Risk factors for progression of interstitial lung disease in Sjögren's syndrome

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I read with great interest the article entitled “Risk factors for progression of interstitial lung disease in Sjögren's syndrome: a single-centered, retrospective study” by He et al. [1]. The authors conducted a retrospective study to evaluate the risk in progression of interstitial lung disease (ILD) in 83 patients with primary Sjögren's syndrome (pSS), and a total of 32 patients (38.6%) underwent ILD progression. Significant odds ratios (ORs) for ILD progression were serum lactic dehydrogenase (LDH), sicca onset, and forced vital capacity (FVC), presenting 1.008, 0.254, and 0.952, respectively. I have comments about their study.

The authors cited a paper by Zhang et al., investigating the risk of ILD progression in 85 patients with pSS-associated ILD by setting the same number of pSS non-ILD patients [2]. Erythrocyte sedimentation rate and usual interstitial pneumonia (UIP) by using pulmonary high-resolution CT scan were significant predictors for ILD progression, presenting ORs of 1.031 and 8.009, respectively. As the number of ILD progression cases was 10, I suppose that their estimation by multivariate analysis may be unstable [3]. Regarding the lack of significance in FVC, further studies are needed to verify significant predictors.

He et al. adopted ILD progression as a clinical outcome, but the definition of ILD progression may be important to evaluate risk factors. Kim et al. conducted a retrospective study to investigate the long-term prognostic factors in 62 pSS patients with ILD [4]. During follow-up, 15 patients (24.2%) died, 7 patients (11.3%) experienced acute exacerbation (AE), and 27 patients (43.5%) progressed. Adjusted

hazard ratios of age, C-reactive protein, FVC, and UIP for poor prognosis were significant, presenting 1.158, 1.212, 0.902, and 4.580, respectively. Percentages of death, AE, and ILD progression were 25%, 10%, and 50% of the target patients, and definition of ILD progression would be closely related to prognostic factors. Anyway, the risk factors for progression of pSS-associated ILD should be evaluated comprehensively by a prospective study with enough number of clinical events [3, 5].

Declarations

Disclosures None.

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