

SIMILARITIES AND DIFFERENCES BETWEEN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND PRIMARY SJÖGREN'S SYNDROME

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Introduction

Systemic Lupus Erythematosus (SLE) and Primary Sjögren's Syndrome (pSS) are both systemic, chronic autoimmune diseases. The differential diagnosis between them is often difficult.

Objective

The aim of this study was to describe and compare the sociodemographic, clinical, and laboratory characteristics of SLE and pSS patients.

Material and method

A multicenter, cross-sectional, observational, descriptive and analytical study was carried out. The data obtained from patients with pSS belonging to the GESSAR database were included for the present analysis and compared with the data from patients with SLE registered in a multicenter database. Those for which the greatest amount of data was available to allow comparison between the two groups were selected.

Statistical analysis

The characteristics of both groups of patients were described. The sociodemographic and disease characteristics of the patients with SLE and pSS were compared with chi-square test, Fisher's exact test, Student's t-test, and Mann-Whitney test, as appropriate.

Results

- A total of 184 SLE patients and 183 pSS patients were included.
- Mean age was 39 years for SLE patients and 53 for pSS. Mean age at diagnosis was 30 and 48 years, respectively.
- Median disease duration was 92 months in SLE patients and 60 months in pSS patients.
- Hydroxychloroquine treatment was used in 86.3 % of SLE patients and 2.7% of pSS patients.
- Clinical manifestations and laboratory findings are shown in table 1 and 2, respectively.
- In patients with pSS, the presence of damage was recorded more frequently than in SLE patients (66.7 vs 37.4%, $p < 0.001$). No difference in activity indexes was observed between both diseases.



Conclusions

The comparison of patients with SLE and pSS showed that :

- Patients with SLE were younger at diagnosis, had longer disease duration, and received more frequently hydroxychloroquine treatment.
- Arthritis, renal and cutaneous involvement were more common in SLE patients, while the prevalence of SICCA symptoms, musculoskeletal and neurological manifestations was higher in pSS patients.

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Table 1 – Clinical manifestations

Manifestation	SLE (N=184) n (%)	pSS (N=183) n (%)	p-value
Raynaud's Phenomenon	40 (22.2)	36 (19.6)	0.550
Pleural and pericardial effusion	57 (31.2)	1 (0.5)	<0.001
Acute pericarditis	25 (13.6)	2 (1.1)	<0.001
Neurological involvement	12 (6.5)	44 (24)	<0.001
Arthritis	146 (79.9)	59 (32.4)	<0.001
Musculoskeletal involvement	34 (20.8)	129 (70.5)	<0.001
Renal involvement	73 (39.8)	5 (2.7)	<0.001
Cutaneous involvement	61 (33.3)	29 (15.9)	<0.001
Sicca symptom	10 (5.4)	172 (93.9)	<0.001
Pulmonary involvement	3 (1.6)	7 (3.8)	0.203
Pulmonary hypertension	2 (1.1)	1 (0.5)	0.525

Table 2 - Laboratory findings

Parameters	SLE (N=184) n (%)	pSS (N=183) n (%)	p-value
Anemia	16 (8.8)	34 (18.9)	0.005
Leukopenia	66 (36.1)	34 (18.9)	<0.001
Thrombocytopenia	23 (12.6)	3 (1.6)	<0.001
ANA positivity	183 (100)	163 (89.1)	<0.001
Antiphospholipid Antibodies	35 (19.5)	13 (21.7)	0.724
Hypocomplementemia	160 (87.9)	42 (22.9)	<0.001
Low levels of C3	31 (17.0)	22 (12)	0.174
Low levels of C4	20 (10.1)	37 (20.2)	0.015
Low levels of C3 and C4	108 (59.3)	17 (9.3)	<0.001
Anti-dsDNA positivity	128 (69.9)	0	<0.001

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