

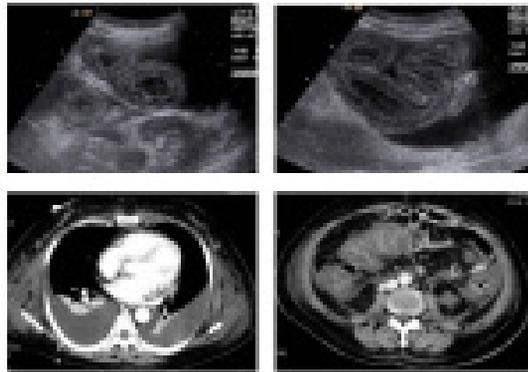
## Hyperferritinemia of pseudo-pseudo Meigs's syndrome in lupus patients

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Pseudo-pseudo Meigs' syndrome or Tjalma syndrome is a rare manifestation of patients with systemic lupus erythematosus, defined by the presence of ascites, pleural effusions and an elevated CA-125 level. In this case, we described a patient with lupus who presented with sudden impaired renal function and subsequent development of massive ascites with marked high serum ferritin. Hyper-ferritinemia is one of the abnormal laboratory findings in severe inflammation, with ferritin functioning as an inflammatory marker. However, its correlation with lupus activity remains unclear. Therefore, a review of the literature regarding pseudo-pseudo Meigs' syndrome associated with lupus and high ferritin level in this disease was carried out.

**Key word:** Lupus, Meigs' syndrome, CA-125



## Vitamin D and carotid subclinical atherosclerosis in SLE

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Vitamin D and carotid subclinical atherosclerosis in SLE Chang-Bum Bae, Ju-Yang Jung, Bo-ram Go, Hyun-Ah Kim, Chang-Hee Suh Department of Rheumatology, Ajou University School of Medicine, Suwon, Korea Introduction Atherosclerosis develops earlier in systemic lupus erythematosus (SLE) and is the important cause of mortality. It has been suggested that vitamin D deficiency contributed cardiovascular disease and immune dysregulation in SLE. Methods One-hundred two female patients with SLE and 52 normal controls (NC) were recruited. The carotid artery intima-media thickness (cIMT) and plaque were assessed by B-mode ultrasound at the carotid artery level. Vitamin 25(OH)D3 levels were checked by immunoradiometric assay using the Bio-Line 25(OH)D3-Ria CT kit (Bio-Line S.A., Belgium). Disease activity markers were checked at the time of enrollment. Results The cIMT of SLE is  $0.41 \pm 0.08$  mm, which is higher than NC ( $0.37 \pm 0.11$  mm,  $p=0.012$ ). Also, carotid artery plaque index (PI) of SLE is higher than NC ( $0.68 \pm 1.39$  vs  $0.26 \pm 0.87$ ,  $p=0.026$ ). The cIMT was correlated with age ( $r=0.442$ ,  $p<0.001$ ), body mass index ( $r=0.246$ ,  $p=0.013$ ), waist-hip ratio ( $r=0.245$ ,  $p=0.013$ ), SLE disease activity index ( $r=0.239$ ,  $p=0.016$ ), taking aspirin ( $r=0.244$ ,  $p=0.013$ ), and the carotid artery PI was correlated with renal involvement ( $r=0.224$ ,  $p=0.023$ ) in patients with SLE. Vitamin 25(OH)D3 was not showed correlation with cIMT and carotid artery PI. Also, it was not correlated with disease activity markers. Conclusion In patients with SLE, the risk of cardiovascular disease measured by cIMT and carotid artery plaque was higher than NC, which may be derived from systemic inflammation. However, vitamin D levels were not showed significant correlations with carotid subclinical atherosclerosis. It may be not suitable to assess vitamin D as marker of disease activity or subclinical atherosclerosis.