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Correspondence

Thyroid disorders in systemic lupus erythematosus are associated with secondary Sjögren's syndrome

SIR, We read with interest the article by Goh and Wang on thyroid disorders in SLE.[1]

In a recent study of symptomatic secondary Sjögren's syndrome in SLE we systematically investigated 66 patients,[2] who represented all diagnosed cases of SLE within a defined population.[3] This study also included investigation of endocrine disease, including thyroid disorders. We found eight women with thyroid disease (12%), including two patients with thyrotoxicosis, one with hypothyroidism, and five with non-toxic goitre. Definite evidence of autoimmune thyroid disease was lacking in the last group of patients, but one patient had a past history of a probable subacute thyroiditis, and another had a biopsy showing lymphocytic infiltration. In five cases thyroid disease appeared before the diagnosis of SLE. These findings are in accordance with the results of Goh and Wang, but in addition we found a strong association between secondary Sjögren's syndrome and thyroid disorders, not reported in their study.

Thirteen patients had chronic secondary Sjögren's syndrome, and within this group we found seven out of the eight cases of thyroid disease. The eighth patient had a history of mouth dryness and parotid enlargement but was asymptomatic at the time of the study and was not considered to have chronic secondary Sjögren's syndrome.

Clinical and immunological findings are listed in Table 1.

The low numbers preclude firm conclusions, but the high frequency of cutaneous involvement is interesting in view of a similar finding by Goh and Wang. We found a correlation between anti-SSA autoantibodies and Sjögren's syndrome, but this association might be less marked with thyroid disorders.

Thus our findings support the observation that thyroid disorders are common in SLE. We observed a strong association between secondary Sjögren's syndrome and thyroid disorders in SLE, that might have pathogenetic implications.

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Table 1 *Cumulative clinical and immunological findings in unselected SLE patients with thyroid disease (percentages)*

	Thyroid disease (n=8)	*No thyroid disease (n=58)*
Secondary Sjögren's syndrome	88	10*
Arthritis	100	97
Cutaneous	100	69
Serositis	50	66
Haematological	50	33
Renal	25	29
Neuropsychiatric	25	38
Anti-DNA	50	66
Anti-RNP	13	21
Anti-Sm	13	12
Anti-SSA	75	41
Anti-SSB	50	19
Waaler-Rose	13	9

*$p<0.001$, χ^2.

References

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3 Nived O, Sturfelt G, Wollheim F A. Systemic lupus erythematosus in an adult population in southern Sweden. Incidence, prevalence and validity of ARA revised classification criteria. *Brit J Rheumatol* 1985; **24**: 147–54.

Serum ferritin: an indicator of iron responsive anaemia in patients with RA?

SIR, The study of Hansen and Hansen presents data which, the authors conclude, indicate the need for iron therapy in anaemic patients with serum ferritin concentrations of <60 μg/l.[1] Our analysis of their data points to the opposite conclusion.

The anaemic patients in the study were a mixture of those who were frankly iron deficient (ferritin <15 μg/l) and those who were not. The iron deficient patients would be expected to respond to iron therapy with a marked change in haemoglobin concentration. This was the case in three of the five women and both men. When the iron deficient patients were excluded from the analysis, only six of the 10 women and two of the 10 men showed an increase in their haemoglobin concentration of >8 g/l after oral iron therapy. The changes in haemoglobin concentration in these patients were not correlated with any change in iron stores as reflected by the serum ferritin concentration