Sacroiliitis and familial Mediterranean fever: unresolved questions

Sir,

We have read the article "Sacroiliitis in familial Mediterranean fever" by Özçelik *et al*. with great interest (1). The article explores the association between sacroiliitis and familial Mediterranean fever (FMF). However, we would like to express some concerns regarding the methodology, patient selection, and genetic findings presented in the study.

Firstly, the authors reported that 97 out of 1,062 FMF patients were found to have sacroiliitis based on physical examination. However, nine patients were excluded due to inflammatory bowel disease (IBD) and 36 due to enthesitis-related arthritis (ERA). On closer inspection, 6 of the remaining 22 patients had enthesitis, back pain, and sacroiliitis; however, these six patients were consistent with the criteria for ERA as defined in the latest ILAR JIA classification criteria (2). In other words, it is not clear whether these patients have FMF or ERA. Furthermore, a recent study by Sener *et al*. emphasised that in patients with enthesitis in ERA and FMF-related sacroiliitis, enthesitis may not always be clinically evident, and ultrasound is required for confirmation (3). These overlapping situations should be explained in the methodology and adequately discussed in the study's discussion section.

Secondly, only 3 of the six patients in the study with both FMF and sacroiliitis had the M694V mutation, which corresponds to a frequency of 50%. This finding is considerably lower than previously reported in the literature, where the M694V mutation was found in almost 100% of such cases. For example, Sönmez *et al*. found that all 15 patients with FMF and sacroiliitis had the M694V mutation (4). At the same time, Kaşifoğlu *et al*. reported mutations in 15 of 16 patients with this combination (5). This discrepancy raises questions about the genetic profile of the patients in the Özçelik *et al*. study and requires further clarification. Previous contributions on this subject are apparent (6).

Finally, the article does not describe the criteria used to evaluate MRI findings, including whether inter- and intra-observer assessments were performed (7). Given that MRI is a critical component of the study's diagnostic process, the absence of standardised assessments significantly affects the reliability of the findings. These assessments need to be revised to strengthen the strength of the conclusions drawn from MRI data.

Given the ongoing uncertainties surrounding FMF, methodological challenges are common in studies within this field (8, 9).

In conclusion, while the article by Özçelik *et al*. provides valuable insights into the potential link between sacroiliitis and FMF, the points above suggest further clarification and discussion. We hope that addressing these concerns will increase the validity of future research in this area.

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