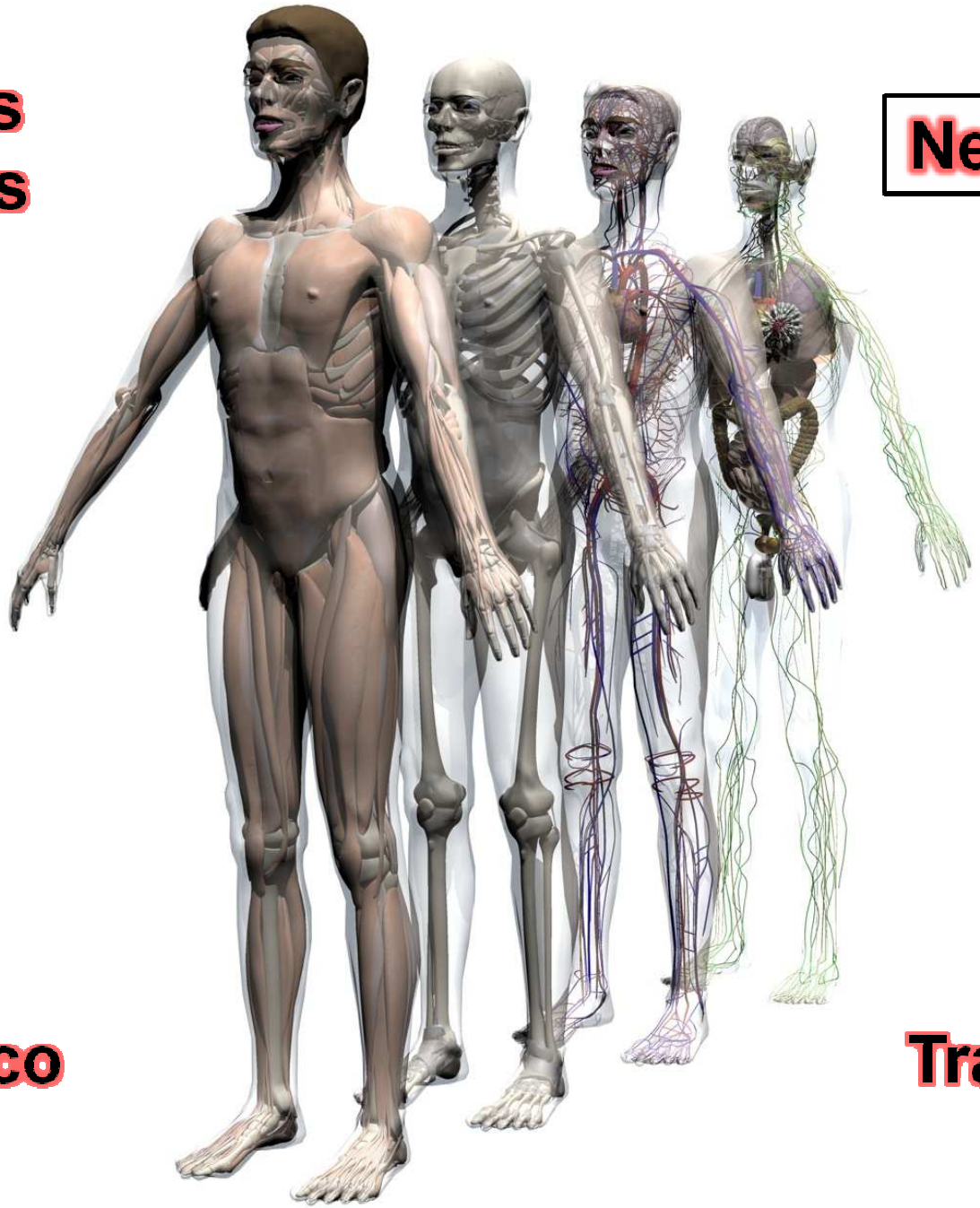
ORIGINAL ARTICLE

Pain Severity and Neuropathic Pain Symptoms in Primary Sjögren's Syndrome: A Comparison Study of Seropositive and Seronegative Sjögren's Syndrome Patients

BARBARA M. SEGAL,[1] BRIAN POGATCHNIK,[2] LISA HENN,[2] KYLE RUDSER,[2] AND KATHY MOSER SIVILS[3]



