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Title: Outcomes of planned pregnancy in patients with systemic lupus erythematosus and their neonates

Author(s): Rezaieyazdi, Z (Rezaieyazdi, Zahra); Mohammadi, M (Mohammadi, Mohammad); Yousefi, Z (Yousefi, Zohreh); Jafari, H (Jafari, Hamideh); Khodashahi, M (Khodashahi, Mandana)

Source: EGYPTIAN RHEUMATOLOGIST **Volume:** 43 **Issue:** 2 **Pages:** 141-145 **DOI:** 10.1016/j.ejr.2021.01.001 **Published:** APR 2021

Abstract: Aim of the work: To assess the outcome of planned pregnancies in patients with systemic lupus erythematosus (SLE). Patients and methods: The study was conducted on 32 patients. The medical management included pre-pregnancy planning at the quiescent phase of the disease and after at least six months of clinical remission. The patients had a monthly visit during pregnancy and three months post-delivery. Disease flare was characterized by the recurrence of symptoms and signs in different organs, as well as the need for an increase in medication dose. Results: There were 36 planned pregnancies in 32 patients, of which 15 and 17 cases were primiparous and multiparous, respectively. The SLE flares were observed in 36.1% of the cases, 8.3% of which developed postpartum; moreover, they were moderate in severity and mostly involved the kidneys and joints. Pregnancy outcomes included18 (50%) cases ended in term labor; 13 (36.1%) pregnancies had preterm labor, and 5 (13.8%) pregnancies terminated with abortions. Furthermore, obstetric complications included 2(6.5%) patients with premature rupture of membranes, 5(15.6%) fetuses with intrauterine growth retardation, and 2(6.4%) mothers with preeclampsia. 10(27.7%) pregnancies occurred in patients with lupus nephritis. Cesarean section was performed on 24(77.4%) patients, and low birth weight was observed in 7(21.8%) infants. None of the infants had neonatal lupus, congenital deformities or infection. Conclusion: Pre-pregnancy planning in patients with SLE can considerably improve pregnancy outcomes. Neonatal lupus, congenital anomalies or infection were not present. SLE patients intending to become pregnant should be provided with close medical supervision for a safe maternal and fetal outcome. (C) 2021 Egyptian Society of Rheumatic Diseases. Publishing services provided by Elsevier B.V.

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Record 2 of 17

Title: Association of the genetic variants in the endoplasmic reticulum aminopeptidase 2 gene with ankylosing spondylitis susceptibility

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Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 24 **Issue:** 4 **Pages:** 567-581 **DOI:** 10.1111/1756-185X.14079 **Early Access Date:** FEB 2021 **Published:** APR 2021

Abstract: Background Genetic polymorphisms in the endoplasmic reticulum aminopeptidase gene ERAP2 has been attributed with the etiopathogenesis of ankylosing spondylitis (AS). Here we assessed the association of ERAP2 gene single nucleotide polymorphisms (SNPs) with AS predisposition in Iranian patients and determined their effect on the inflammatory state of the patients.
Methods For genotyping of rs2548538, rs2287988, and rs17408150 SNPs using a real-time allelic discrimination approach, DNA was extracted from the whole blood of 250 AS patients and 250 healthy individuals. RNA of the peripheral blood mononuclear cells was separated, cDNA was synthesized, and transcriptional levels of cytokines, including interleukin (IL)-17A, IL-23, IL-10, and transforming growth factor-beta, were measured. Enzyme-linked immunosorbent assay was used to measure the serum concentration on the cytokines.
Results Three ERAP2 gene SNPs were not associated significantly with AS risk. Nonetheless, rs2287988 and rs17408150 SNPs showed statistically significant association with susceptibility to the disease in those AS patients who were positive for human leukocyte antigen (HLA)-B27. Transcriptional level and serum concentration of IL-17A and IL-23 were higher, but those of IL-10 were lower in both AS patients and the HLA-B27-positive patient group relative to the control group. Nevertheless, ERAP2 gene SNPs in the HLA-B27-positive AS patients did not affect the transcription level and serum concentration of cytokines.
Conclusions ERAP2 gene rs2287988 and rs17408150 SNPs are associated with susceptibility to AS, but they are probably not determining the levels of IL-17A, IL-23, and IL-10 in this disease.

