

## CLINICAL AND IMMUNOLOGICAL PHENOMENA IN FIRST DEGREE RELATIVES OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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**Background:** The presence of elevated antinuclear antibodies (ANA) in first degree relatives (FDRs) of patients with systemic lupus erythematosus (SLE) has been well-recognized recently. Besides, other immunological changes have been found in that group as well, some of which seem to have a significant correlation with a future SLE development. This prompted us to investigate the local population.

**Aim:** To investigate the presence of ANA (both IIF and specific antibodies), and other immunological changes in FDRs of patients with SLE, to look for immunological and clinical correlations between patients and relatives and compare them with healthy controls.

**Materials and methods:** We investigated 50 FDRs of patients with a clear diagnosis of SLE. Relatives filled a questionnaire and were examined for early signs of the disease and blood samples were tested for ANA by IIF on HEp cells, immunoblot and ELISA.

**Results:** About half of the FDRs were ANA-positive, given the cut-off value of ANA 1:160. About 10% of the ANA-positive showed very high titer with specific type (mostly AC-4) of fluorescence according to International Consensus on ANA Patterns (ICAP).

**Conclusion:** Our results correspond with the worldwide evidence with a tendency of more ANA-positive FDRs, higher titers correlating with specific ICAP image. This indicates ANA positivity in the clinical context of SLE should be interpreted by rheumatologist, possibly in collaboration with clinical immunologist in unclear cases.