Síntomas generales



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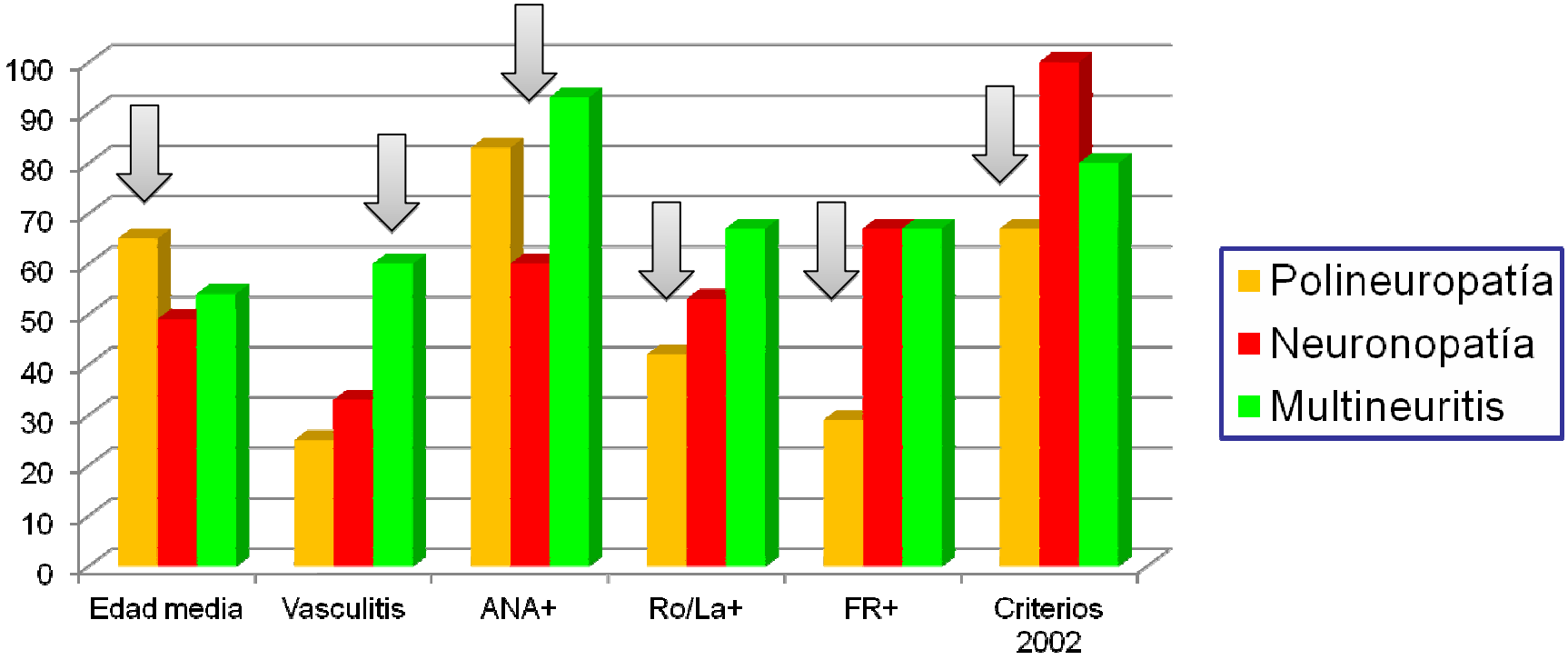
Classification and characterisation of peripheral neuropathies in 102 patients with primary Sjögren's syndrome

P. Brito-Zerón[1], M. Akasbi[1,4], X. Bosch[2], A. Bové[1], M. Pérez-De-Lis[5], C. Diaz-Lagares[1], S. Retamozo[1], M. Gandía[6], R. Pérez-Alvarez[5], M.J. Soto-Cárdenas[6], A. Sisó[7], J. Valls-Sole[3], F. Graus[3], M. Ramos-Casals[1]

[1]Sjögren Syndrome Research Group (AGAUR), Laboratory of Autoimmune Diseases Josep Font, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Department of Autoimmune Disease and [2]Department of Internal Medicine, ICMiD, Barcelona; [3]Department of Neurology, Hospital Clínic, IDIBAPS, Barcelona; [4]Department of Internal Medicine, Hospital Infanta Leonor, Madrid; [5]Department of Internal Medicine, Hospital do Meixoeiro, Vigo; [6]Department of Medicine, Hospital Puerta del Mar, University of Cádiz, Cádiz; [7]Primary Care Research Group, IDIBAPS, Centre d'Assistència Primària ABS Les Corts (AS), GESCLINIC, Barcelona, Spain.