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Record 3 of 17

Title: The association between adipokines and stigmata of atherosclerosis in patients with systemic lupus erythematosus

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Source: EGYPTIAN RHEUMATOLOGIST **Volume:** 42 **Issue:** 3 **Pages:** 195-199 **DOI:** 10.1016/j.ejr.2020.02.010 **Published:** JUL 2020

Abstract: Aim of the work: Early cardiovascular disease is an important cause of morbidity and mortality in sys- temic lupus erythematosus (SLE). The study was designed to assess the relationship between the serum levels of adipokines and atherosclerotic risk factors in SLE patients. Patients and methods: 56 patients and 31 control were included. Serum levels of leptin, adiponectin, tra- ditional and new risk factors for atherosclerosis including plasma glucose levels, lipid profile, high - sensitivity C -reactive protein (hs-CRP), vascular cell adhesion molecule -1 (VCAM-1) and homocysteine were measured. The intima-media thickness (IMT) of the carotid was measured by ultrasonography. The SLE disease activity index (SLEDAI-2k) was assessed. Results: The patients mean age was 30.8 +/- 9.9 years, disease duration was 55.7 +/- 59.3 months and were 54 (91.5%) females and 5 (8.5%) males. Serum adiponectin levels were significantly lower in patients (3. 58 +/- 0.4 ng/ml) compared to control (3.9 +/- 0.26 ng/ml) ($p < 0.001$) while leptin levels were comparable. Serum adiponectin levels correlated with triglyceride ($r = 0.3$, $p = 0.003$) and high -density lipoprotein (HDL) ($r = 0.2$, $p = 0.04$). Serum leptin significantly correlated with the BMI and total cholesterol ($r = 0.43$, $p = 0.002$ and $r = 0.3$, $p = 0.04$ respectively) as well as with the anti -double stranded deoxyri- bonucleic acid (anti-dsDNA) ($r = 0.28$, $p = 0.04$). There was lack of a meaningful relationship between serum adiponectin and leptin levels and disease duration or risk factors such as hsCRP, VCAM, homocys- teine and IMT as well as with the SLEDAI-2k or complement. Conclusions: Serum adiponectin levels inversely correlate with HDL. A significant correlation of leptin with BMI and total cholesterol was found in SLE. None of the two adipokines were associated with atherosclerosis as assessed with the carotid IMT or with the disease activity. Publishing services provided by Elsevier B.V. on behalf of Egyptian Society of Rheumatic Diseases. This is an open access article under the CC BY -NC -ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

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Record 4 of 17

Title: Susceptibility to ERAP1 gene single nucleotide polymorphism modulates the inflammatory cytokine setting in ankylosing spondylitis

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Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 22 **Issue:** 4 **Pages:** 715-724 **DOI:** 10.1111/1756-185X.13494 **Published:** APR 2019

Abstract: AimTo evaluate the association of ERAP1 gene single nucleotide polymorphisms (SNPs) with the risk of ankylosing spondylitis (AS) and their role in modulation of the inflammatory interleukin (IL)-17/IL-23 axis in the disease.

MethodsFor genotyping, 190 AS cases and 190 healthy controls were enrolled. After DNA extraction, all the subjects were genotyped for rs17482078, rs469876, and rs27038 polymorphisms using single specific primer polymerase chain reaction (PCR) assay. After isolation of peripheral blood mononuclear cells, RNA extraction and complementary DNA synthesis, real-time PCR using SYBR Green master mix was employed to determine messenger RNA (mRNA) expression of IL-17A and IL-23 in PBMCs. Using enzyme-linked immunosorbent assay, the concentration of these cytokines was determined in serum samples.

ResultsIt was observed that the A allele of rs27038 polymorphism significantly increased AS risk (odds ratio [OR] = 1.53, 95% CI =1.11-2.12; P = 0.0096). Moreover, AA and AG genotypes of this SNP were associated with increased (OR = 2.89, 95% CI = 1.42-5.85; P=0.0031) and decreased (OR = 0.57, 95% CI = 0.36-0.92; P=0.021), respectively, risk of the disease. The rs27038 SNP was associated with C-reactive protein level. There were significantly increased mRNA and serum concentrations of both IL-17A and IL-23 in AS patients compared with controls. Furthermore, AS patients with the AA in comparison to other genotypes for rs27038 SNP indicated significantly increased mRNA and serum concentration levels for both cytokines.

ConclusionsThis study demonstrated the association of ERAP1 gene rs27038 polymorphism with the risk of AS in an Iranian population. Additionally, it seems that rs27038 is involved in the modulation of the inflammatory IL-17/IL-23 axis in AS.

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Record 5 of 17

Title: Musculoskeletal Manifestations of Sarcoidosis: A Review Article

Author(s): Shariatmaghani, S (Shariatmaghani, Somayeh); Salari, R (Salari, Roshanak); Sahebari, M (Sahebari, Maryam); Tabrizi, PS (Tabrizi, Payman Shalchian); Salari, M (Salari, Masoumeh)

Source: CURRENT RHEUMATOLOGY REVIEWS **Volume:** 15 **Issue:** 2 **Pages:** 83-89 **DOI:** 10.2174/1573397114666180425111901 **Published:** 2019

Abstract: Background: Sarcoidosis is a multisystem inflammatory disease with an etiology that is not clearly understood. Amongst the different organs that may be affected, the lungs are the most common. Musculoskeletal manifestations of the disease are uncommon.

