



## Are the earlier disease onset and uveitis affected by the HLA-B\*27 subtypes in ankylosing spondylitis? Comments on the article by Silmani et al.

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To editor:

I read the interesting paper entitled *Spondyloarthritis in North Africa: an update* which has been published by Silmani et al. in *clinical rheumatology* [1]. I decided to critique a small part of it briefly, which is about the clinical relevance of HLA-B\*27 polymorphisms in patients with ankylosing spondylitis (AS) in Asia. They included in their paper: “This is contrary to the findings reported for Asian populations, for whom HLA-B\*27 polymorphisms may affect disease phenotype, particularly B\*2704 and B\*27015, which are associated with earlier disease onset and more frequent uveitis than B\*2705 among Asian patients” [1]. One of the articles cited by Salmani and her colleagues on this subject is the article by Fallahi et al. [2]. It should be noted that in Fallahi et al.’s study, none of the patients with AS was HLA-B\*27015 positive at all and the HLA-B27-positive polymorphisms were as follows: 48.4% B\*2705, 42.6% B\*2702, 5.7% B\*2704, and 3.3% B\*2707. As can be seen, HLA-B\*2704 and HLA-B\*2707 subtypes account for a small percentage. Also, earlier disease onset and uveitis were not more frequent significantly than the more common subtypes (including HLA-B\*2705 and HLA-B\*2702) in this study. However, clinical trends toward less dorsal kyphosis and less decrease in cervical slope (without statistically significance) were observed in patients with B\*2704 and B\*2707 [2]. In conclusion, uveitis and earlier onset of AS may be more frequent for HLA-B\*2704 or HLA-B\*27015 among China and Far East population

according to some researchers [3, 4]. However, this cannot be extended to all parts of Asia, especially Iran or Middle East Asia.

### Declarations

**Conflict of interest** The author declares no conflict of interest.

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