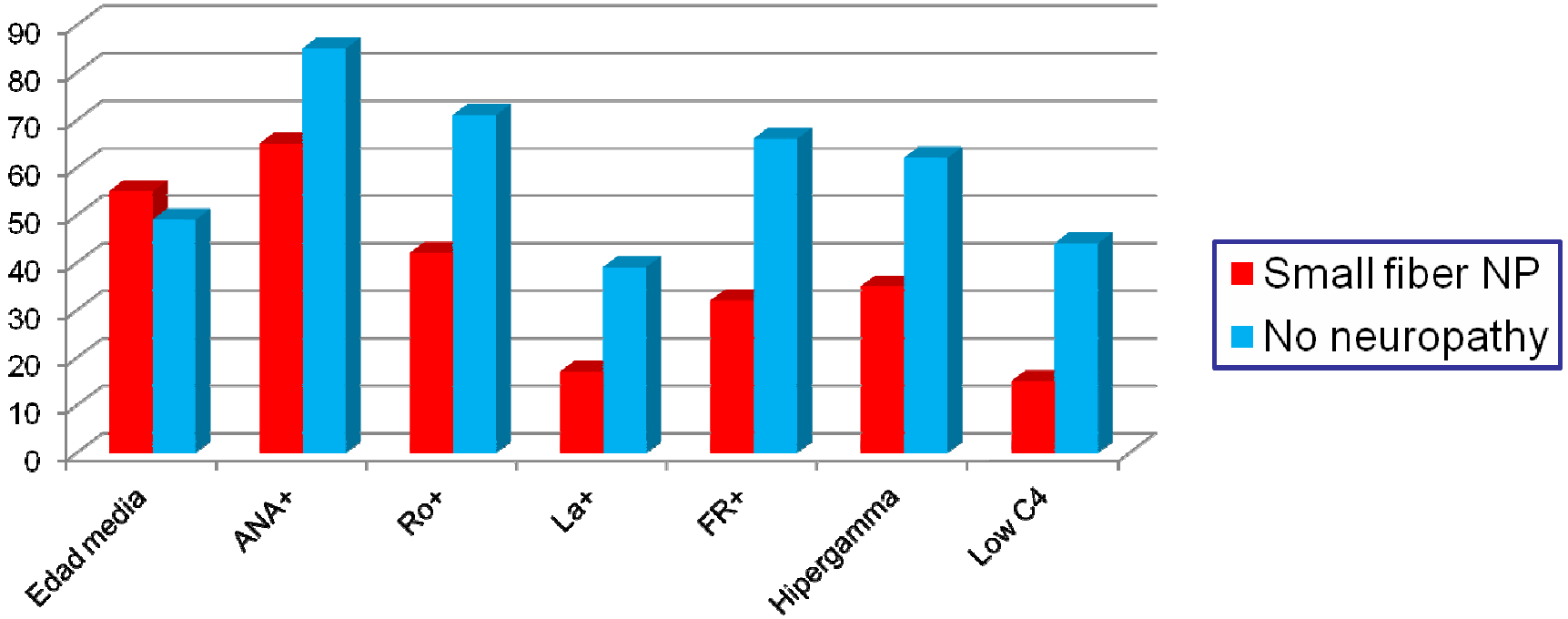


Sjögren Syndrome-Associated Small Fiber Neuropathy

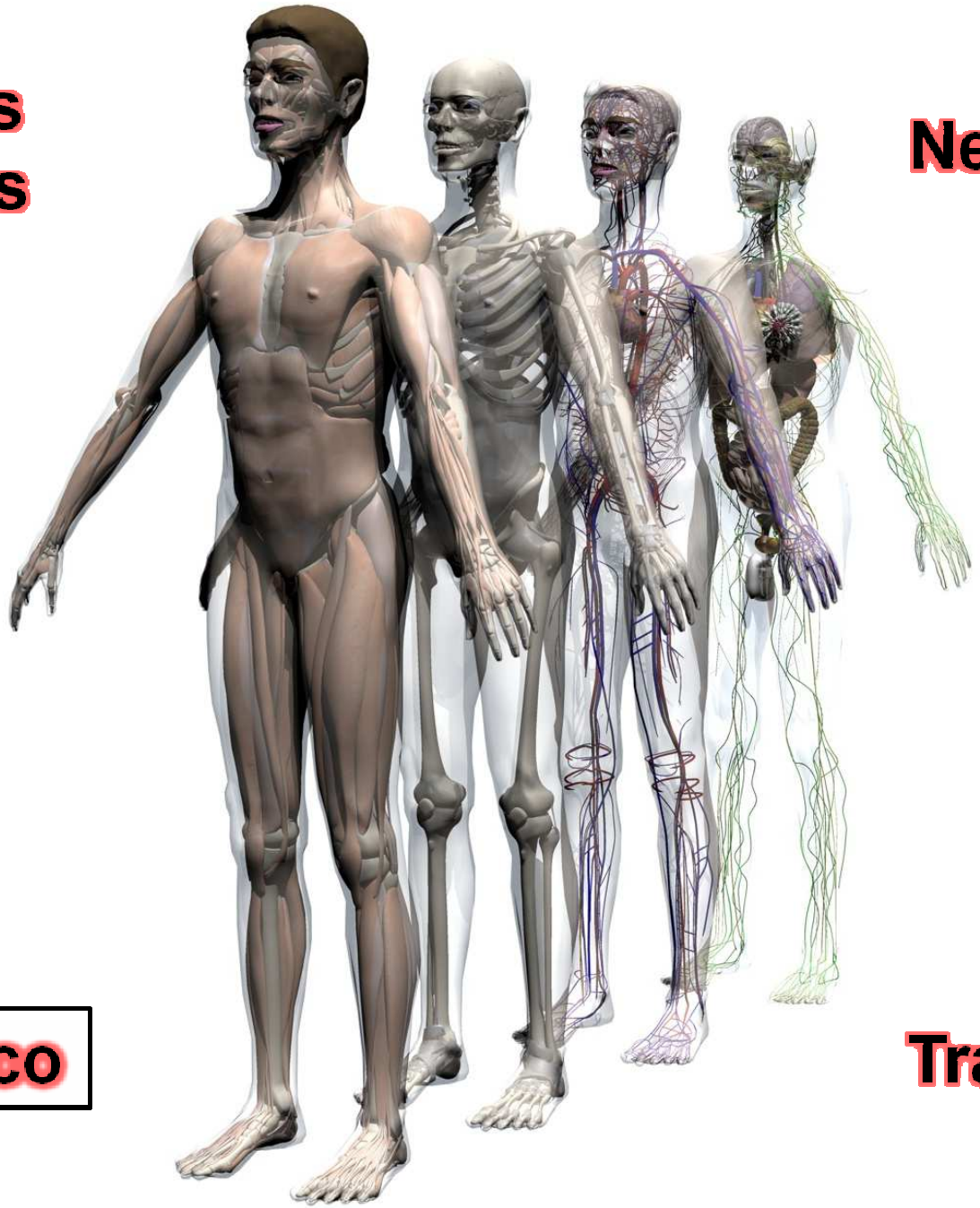
Characterization From a Prospective Series of 40 Cases

Damien Sène, MD, PhD, Patrice Cacoub, MD, François-Jérôme Authier, MD, PhD, Julien Haroche, MD, PhD, Alain Créange, MD, David Saadoun, MD, PhD, Zahir Amoura, MD, Pierre-Jean Guillausseau, MD, and Jean-Pascal Lefaucheur, MD, PhD

Medicine • Volume 92, Number 5, September 2013



Síntomas generales



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Arthritis Care & Research
Vol. 64, No. 4, April 2012, pp 475–487
DOI 10.1002/acr.21591

SPECIAL ARTICLE

American College of Rheumatology Classification Criteria for Sjögren's Syndrome: A Data-Driven, Expert Consensus Approach in the Sjögren's International Collaborative Clinical Alliance Cohort