Objectives: They include arthropathy, bone lesions, or myopathy, all of which may occur as initial symptoms or develop during the course of the disease.
Methods: Articular involvement my present as arthralgia or arthritis. Skeletal complications usually develop in the chronic state of the disease. Muscular disease is rare and usually asymptomatic. Appropriate imaging modalities including X-ray, MRI, FDG-PET/CT assist in the diagnosis of rheumatic sarcoidosis. However, biopsy is necessary for definite diagnosis.
Result and Conclusion: In most cases of musculoskeletal involvement, NSAIDs and corticosteroids are sufficient for symptomatic management. For more resistant cases immunosuppressive drugs (i.e., methotrexate) and TNF- inhibitors are used. Our aim is to review various types of musculoskeletal involvement in sarcoidosis and their existing treatment options.

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Title: Selenium and Autoimmune Diseases: A Review Article

Author(s): Sahebari, M (Sahebari, Maryam); Rezaieyazdi, Z (Rezaieyazdi, Zahra); Khodashahi, M (Khodashahi, Mandana)

Source: CURRENT RHEUMATOLOGY REVIEWS **Volume:** 15 **Issue:** 2 **Pages:** 123-134 **DOI:** 10.2174/1573397114666181016112342 **Published:** 2019

Abstract: Background: Selenium is an essential trace element with fundamental effects on human biology. Trace elements deficiency is not an uncommon finding in autoimmune diseases. This deficiency may be a consequence of autoimmune diseases or may contribute to their etiology. With regard to evidence showing the association between selenium deficiency and generation of reactive oxygen species and subsequent inflammation, reviewing the role of selenium in collagen vascular diseases could help researchers to devise strategies for managing these diseases.
Objective: The present study aimed to evaluate the role of selenium and autoimmune rheumatic diseases.
Data Sources: PubMed, Scopus, Science Direct, and Google Scholar
Study Eligibility Criteria: All the studies on the use of selenium without any limitations in terms of the preparation method, administration route, or formulation process were included in the study. The exclusion criteria were: 1) Articles published in languages other than English, 2) Administration of chemical and hormonal drugs rather than selenium, 3) Investigation of the effects of selenium on the autoimmune problems in animal models, and 4) Insufficiency of the presented data or poor description of the applied methods. Furthermore, review articles, meta-analyses, expert opinions, editorial letters, case reports, consensus statements, and qualitative studies were excluded from the study.
Data Extraction: In this systematic review, articles were evaluated through searching following keywords in combination with selenium: "autoimmune rheumatic diseases" or "scleroderma" or " systemic sclerosis" or " Behcet's disease" or "Sjogren syndrome" or "systemic lupus erythematosus" or "musculoskeletal diseases" or "rheumatoid arthritis" or "vasculitis" or "seronegative arthritis" or "antiphospholipid antibody syndrome".
Results: Of 312 articles, 280 were excluded and 32 articles were entered in this study. Based on the majority of studies assessing selenium level in patients with collagen vascular diseases, lower selenium levels were observed in these patients. Moreover, the majority of articles showed an improvement in clinical symptoms of collagen vascular diseases compared to controls after the treatment of patients with different dosages of L-selenomethionine.
Conclusion: A decrease in the serum level of selenium was noted in patients with autoimmune diseases, which may be a risk factor for inflammation and initiation of autoimmunity in these patients. A sufficient quantity of selenium has been shown to contribute to the management of complications of autoimmune diseases and even improved survival in patients with autoimmune diseases, which may be due to the anti-inflammatory effects of selenium. Since this issue is of clinical importance, it can be considered in potential nutrition interventions and have beneficial effects on some autoimmune diseases.

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Record 7 of 17

Title: Subtypes of Antiphospholipid Antibodies in Neurologic Disorders: An Observational Study

Author(s): Sahebari, M (Sahebari, Maryam); Rastin, M (Rastin, Maryam); Boostani, R (Boostani, Reza); Forughipour, M (Forughipour, Mohsen); Hashemzadeh, K (Hashemzadeh, Kamila); Sadeghi, SH (Sadeghi, Samira H.)

Source: CURRENT RHEUMATOLOGY REVIEWS **Volume:** 15 **Issue:** 1 **Pages:** 59-66 **DOI:** 10.2174/1573397114666180514125412 **Published:** 2019

