Beyond Vasculitis: Behçet’s May Cause Aphthous Ulcers

BY NANCY WALSH

LAKE BUENA VISTA, Fla. — The diagnosis of Behçet’s disease must be considered in any patient with recurrent oral and vulvar aphthous ulcers, even if the deep, full-thickness ulcers in the mouth and vulva develop at different times.

Behçet’s disease is a chronic inflammatory vasculitis most commonly seen along the ancient silk route from Japan to Europe and the Middle East, said Dr. Andrew T. Goldstein, a gastroenterologist at George Washington University Hospital, Washington.

The patients had a mean age of 57 years, and 97% were female. Vitamin D, which is a steroid hormone, is essential for bone and mineral homeostasis, and is widely thought to play a role in muscles, vasculature, reproduction, cellular growth and differentiation, malignancy, and the immune system.

The investigators reported no conflicts of interest related to this study.

Vitamin D Deficiency Seen in 28% With Systemic Sclerosis

BY SHERRY BOSCHERT

SAN FRANCISCO — A study of 156 patients with systemic sclerosis in two European cities found that vitamin D deficiency was present in 28% of them. Deficient levels of serum 25-hydroxyvitamin D (25[OH]D)—less than 10 ng/mL—were seen in 29 (32%) of 90 patients in Paris and 15 (23%) of 66 in Cagliari in southern Italy, Dr. Alessandra Vaccà and her associates reported in a poster presentation at the annual meeting of the American College of Rheumatology.

In addition, 84% of all patients had insufficient vitamin D levels (less than 30 ng/mL), a result seen in 75 (82%) of the Parisians and 57 (86%) of the Italians.

The mean vitamin D value in the two cohorts was 19 ng/mL, said Dr. Vaccà of the University of Cagliari.

The rates of vitamin D deficiency did not differ significantly between cities and so were independent of the different UV radiation levels in the northern and southern cities. Rates of vitamin D deficiency also were independent of usual levels of vitamin D supplementation (800 IU/day), which were taken by 30% of Parisian patients and 45% of Italian patients.

Because conventional doses of vita- min D supplementation did not prevent vitamin D deficiency, higher dose supplementation may be needed in patients with systemic sclerosis, especially those with inflammatory activity, she said.

Low vitamin D levels were associat- ed with pulmonary fibrosis (P = .04), systolic pulmonary arterial hyperten- sion (P = .004), and inflammatory ac- tivity indicated by acute phase reac- tants—erythrocyte sedimentation rate (P = .004) and C-reactive protein values (P = .01).

There was a significant negative correlation between low vitamin D levels and European disease activity scores (P = .04). A mild negative association was seen between vitamin D deficien- cy and anticitrulline antibodies.

Low vitamin D levels may be linked to multiple risk factors, Dr. Vaccà sug- gested, including scarce sun exposure due to disability; insufficient intake and malabsorption of vitamin D due to gastrointestinal disease involvement, or use of drugs that can alter metabolism of vitamin D, such as steroids.

There was no association between vi- tamin D deficiency and other markers of impaired malabsorption such as he- moglobin, ferritin, or albuminemia among other.

No associations were found between vitamin D deficiency and acro-osteol- ysis, calcinosis, or Medsger’s disease severity score.

The patients had a mean age of 57 years, and 97% were female.

Vitamin D, which is a steroid hor- mone, is essential for bone and mineral homeostasis, and is widely thought to play a role in muscles, vasculature, reproduction, cellular growth and differentiation, malignancy, and the immune system.

The investigators reported no conflicts of interest related to this study.

Tried and True DMARD Averts Lupus Nephritis

BY BETSY BATES

SAN FRANCISCO — The erstwhile antimalarial drug hydroxychloroquine is gaining new respect, as study results point to its ability to prevent long-term lupus-induced renal damage in patients living longer lives.

The multicenter, multiethnic cohort included 582 patients with systemic lupus erythematosus (SLE) who were followed for a mean of 5.5 years, according to data presented during the annual meeting of the American College of Rheumatology.

Treatment with hydroxychloroquine, long used as a disease-modifying antirheumatic drug (DMARD), was far less common among the 73 patients who had developed new-onset renal damage (defined as glomerular filtration rate of less than 50%, 24-hour protein of at least 3.5 g, and end-stage renal disease) than among those who did not, reported Dr. Graciela S. Alarcón of the University of Arizona at Birming- ham.

Because hydroxychloroquine is often prescribed only to patients with mild, early-stage disease, statistical modeling was used to ensure that demographic and disease severity differences were ac- counted for between the two patient groups, she explained.

“After making adjustment for all of the (potentially confounding) variables, the protection is on the order of 70%,” said Dr. Alarcón.

“Our data strongly suggest that if re- nal damage is to be prevented, hydroxy- chloroquine should be prescribed to all lupus patients early in the course of the disease,” concluded the report from Dr. Alarcón and associates at the University of Puerto Rico, San Juan, and the University of Texas, Houston.

Hydroxychloroquine, marketed as Plaquenil, has long been known as a rel- atively safe, inexpensive, disease-modifying drug for rheumatic diseases, having originally proven its muster against malaria during World War II.

In recent years, however, it has taken a back seat to more powerful disease-modifying medications, especially methotrexate and the biologics.

In treatment algorithms, hydroxy- chloroquine hovers in the ‘mild disease’ column, generally used only for early-stage patients with nonerosive RA.

Over half of lupus patients develop renal involvement, with 10%-30% eventually experiencing renal damage and, of- ten, end-stage renal disease, she said.

A safe, inexpensive drug that could prevent a “very serious complication” in a substantial majority of patients would represent a highly significant improve- ment in their long-term care, she said.

Dr. Alarcón reported no financial con- flicts of interest.

Use of hydroxy- chloroquine by lupus patients reduced their risk for early renal damage by about 70%.

DR. ALARCÓN