S. C. SHIBOSKI,[1] C. H. SHIBOSKI,[1] L. A. CRISWELL,[1] A. N. BAER,[2] S. CHALLACOMBE,[3] H. LANFRANCHI,[4] M. SCHIØDT,[5] H. UMEHARA,[6] F. VIVINO,[7] Y. ZHAO,[8] Y. DONG,[9] D. GREENSPAN,[1] A. M. HEIDENREICH,[4] P. HELIN,[5] B. KIRKHAM,[3] K. KITAGAWA,[6] G. LARKIN,[3] M. LI,[9] T. LIETMAN,[1] J. LINDEGAARD,[10] N. McNAMARA,[1] K. SACK,[1] P. SHIRLAW,[3] S. SUGAI,[6] C. VOLLENWEIDER,[4] J. WHITCHER,[1] A. WU,[1] S. ZHANG,[9] W. ZHANG,[11] J. S. GREENSPAN,[1] AND T. E. DANIELS,[1] FOR THE SJÖGREN'S INTERNATIONAL COLLABORATIVE CLINICAL ALLIANCE (SICCA) RESEARCH GROUPS

Table 7. Proposed classification criteria for SS*

The classification of SS, which applies to individuals with signs/symptoms that may be suggestive of SS, will be met in patients who have at least 2 of the following 3 objective features:

