BVAS more than 9.5 at diagnosis is an independent predictor of refractory disease of GPA

연세의대 세브란스병원 류마티스내과

*유주영, 김호재, 정승민, 송정식, 박용범, 이상원

Introduction: We investigated whether clinical manifestations, anti-neutrophil cytoplasmic antibodies (ANCAs), Birmingham vasculitis activity score (BVAS) for granulomatosis with polyangiitis (GPA) and five factor score (FFS) at diagnosis can predict relapse or refractory disease in 30 histology-proven GPA patients with the follow-up duration ≥ 12 weeks. **Methods:** We reviewed the medical records of 30 GPA patients. We collected clinical data, ANCAs, BVAS for GPA, FFSs at diagnosis, and we compared variables between the two groups based on relapse or refractory disease. The optimal cut-offs were extrapolated. Multivariate logistic regression and Cox hazard model analyses were conducted to identify predictors of refractory disease. **Results:** The mean age and follow-up duration of patients were 63.3 years old and 45.2 months. The mean initial BVAS for GPA, FFS (1996) and FFS (2009) were 5.4, 0.6 and 1.0. There were no significant predictors of relapse. The mean BVAS for GPA, FFS (1996) and FFS (2009) of patients with refractory disease were higher than those without ($p < 0.05$ for all). Patients having BVAS for GPA ≥ 9.5, FFS (1996) ≥ 2 and FFS (2009) ≥ 2 exhibited significantly enhanced risk of refractory disease than those having not (RR 23.0, RR 11.0, and RR 55.0, respectively), and low cumulative refractory disease free survival rates. Multivariate Cox hazard model analysis proved BVAS for GPA ≥ 9.5 was an independent predictor of refractory disease during the follow-up duration (OR 12.892). **Conclusion:** BVAS for GPA ≥ 9.5 was an independent predictor of refractory disease during the follow-up duration ≥ 12 weeks.

Prevalence of Secondary Sjögren's Syndrome in Patients with Rheumatoid Arthritis

[1]한양대학교 병원, 내과, [2]한양대학교 류마티스 병원, 류마티스내과

*차승주[1], 조수경[1,2], 박하림[2], 성윤경[1,2]

Purpose: To evaluate the prevalence of secondary Sjögren's syndrome (sSS) and its association with disease activity in patients with rheumatoid arthritis (RA) **Methods:** Patients satisfying 1987 or 2010 RA criteria were consecutively selected from the rheumatology outpatient clinic in one academic referral hospital between May 20, 2016 and July 22, 2016. Through the medical record review, the presence of sicca symptoms, anti-nuclear antibody or anti-Ro/La antibodies were screened. Those who have sicca symptoms or had anti-Ro/La antibodies were underwent Schirmer I test, salivary scintigraphy, and minor salivary gland biopsy. Based on the American-European Consensus Group (AECG) Criteria for SS, the prevalence of sSS was calculated. **Results:** Among the total of 827 RA patients, 796 patients were asked for sicca symptoms. The prevalence of sicca symptoms was 49.0% (n = 390); 87 for dry mouth only, 162 for dry eye only, and 141 were for both. The prevalence of sSS was 7.5% (n = 60) in total RA patients but it increased to 14.4% (n = 56) for RA patients with sicca symptoms. RA patients having sSS were significantly younger in age (51.2±10.6, 56.0±13.5 years, $p = 0.002$) than those without sSS. The disease activity were not different between two groups (DAS28-ESR 2.7±0.9, 2.6±1.1 years, $p = 0.50$). **Conclusions:** The prevalence of sSS in RA patients was 7.5%, and it increased to 14.4% in patients with sicca symptoms.