Abstract: Background and Objectives: Concomitant neurologic manifestations and positive antiphospholipid antibodies (APAs) have been investigated in different manners. The present study aimed to investigate the association between neurologic manifestations and APAs.
Materials and Methods: This cross-sectional descriptive study was conducted on 100 consecutive patients with selected neurological manifestations and at least one positive APAs within the age range of 20-50 years, referred to the Rheumatic Diseases Research Center from the Northeast Central Neurology Department of Iran during August 2012 to March 2014.
Results: According to the results, 89% of the participants were persistently positive for APAs, including lupus anticoagulant, IgG anticardiolipin (aCL), IgM aCL, IgG beta-2 glycoprotein 1 (beta 2-GP1), and IgM beta 2-GP1, observed in 16%, 41%, 42%, 17%, and 15% of the patients, respectively. Furthermore, 10% of the patients had concomitant lupus manifestations, and 37% of them showed anti-DNA. The IgG and IgM aCL were the most prevalent antibodies. Cerebral

vascular accident (33%), retinal artery/vein occlusion (21%), and seizure (20%) were the most frequent presentations among the patients. In addition, the patients with multiple sclerosis (composing 3% of the subjects) were 100% positive for IgG and IgM aCL, as well as lupus anticoagulant. In addition, IgM anti-beta 2-GP1 was 100% positive in optic neuritis patients (composing 5% of the subjects) and was significantly associated with this neurologic disorder. IgM anti-beta 2-GP1 was also prevalent in the cases with Guillain-Barre syndrome. The most prevalent persistently positive antibody in the patients with cerebrovascular accident was IgM aCL.
Conclusion: The findings of this study revealed some associations between the subtypes of APAs and incidence of neurologic disorders. However, the exact correlation between those symptoms and APAs needs further investigations.

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Record 8 of 17

Title: Amelioration of clinical symptoms of patients with refractory rheumatoid arthritis following treatment with autologous bone marrow-derived mesenchymal stem cells: A successful clinical trial in Iran

Author(s): Ghoryani, M (Ghoryani, Mohsen); Shariati-Sarabi, Z (Shariati-Sarabi, Zhaleh); Tavakkol-Afshari, J (Tavakkol-Afshari, Jalil); Ghasemi, A (Ghasemi, Ali); Poursamimi, J (Poursamimi, Javad); Mohammadi, M (Mohammadi, Mojgan)

Source: BIOMEDICINE & PHARMACOTHERAPY **Volume:** 109 **Pages:** 1834-1840 **DOI:** 10.1016/j.biopha.2018.11.056 **Published:** JAN 2019

Abstract: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune arthropathy characterized by synovial hyperplasia leading to functional impairment. Although the exact cause of RA is unknown, there is evidence suggesting the role of T cell subtypes in the pathogenesis of RA. Conventional therapy in some RA patients is associated with mild or severe side effects, and resistance of some patients has been reported to these types of therapy. The therapeutic potential of mesenchymal stem cells (MSCs) introduced them as a novel therapeutic choice for the treatment of rheumatic diseases. The aim of our study was to evaluate the effects of intravenous administration of autologous bone marrow-derived MSCs on the immunological, clinical and para-clinical factors such as regulatory T cells, Th17 cells, CD8+T cells, CD4+T cells, disease activity score 28-erythrocyte sedimentation rate (DAS28-ESR), visual analogue scale (VAS), ESR, C-reactive protein (CRP), rheumatoid factor (RF), and anti-cyclic citrullinated peptide (anti-CCP) antibodies in patients with refractory RA. Nine refractory RA patients with no other rheumatologic disorders were included in this study. All patients received a single intravenous dose of 1x10(6) autologous bone marrow-derived MSCs/kg, and were followed up at 1, 6 and 12 months after injection of MSCs. We found a significant decreasing trend in Th17 percentage and geometric mean fluorescence intensity for IL-17A following injection of MSCs at 12 months compared to the time point zero. Furthermore, a significant increase in regulatory T cells percentage was observed at the end of the first month after the intervention. DAS28-ESR decreased significantly at 1 and 12 months after MSC therapy. VAS score showed a significant decreasing trend during the follow-up periods. No significant difference was found for serum CRP and anti-CCP levels after the intervention. In conclusion, our data indicated that clinical symptoms were significantly ameliorated following the intravenous injection of autologous bone marrow-derived MSCs to the patients with refractory RA.

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Record 9 of 17

Title: HTLV-1 seroprevalance in sarcoidosis. A clinical and laboratory study in northeast of Iran

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Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 21 **Issue:** 6 **Pages:** 1309-1313 **DOI:** 10.1111/1756-185X.13009 **Published:** JUN 2018