1. Positive serum anti-SSA/Ro and/or anti-SSB/La or (positive rheumatoid factor and ANA titer ≥1:320)
2. Labial salivary gland biopsy exhibiting focal lymphocytic sialadenitis with a focus score ≥1 focus/4 mm^2†
3. Keratoconjunctivitis sicca with ocular staining score ≥3 (assuming that individual is not currently using daily eye drops for glaucoma and has not had corneal surgery or cosmetic eyelid surgery in the last 5 years)‡

Prior diagnosis of any of the following conditions would exclude participation in SS studies or therapeutic trials because of overlapping clinical features or interference with criteria tests:

History of head and neck radiation treatment
Hepatitis C infection
Acquired immunodeficiency syndrome
Sarcoidosis
Amyloidosis
Graft versus host disease
IgG4-related disease

* We excluded participants with rheumatoid arthritis, systemic lupus erythematosus, scleroderma, or other connective tissue disease from these analyses since there were only 87 (6%) such participants. SS = Sjögren's syndrome; ANA = antinuclear antibody.
† Using histopathologic definitions and focus score assessment methods as previously described (15).
‡ Using ocular staining score as previously described (17).


Eliminan síntomas
Eliminan fx salivar
No incluyen extragl
No incluyen marcadores pr
No mejoran S y E
Incluyen ANA/FR

ARD Online First, published on December 22, 2012 as 10.1136/annrheumdis-2012-202565

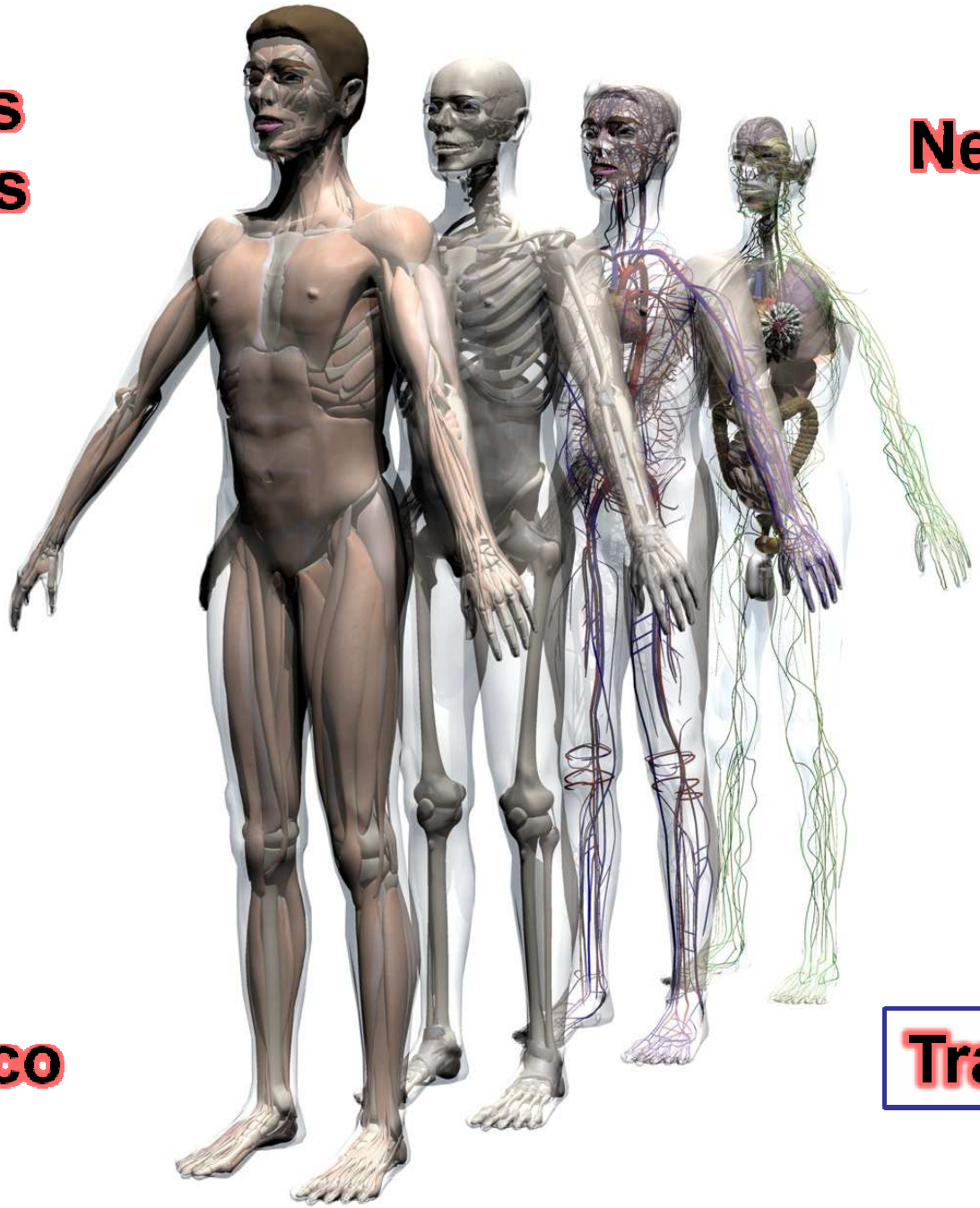
Classification criteria for Sjögren's syndrome: we actually need to definitively resolve the long debate on the issue

