

Anti-Ro antibody and clinical manifestations: lessons from systemic lupus erythematosus in the elderly

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Dear Editor,

As we know, previous studies have shown the association of systemic lupus erythematosus (SLE) and anti-Ro antibody with a series of clinical manifestations. However, available evidence suggests that there still exist a large number of inconsistencies. Recently, Paz et al. reported that there was no direct relationship between anti-Ro antibody and cutaneous photosensitivity in SLE patients [1]. Another study also found that anti-Ro antibody was not associated to photosensitivity. However, there was an association with anti-La antibody. Moreover, in multivariate analysis, patients with anti-Ro antibody has 1.63 (95% CI, 1.07–2.50) more risk to develop cutaneous vasculitis than patients without this antibody [2]. Interestingly, Shinjo et al. showed that SLE cutaneous vasculitis group was not associated to anti-Ro antibody, but the group had a higher frequency of photosensitivity. Additionally, the authors also found that had a higher frequency of Raynaud phenomenon in cutaneous vasculitis group [3].

Clinical manifestation in late onset SLE may provide a good reference for this disagreement. Rovenský et al. systematically reviewed clinical manifestation for SLE in the elderly and found that late onset SLE patients

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manifested higher rate of positive findings of anti-Ro and anti-La antibodies. In contrast, skin vasculitis, photosensitivity and Raynaud phenomenon occurred rarely in the elderly patients [4]. The review may prove that anti-Ro antibody is associated to prevalence of anti-La antibody but not photosensitivity, cutaneous vasculitis and Raynaud phenomenon, which is in agreement with most findings from the reports discussed above [1–3]. It should be noted that further studies are required to clarify precise molecular mechanism. In spite of this, clinical manifestation in late onset will provide a better understanding for the role of anti-Ro antibody in SLE.

Disclosures None

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