Abstract: AimSarcoidosis is an autoimmune multiorgan granulomatosis disease with unknown origin. Some environmental factors such as viruses may induce the disease in genetically susceptible individuals. Human T cell lymphotropic virus type 1 (HTLV-1) can dysregulate the human immune system and the role of this virus in the pathogenesis of autoimmune diseases has been investigated and documented, such as in uveitis. In this study, we have focused on the seroprevalence of HTLV-1 in sarcoidosis in comparison to the normal population in the northeast of Iran, an endemic area for HTLV-1.
MethodsThis cross-sectional study enrolled 125 patients with established sarcoidosis to evaluate the frequency of HTLV-1 and compare it with the normal population of Mashhad, Iran. Participants' blood samples were analyzed for HTLV-1 antibody by an enzyme-linked immunosorbent assay kit. Positive results were confirmed by polymerase chain reaction method. Finally, data were analyzed using SPSS 11.
ResultsAmong sarcoidosis patients 106 (84.8%) patients had a history of acute course and 19 (15.2%) had chronic sarcoidosis. Four percent of the patients versus 2.12% of the Mashhad population were HTLV-1 positive with no statistical difference (P = 0.201). In age- and sex-matched selected controls, 3.6% were HTLV-1 positive again with no statistical difference by sarcoidosis group (P = 0.52). There was no statistical difference between arthritis, erythema nodusom, uveitis, constitutional symptoms, abnormal chest radiography (parahilar lymphadenopathy) and computed tomography scan findings, respiratory symptoms, sex, the course of the sarcoidosis in HTLV-1 positive and negative sarcoidosis patients.

ConclusionThe frequency of HTLV-1 in 125 sarcoidosis patients was 4%. In comparison with prevalence of HTLV-1 in Mashhad, HTLV-1 seroprevalence did not show any significant difference.

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Record 10 of 17

Title: Protective role of HLA-DRB1*11 against juvenile idiopathic arthritis living in North Eastern Iran

Author(s): Rezaieyazdi, Z (Rezaieyazdi, Zahra); Kochakzadeh, M (Kochakzadeh, Morteza); Hatef, MR (Hatef, Mohammad Reza); Esmaily, H (Esmaily, Habibollah); Malek, A (Malek, Abdolreza); Valizadeh, N (Valizadeh, Narges); Tabaei, S (Tabaei, Samira); Rafatpanah, H (Rafatpanah, Houshang)

Source: IRANIAN JOURNAL OF BASIC MEDICAL SCIENCES **Volume:** 21 **Issue:** 6 **Pages:** 564-568 **DOI:** 10.22038/IJBMS.2018.25022.6215 **Published:** JUN 2018

Abstract: Objective(s): Juvenile idiopathic arthritis (JIA) is one of the most common chronic rheumatic diseases in children. The complex nature of this immune-mediated disease owes itself to several predisposing genes and environmental factors affecting its pathogenesis. Conducted in Iran, this study was originally intended to investigate every possible association between HLA DRB1 alleles and a susceptibility to JIA.
Materials and Methods: In this case-control study, 45 patients with a definite diagnosis of JIA based on International League against Rheumatism (ILAR) criteria were compared against 46 healthy controls. DNA samples taken from both groups were analyzed using PCR-sequence specific primers (PCR-SSP) method. Data analysis including parametric and nonparametric test and multivariate analysis was undertaken using the SPSS 11.5 software. A P-value< 0.05 was regarded as statistically significant.
Results: Mean ages in case group and healthy controls were 14.64 +/- 6.21 and 13.73 +/- 6.39, respectively with no significant difference between the two groups (P=0.515). Sex difference between JIA group and healthy controls was also not significant (P=0.068). The frequency of HLA-DRB1*01 was found the most frequent HLA-RB1 in our patients (33.3%). No significant statistical correlation between various HLA-DRB1 alleles and clinical subtypes of the disease could be established from the data. HLA-DRB1*11 was shown to raise protection to JIA (P=0.035, OR=2.755, 95% CI=0.963-8.055) in northeastern Iran. In addition, we found that HLA-RB1*09 is nominally associated with an increased risk of JIA (P=0.56, OR=2, 05, 95% CI=0.18-23.63).
Conclusion: HLA-DRB1*11 was shown to raise protection to JIA in northeastern Iran. The disparity of findings in other ethnicities prompts further investigations with larger sample sizes.

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Record 11 of 17

Title: Rate of positive autoimmune markers in Human T lymphotropic virus type 1 carriers: a case-control study from Iran

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Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 21 **Issue:** 1 **Special Issue:** SI **Pages:** 108-113 **DOI:** 10.1111/1756-185X.13002 **Published:** JAN 2018

Abstract: AimHuman T lymphotropic virus type 1 (HTLV-1) infection with high prevalence in the north-east of Iran, particularly in Mashhad, can lead to adult T-cell leukemia (ATL) and HTLV-1-associated myelopathy/tropical spastic paraparesis (HAM/TSP) and a variety of autoimmune diseases. The aim of the study was to examine the presence of autoimmune markers in HTLV carries.
MethodsSerum samples were obtained from blood donors in Mashhad, northeastern Iran. One hundred and five HTLV-1 positive (cases) and 104 age- and sex-matched HTLV-1 negative donors (controls) were assessed for presence of serum autoimmune markers by enzyme-linked immunosorbent assay.
ResultsThe mean ages of cases and controls were 40.8 9.4 and 41.5 +/- 9.3 years, respectively (P = 0.5). In the case group, 81.9% and in the control group 83.7% were male (P = 0.74). The frequency of positive antinuclear antibodies and anticyclic citrullinated peptide antibodies in the serum of the two groups were not significantly different (P = 0.68 and P = 0.62, respectively). Only one antineutrophil cytoplasmic antibody-positive case (1%) was observed in the group and no anti-phospholipid immunoglobulin G positivity was observed. The frequency of rheumatoid factor (RF) was greater in case group than in the control group, although the difference was not significant (P = 0.08). The amount of RF in all 12 RF positive sera were higher than normal levels (33-37 IU/mL).
ConclusionBecause we failed to detect any significant relation between serum autoimmune markers and HTLV-1 infection, and because of the relatively low prevalence of autoimmune diseases, it could be concluded that healthy HTLV-1 carriers do not produce rheumatologic-related auto-antibodies more than the healthy population.