Claudio Vitali,[1,2] Hendrika Bootsma,[3] Simon J Bowman,[4] Thomas Dorner,[5] Jacques-Eric Gottenberg,[6] Xavier Mariette,[7] Manuel Ramos-Casals,[8] Philippe Ravaud,[9] Raphaele Seror,[7] Elke Theander,[10] Athanasios G Tzioufas[11]

THE FUTURE SCENARIO OF CLASSIFICATION CRITERIA FOR SS

Once the new criteria are definitely validated, two different criteria sets will be available to classify patients with SS. This fact may induce some confusion in the scientific community, since cohorts of patients selected for clinical studies by using different methods could not be equivalent in terms of disease duration and clinical expression, and the results obtained in the epidemiological studies and therapeutic trials will not be entirely comparable.

Síntomas generales



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CONCISE REPORT

Ann Rheum Dis 2012;**0**:1–6. doi:10.1136/annrheumdis-2012-202293

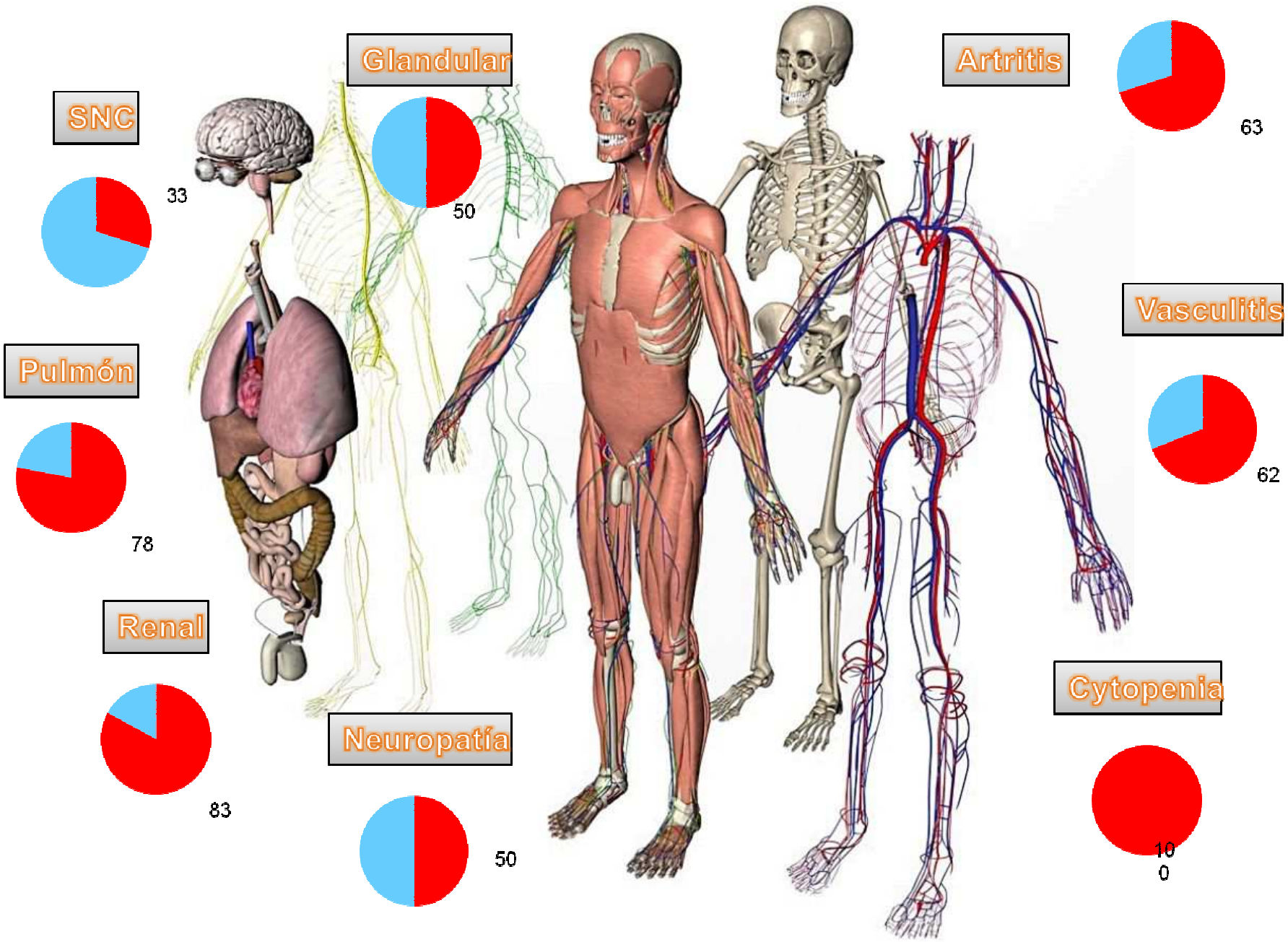
Efficacy of rituximab in systemic manifestations of primary Sjögren's syndrome: results in 78 patients of the AutoImmune and Rituximab registry

