DIAGNOSTIC AND PREDICTIVE SIGNIFICANCE OF A CLINICAL AND IMMUNOLOGICAL PROFILE IN OVERLAP SYNDROME

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INTRODUCTION

Overlap syndrome is a clinical condition which meets diagnostic criteria of at least two connective tissue diseases, which can appear at the same time or at different moments at the same patient.
The overlap syndrome can associate any of the next connective diseases Systemic Sclerosis, Dermatomyositis, Sjögren Syndrome, Rheumatoid Arthritis or Systemic lupus erythematosus, in every variant, some combination being more common.
Complex clinical picture makes sometimes the putting of a diagnostic quite difficult.
The pathology of this condition has a major impact on the clinical evolution, diagnostic and treatment. The symptoms are dependent on the affected organs and the evolution of disease.

The clinical picture of overlap syndrome is heterogenous which requires biological, imagistic, functional, serological and histopathological tests and identification of antibodies specific to autoimmune disease, represent a defining element of the evolution and the prognostic of the disease.

The study of overlap syndrome is the first study in Romania, considering the low numbers of affected patients in each center, and aimed at f, so that a pattern may lead for overlap syndrome in contrast with patients have a single connective tissue disease, in support of early treatment and increase the life expectancy of overlap syndrome patients.
The study features three topics:

First Study: the first research regarding patients with overlap syndrome, consist in the evaluation of clinical manifestation frequency in patients with overlap syndrome, in contrast with patients who present a single connective tissue disease. Thus, it can be observed that the cutaneous involvement, clinically expressed by the telangiectasias, the presence of Raynaud phenomenon, the cutaneous ulcerations, can appear with a higher frequency in patients with overlap syndrome, except cutaneous rash with photosensitivity, which has a lower frequency in patients with overlap syndrome.

The same high frequency is observed in pulmonary involvement in patients with overlap syndrome, while cardiac and renal involvement have a lower frequency in overlap syndrome' patients and musculoskeletal and gastrointestinal involvement appears in similar numbers of patients from both group.

Second study is represented by immunological alterations which appear in overlap syndrome, thus rheumatoid factor and lupus' antibodies and systemis sclerosis' antibodies presence was higher in patients with overlap syndrome; the correlation between immunological factors and clinical aspects show high frequency of erosive arthritis and rheumatoid factor presence in overlap syndrome, which include rheumatoid arthritis; the renal involvement is lower in patients presenting rheumatoid arthritis and Systemic lupus erythematosus which include rheumatoid factor presence; the patients with a positive rheumatoid factors and overlap syndrome present in lower numbers capilaroscopic changes in contrast with patients who present a single connective tissue disease. The combination of interstitial lung disease with late capilaroscopic pattern appear in a lower numbers in patients with overlap syndrome who present rheumatoid arthritis.
Third study proves the influence of association of connective tissue diseases on clinical manifestations, thus, the combination of lupus' antibodies with renal involvement, was present only in overlap syndrome which include rheumatoid arthritis and Systemic lupus erythematosus, mixed connective tissue disease and Systemic lupus erythematosus but was not present in overlap syndrome' patients which include dermatomyositis and Systemic lupus erythematosus, systemic sclerosis and Systemic lupus erythematosus.

The serositys with lupus' antibodies has a higher frequency in patients with rheumatoid arthritis and Systemic lupus erythematosus, in contrast with patients with only Systemic lupus erythematosus.

Overlap syndrome which includes systemic sclerosis and rheumatoid arthritis has a lower frequency in cutaneous ulcerations; the serositys appear in a lower procentage in patients who present systemic sclerosis and another connective tissue disease, in contrast with patients with only systemic sclerosis.

CONCLUSIONS:

The most common overlap syndrome 'associations was rheumatoid arthritis and systemic sclerosis. The pulmonary involvement, Raunaud phenomenon, skin induration, systemic sclerosis' antibodies, dermatomyositis' antibodies presence and rheumatoid factor presence are most frequent in patients with overlap syndrome in contrast with patients who are not affected by the overlap syndrome. Cutaneous rash with pfotosensitivity, renal involvement, serositys and lupus' antibodies have a higher frequency in patients who are not affected by overlap syndrome.

Non-erosive arthriti, myalgia, gastrointestinal involvement are not influenced by combination of connective tissue diseases, having an equal distribution in patients with overlap syndrome and in patients who are not affected by the overlap syndrome.
The results of the research are correlated with the proven data, even though the number of patients from group of study is low and does not present statistical significance are guiding us in overlap syndrome evaluations, clinical and immunological pattern proving useful in early evaluation and treatment of overlap syndrome patients aiming at rising life expectancy in patients with overlap syndrome.