

Letters to the Editor

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Antineutrophil cytoplasmic antibodies (ANCA) in ankylosing spondylitis

Sirs,

Antineutrophil cytoplasmic antibodies (ANCA) positivity has been reported with variable frequency in rheumatic diseases including rheumatoid arthritis, reactive arthritis, juvenile chronic arthritis, Still's disease and polyarthritides (1, 2). Presence of ANCA positivity in ankylosing spondylitis (AS) and its clinical significance are doubtful (3-6).

In a retrospective review of 96 consecutive patients with ANCA positivity by indirect immunofluorescence in our hospital between January 1997 and December 2000, we found three cases of AS fulfilling the New York diagnostic criteria without evidence of other diseases associated with ANCA positivity. The three patients presented a perinuclear pattern (indirect immunofluorescence utilizing ethanol and formalin-fixed human granulocytes) and a myeloperoxidase reactivity (enzyme-linked immunosorbent assay) with an intermediate value. Antinuclear antibodies were negative. Table I shows the characteristics of these patients.

Gross *et al.* (2) described the absence of ANCA positivity in 50 patients with AS, but Koh *et al.* (3) reported the occurrence of ANCA positivity in three patients with AS. Later, Weinerth *et al.* (4) found no case of ANCA positivity between 31 patients with AS. However, Loch *et al.* (5) and Mustila *et al.* (6) found ANCA positivity in 6 (14%) of 43 and 7 (28%) of 25 patients with AS, respectively. Inclusive, ANCA may be a predictor of chronic and progressive inflammatory joint disease in AS (6). The ANCA patterns encountered in patients with AS are mostly perinuclear (3-6). Target antigens include myeloperoxidase, lactoferrin, alpha-antigen, permeability-increasing protein and other types (3-6). AS has been associated with ulcerative colitis and Crohn's disease, entities clearly related

with ANCA positivity (1). However, ANCA positivity also occurred in patients with AS and without gastrointestinal symptoms, as our patients, or without endoscopic or histologic evidence of inflammatory bowel disease (3-6). Our findings confirm that ANCA may be encountered in patients with AS. Further investigations are necessary to elucidate the clinical significance of ANCA positivity in patients with AS. Indeed, it is acknowledged that methodologic issues need to be considered in the evaluation of ANCA positivity (1).

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Table I. Characteristics of our patients with AS and ANCA positivity.

	Case 1	Case 2	Case 3
Age/sex	33/male	61/male	53/male
Sacroiliitis	yes	yes	yes
Peripheral arthritis	no	no	no
Axial involvement	yes	yes	yes
Gastrointestinal symptoms	no	no	no
Incapacity	minor	moderate	minor
HLA-B27	positive	positive	positive
ANCA titer	1:80	1:80	1:80
MPO (positive > 10 U)	positive (23 U)	positive (29 U)	positive (38 U)

AS: ankylosing spondylitis; ANCA: antineutrophil cytoplasmic antibodies; MPO: myeloperoxidase.