Jacques-Eric Gottenberg,[1] Gael Cinquetti,[2] Claire Larroche,[3] Bernard Combe,[4] Eric Hachulla,[5] Olivier Meyer,[6] Edouard Pertuiset,[7] Guy Kaplanski,[8] Laurent Chiche,[8] Jean-Marie Berthelot,[9] Bruno Gombert,[10] Philippe Goupille,[11] Christian Marcelli,[12] Séverine Feuillet,[13] Jean Leone,[14] Jean Sibilia,[1] Charles Zarnitsky,[15] Philippe Carli,[16] Stephanie Rist,[17] Philippe Gaudin,[18] Carine Salliot,[17] Muriel Piperno,[19] Adeline Deplas,[20] Maxime Breban,[21] Thierry Lequerre,[22] Pascal Richette,[23] Charles Ghiringhelli,[24] Mohamed Hamidou,[25] Philippe Ravaud,[26] Xavier Mariette,[27] for the Club Rhumatismes et Inflammations and the French Society of Rheumatology

Table 2 Efficacy of rituximab on the various predominant organ involvements

Before rituximab		After rituximab	
Systemic organ involvement	74	Systemic efficacy	44 (59%)
Articular	27		17 (63%)
Nervous system	18		8 (44%)
CNS	6		2 (33%)
Multiple sclerosis-like manifestations	4		0
Transverse myelitis	1		1
Anxiety/depression	1		1
PNS	12		6 (50%)
Mixed sensorimotor polyneuropathy	6		3
Sensory painful neuropathy (including sensory ataxic neuropathy)	4		2
Mononeuritis multiplex	2		1
Pulmonary	9		7 (78%)
Vasculitis	8		5 (62.5%)
Renal	6		5 (83.3%)
Muscular	3		0 (0%)
Haematological	2		2 (100%)
Autoimmune pancreatitis	1		1 (100%)
Glandular involvement	4	Glandular efficacy	2 (50%)
Hypertrophy of lachrymal glands	1		0
Sclera vasculitis	1		0
parotid hypertrophy	2		2
ESSDAI before rituximab (n=72)	11.0 (2–31)	ESSDAI after rituximab (n=72)	7.5 (0–26)
Corticosteroids (mg/day) (n=29)	17.6	Corticosteroids after rituximab (n=23)	10.8

% de respuesta a rituximab por órgano



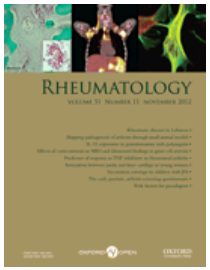
RHEUMATOLOGY

Rheumatology 2013;52:276–281
doi:10.1093/rheumatology/kes180
Advance Access publication 9 August 2012

Original article

BLyS upregulation in Sjögren's syndrome associated with lymphoproliferative disorders, higher ESSDAI score and B-cell clonal expansion in the salivary glands

Luca Quartuccio[1], Sara Salvin[1], Martina Fabris[2], Marta Maset[1], Elena Pontarini[1], Miriam Isola[3] and Salvatore De Vita[1]



