SCLERODERMA WITH POSITIVE AND NEGATIVE ANTINUCLEAR ANTIBODY (ANA): A COMPARATIVE STUDY

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BACKGROUND

Scleroderma is an autoimmune disease that causes fibrosis in the skin and internal organs. Antinuclear factor (ANA) is present in about 90% of these patients. It is not adequately studied whether individuals with scleroderma and negative ANA differ clinically from those with positive ANA. The aim of this study was to compare the clinical profile of scleroderma patients with and without ANA.

METHODS

Retrospective study of medical records of patients with scleroderma of the Hospital Universitário Evangélico Mackenzie (HUEM) outpatient clinic attended during the last 10 years. All filled at least 9 points of the ACR/EULAR classificatory criteria for this disease. Epidemiological data (age, gender, age at onset of the disease, race), clinical data (involvement of the esophagus, presence of interstitial lung disease, myositis, myocarditis, Raynaud, fingertip scar, digital ulcer, telangiectasia, calcinosis, pericarditis, pleurite, pulmonary hypertension, joint manifestation, kidney) and presence or not of ANA were collected.

RESULTS

A total of 211 patients were studied. Of these, 93% were ANA positive, with a higher prevalence of the speckled pattern in immunofluorescence. The mean age of diagnosis was 44 years. The most frequent clinical manifestations were Raynaud's phenomenon (95%), involvement of the esophagus (63.4%) and stellar scar (53.6%). Patients with renal involvement ($p = 0.03$) and calcinosis ($p = 0.02$) were more ANA negative. Women had more positive ANA ($p = 0.04$).

CONCLUSION

Epidemiological and clinical differences in patients with positive and negative ANA scleroderma were found. Calcinosis and scleroderma renal crisis were more common in negative ANA. Females have more positive ANA than males.

KEYWORDS

Scleroderma, Systemic sclerosis, Antinuclear antibody.