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Record 12 of 17

Title: Plasma levels of leptin and visfatin in rheumatoid arthritis patients; is there any relationship with joint damage?

Author(s): Mirfeizi, Z (Mirfeizi, Zahra); Noubakht, Z (Noubakht, Zohreh); Rezaie, AE (Rezaie, Ali Etemad); Jokar, MH (Jokar, Mohammad Hassan); Sarabi, ZS (Sarabi, Zhaleh Shariati)

Source: IRANIAN JOURNAL OF BASIC MEDICAL SCIENCES **Volume:** 17 **Issue:** 9 **Pages:** 662-666 **Published:** SEP 2014

Abstract: Objective (s): Rheumatoid arthritis (RA) is a chronic systemic inflammatory disorder, primarily targeting the synovium and articular cartilage that leads to joint damage. Recent reports have suggested the role of adipocytokines in mediating joint damage; however it still is a matter of debate. The purpose of this study was to evaluate the association between serum values of adiopocytokines (leptin, visfatin) and radiographic joint damage in patients with RA.
Materials and Methods: Fifty-four patients diagnosed with RA, based on Revised ACR Criteria 2010, with 1-5 year disease duration since diagnosis, were enrolled. Twenty-nine of patients had erosion in radiographic studies and 25patients had no erosion. Radiographic joint damages were defined according to Larsen Score. Additionally, serum levels of adipocytokines were measured and cross-sectional associations with radiographic damage were explored, adjusting for pertinent confounders.
Results: The serum level of visfatin were significantly higher in patients with radiographic joint damage compared with patients with no joint damage (P=0.013). This difference remained significant after adjustment for C-reactive protein levels (P=0.008), but not after adjustment for disease duration (P=0.247). The mean leptin serum levels were not different between these two groups (P=0.903). There was a positive correlation between leptin levels and BMI (r=0.494, P<0.001). However, after adjustment for BMI, leptin levels had no difference between two groups (P=0.508).
Conclusion: This study revealed that visfatin levels were significantly higher in patients with radiographic joint damage dependently to disease duration. Therefore, it seems that adipocytokine may be a valuable factor in therapeutic targets in the future.

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Record 13 of 17

Title: Superiority of laterally elevated wedged insoles to neutrally wedged insoles in medial knee osteoarthritis symptom relief

Author(s): Hatef, MR (Hatef, Mohammad Reza); Mirfeizi, Z (Mirfeizi, Zahra); Sahebari, M (Sahebari, Maryam); Jokar, MH (Jokar, Mohammad Hassan); Mirheydari, M (Mirheydari, Mahyar)

Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 17 **Issue:** 1 **Pages:** 84-88 **DOI:** 10.1111/1756-185X.12036 **Published:** JAN 2014

Abstract: AimKnee osteoarthritis (OA), is the most common degenerative joint disease. Several non-pharmacological interventions have been used for this purpose such as insoles. There are contradictory data about the superiority and effectiveness of laterally wedged compared with neutrally wedged insoles. This study was designed to compare the effectiveness of laterally and neutrally wedged insoles in management of knee OA.
MethodsIn this double-blind, parallel treatment trial, 118 patients with knee OA according to American College of Rheumatology (ACR) criteria were enrolled and were followed for 2months. Patients were randomly divided into two groups. Fifty-seven of them were treated with 5 degrees laterally elevated wedged insoles (group A) and 61 patients were treated with neutrally wedged insoles (group B). Edinburg Knee Functional Scale (EKFS) was used to evaluate knee function before and after interventions. At the end of 2months, severity of knee pain during the previous 2days, numbers of non-steroid anti inflammatory drugs (NSAIDs) used for pain relief within the last 2weeks and EKFS were assessed.
ResultsSeverity of knee pain decreased in both groups after intervention. The mean difference in groups A (laterally wedged insole) and B (neutrally wedged insole) were 29.3 (95% confidence interval [95% CI]: 25.12, 33.55) and 6.25 (95% CI: 3.09, 9.4), respectively (P<0.001 for both). In addition, at the end of the study, EKFS improved significantly in group A (mean: 7.54, 95% CI: 6.3, 8.8; P<0.001), while in group B we could not find significant improvement (mean: 0.54, 95% CI: -0.41, 1.5; P=0.166). Numbers of NSAIDs used during the two final weeks of the study significantly decreased compared with baseline in group A (P=0.001; mean: 2.6, 95% CI: 1.3, 3.9); while in group B this was not shown (P=0.9; mean: 0.05, 95% CI:-0.87, 0.97).
ConclusionThis study suggests that laterally elevated wedged insoles are more effective than neutrally wedged insoles, in pain relief of knee OA.