Rheumatology Advance Access published October 4, 2012

RHEUMATOLOGY

Editorial

doi:10.1093/rheumatology/kes235

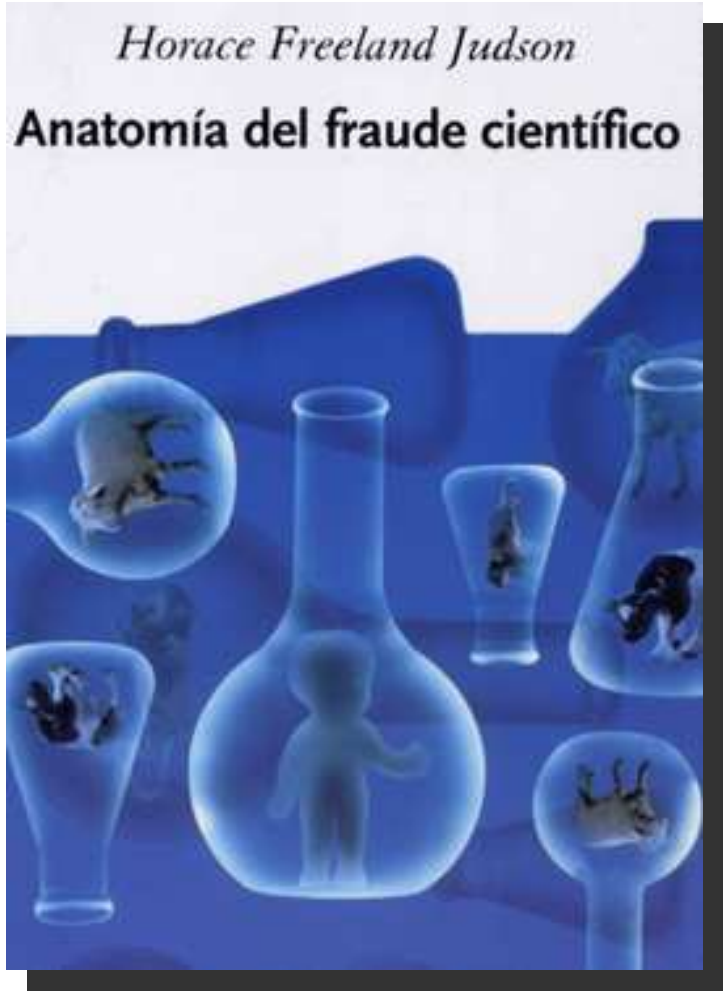
The B-lymphocyte stimulator connection in Sjögren's syndrome

Is there a place for using BLyS as a potential therapeutic target?

EDITORIAL

Manuel Ramos-Casals[1]

[1]*Sjögren Syndrome Research Group (AGAUR), Laboratory of Autoimmune Diseases Josep Font, IDIBAPS, Department of Autoimmune Diseases, ICMiD, Hospital Clínic, University of Barcelona, Barcelona, Spain.*


Horace Freeland Judson
Anatomía del fraude científico

DOI 10.1002/art.37874

Notice of Retraction of Two Articles ("Infliximab in patients with primary Sjögren's syndrome: a pilot study" and "Infliximab in patients with primary Sjögren's syndrome: one-year followup")

Two articles from *Arthritis & Rheumatism*, "Infliximab in patients with primary Sjögren's syndrome: a pilot study" by Steinfeld SD, Demols P, Salmon I, Kiss R, and Appelboom T (published online on October 12, 2001) and "Infliximab in patients with primary Sjögren's syndrome: one-year followup" by Steinfeld SD, Demols P, and Appelboom T (published online on December 12, 2002) in Wiley Online Library (wileyonlinelibrary.com) have been retracted by agreement between the authors, the American College of Rheumatology, the journal Editor-in-Chief, and Wiley Periodicals, Inc.

In these articles we reported on an open-label study that appeared to demonstrate that infliximab treatment was effective in patients with primary Sjögren's syndrome. We regretfully report that some methodologic errors in the treatment of the data were discovered. In fact, the results of the study did not demonstrate an effect of infliximab in Sjögren's syndrome. Consequently, the results reported in these articles should be disregarded.

Serge D. Steinfeld, MD, PhD
Paul Demols, MD
Isabelle Salmon, MD, PhD
Robert Kiss, PhD
Thierry Appelboom, MD, PhD

REFERENCES

Steinfeld SD, Demols P, Salmon I, Kiss R, Appelboom T. Infliximab in patients with primary Sjögren's syndrome: a pilot study. Arthritis Rheum 2001;44:2371–5.
Steinfield SD, Demols P, Appelboom T. Infliximab in patients with primary Sjögren's syndrome: one-year followup. Arthritis Rheum 2002;46:3301–3.

Vista de la ciudad de Zaragoza (Mtnez del Mazo, 1647)