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Record 14 of 17

Title: Sera of patients with thromboangiitis obliterans activated cultured human umbilical vein endothelial cells (HUVECs) and changed their adhesive properties

Author(s): Fazeli, B (Fazeli, Bahare); Rafatpanah, H (Rafatpanah, Houshang); Ravari, H (Ravari, Hassan); Farid Hosseini, R (Farid Hosseini, Reza); Tavakol Afshari, J (Tavakol Afshari, Jalil); Hamidi alamdari, D (Hamidi alamdari, Dariush); Valizadeh, N (Valizadeh, Narges); Moheghi, N (Moheghi, Nasrin); Rezaee, SAR (Rezaee, S. A. Rahim)

Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 17 **Issue:** 1 **Pages:** 106-112 **DOI:** 10.1111/1756-185X.12214 **Published:** JAN 2014

Abstract: IntroductionThe aim of this study was to investigate the impact of thromboangiitis obliterans (TAO) sera on activation of primary cultures of human umbilical vein endothelial cells (HUVECs) as a model for vascular endothelial cells.
MethodsStudy subjects included 21 TAO patients as the case group and 20 healthy smokers and 17 healthy non-smokers as control groups. Case and control groups were matched based on their age, socioeconomic status and smoking habit. HUVECs were incubated with the sera of case and control groups and gene expression of intercellular adhesion molecule (ICAM-1) and vascular adhesion molecule (VCAM-1) were evaluated by real-time polymerase chain reaction, TaqMan method.
ResultsThe expression of ICAM-1 and VCAM-1 were significantly higher in HUVECs after incubation with TAO sera compared to control groups (P<0.05). VCAM-1 had a significant correlation with duration of smoking (P<0.001, R=0.672), while the expression of ICAM-1 had a significant correlation with the number of cigarettes smoked daily (P=0.04, R=0.421).
ConclusionSera from TAO patients could activate HUVECs. This same activation might occur in vivo by the responsible cytokines, in particular those released from activated platelets, free oxygen radicals, and possibly low levels of nitric oxide (NO) of the sera of TAO patients, as a consequences of chronic cigarette smoking and of endothelial NO synthase polymorphism. Therefore, plasma exchange might be helpful in acute phase of the disease for saving the limbs and administration the combinations of exogenous NO with anti-oxidants might be helpful in long-term management of TAO patients to reduce the risk and rate of amputation.

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Record 15 of 17

Title: Association of Urinary Lipocalin-2 with Lupus Nephritis

Author(s): Sharifipour, F (Sharifipour, Farzaneh); Zeraati, A (Zeraati, Abbasali); Sahebari, M (Sahebari, Maryam); Hatef, M (Hatef, Mohammadreza); Naghibi, M (Naghibi, Masih); Rezaieyazdi, Z (Rezaieyazdi, Zahra); Mahmoudi, M (Mahmoudi, Mahmoud); Azarian, AA (Azarian, Amir Abbas); Mirfeizi, Z (Mirfeizi, Zahra); Samadi, K (Samadi, Katayoun)

Source: IRANIAN JOURNAL OF BASIC MEDICAL SCIENCES **Volume:** 16 **Issue:** 9 **Pages:** 1011-1015 **Published:** SEP 2013

Abstract: Objective(s): Lupus nephritis (LN) is the main cause of mortality and disability in systemic lupus erythematosus (SLE) patients. Therefore, utilizing a reliable and non-invasive method for serial measurements of renal function seems to be necessary. The aim of this study was to evaluate the role of urinary lipocalin-2 as a biomarker of renal involvement in SLE patients.
Materials and Methods: Fifty two lupus patients in this cross sectional study were divided into two groups: patients with and without nephritis. For each group, urinary lipocalin-2, values were measured and reported according to urinary lipocalin-2/creatinine. Urinary lipocalin-2/creatinine sensitivity and specificity for identifying biopsy-proven nephritis were calculated, and a receiver operating characteristic (ROC) curve was constructed.
Results: The mean urinary lipocalin-2/creatinine value of patients with biopsy-proven LN was 2.99 +/- 4.1 ng/mg, and in non-LN patients was 1.16 +/- 1.27 ng/mg. Urinary lipocalin-2/creatinine levels in LN patients were significantly higher than those in non-LN patients (P-Value =0.03). In LN patients, urinary lipocalin-2/creatinine significantly correlated with proteinuria (r =0.68; P = 0.0001). Using a cutoff value of 0.896 ng/mg, urinary lipocalin-2/creatinine had a sensitivity of 89.7% and a specificity of 39.1% for identifying SLE patients with biopsy-proven LN. The area under the ROC curve was 0.664 +/- 0.076 with a 95% confidence interval of 0.52-0.81 (P=0.04). Analysis of variance showed that urinary lipocalin-2/creatinine is the same in different classes of LN (P-value=0.28).
Conclusion: An important clinical conclusion is that measurement of urinary Lipocalin-2 may result in earlier diagnosis of LN.

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Record 16 of 17

Title: Reduced bone density in individuals with severe hemophilia B

Author(s): Mansouritorghabeh, H (Mansouritorghabeh, Hassan); Rezaieyazdi, Z (Rezaieyazdi, Zahra); Saadati, N (Saadati, Nayyereh); Saghafi, M (Saghafi, Masoud); Mirfeizi, Z (Mirfeizi, Zahra); Rezai, J (Rezai, Javad)

Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 12 **Issue:** 2 **Pages:** 125-129 **DOI:** 10.1111/j.1756-185X.2009.01394.x **Published:** 2009

Abstract: Aim: The reduced bone density in individuals with severe hemophilia A (decreased coagulation factor VIII level) and combined factor V and VIII deficiency have been reported. In the current case-control Study we tried to address bone mineral density in individuals with severe hemophilia B (decreased coagulation factor IX).

Methods: In Our case-control study, we recruited bone density and biochemical indexes in 14 individuals with severe hemophilia B and compared obtained results With 14 age- and sex-matched control group results.
Results: Our results showed individuals with severe hemophilia B had reduced bone density in lumbar (-0.34 +/- 0.97) and femur (-0.82 +/- 1.37) regions, compared to the control group (0.84 +/- 0.53 and 1.02 +/- 1.04 respectively; P-value = 0.000 and 0.000).
Conclusion: The foremost complication of coagulation disorders are various types of excessive bleedings. The Current study revealed severe hemophiliac B patients are prone to reduced bone density similar to severe hemophiliac A patients.

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PubMed ID: 20374329

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Record 17 of 17

Title: Rheumatology in Iran

Author(s): Davatchi, F (Davatchi, Fereydoun)

Source: INTERNATIONAL JOURNAL OF RHEUMATIC DISEASES **Volume:** 12 **Issue:** 4 **Pages:** 283-287 **DOI:** 10.1111/j.1756-185X.2009.01425.x **Published:** 2009

Abstract: Rheumatology in Iran started in the 1960s by a group of eight rheumatologists trained in France and Switzerland. The Iranian Rheumatology Society was founded in 1973. Academic rheumatology started in the city of Teheran (capital of Iran), by the Tehran University and by the National University in the '60s. Later, Shiraz University and Mashhad University followed. After the creation of the subspecialty Board of Rheumatology in 1985, other universities graduallycreated their rheumatology sections with the help of newly trained rheumatologists. The first subspecialty rheumatology outpatient clinic was created in 1970, in Tehran. In 1973, rheumatology was recognized as an internal medicine subspecialty for the training of medical students. Thus, one-eighth of internal medicine training was allocated to rheumatology. The subspecialty Rheumatology National Board was created in 1985. Four medical universities were approved for the training of rheumatology fellows. They were Tehran University, Beheshti University, Iran University, and Shiraz University of Medical Sciences. From 1985 to 2008, more than 150 rheumatologists got their Board of Rheumatology subspecialty. Thirty-seven medical universities in Iran have a rheumatology section. The prevalence of musculoskeletal complaints in people aged 15 years and over, is 41.9% in urban areas and 66.6% in rural areas ($P < 0.001$). Two major ethnicities live in Iran; Caucasians (71.4%) and Turks (23.1%). Musculoskeletal complaints are more frequent in Turks than in Caucasians (46%vs.40.8%, $P < 0.001$). Men complained less than women in urban areas: 34.1% versus 50.2% ($P < 0.001$). The same was seen in rural areas: 51.6% versus 72.4% ($P < 0.001$). The most frequent complaints were (urban vs. rural): knee (25.5%vs. 39.2%), dorsolumbar spine (21.7%vs. 41.9%), shoulder (14.5%vs. 22.7%), and cervical spine (13.4%vs. 17.9%). The distribution of mechanical diseases was: low back pain (15.4%vs. 23.4%), osteoarthritis (16.6%vs. 20.5%), and soft tissue rheumatism (4.6%vs. 2.2%). The distribution of inflammatory diseases was: rheumatoid arthritis (0.33%vs. 0.19%), seronegative spondylarthropathies (0.23%vs. 1.1%), and systemic lupus erythematosus (0.04%vs. 0.06).

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