Anticentromere Antibody and Raynaud's Phenomenon

L.		Czirják ^a
J.		Schlamadinger ^b
G.		Szegedi ^a

^a3rd Department of Medicine and ^bInstitute of Biology University Medical School of Debrecen, H-4004 Debrecen (Hungary)

L. Czirják, J. Schlamadinger, G. Szegedi, 3rd Department of Medicine and Institute of Biology, University Medical School of Debrecen, H-4004 Debrecen (Hungary)

In a recent issue of *Dermatologica*, Takehara et al. [1] have published a longitudinal study about patients with anticentromere antibody (ACA). They showed that cases with the simultaneous presence of ACA and Raynaud's phenomenon tend to exhibit the clinical signs of systemic sclerosis during the disease course [1]. We have recently shown that the frequency of ACA positivity is relatively low among our Hungarian patients with progressive systemic sclerosis, indicating that geographical, ethnic, environmental (and other) differences may influence the frequency of this antibody [2]. Similarly to the results of Takehara et al., our ACA-positive cases with Raynaud's phenomenon exhibited the clinical signs of systemic sclerosis, while 4 other ACA-positive patients with systemic lupus erythematosus or rheumatoid arthritis showed no symptoms characteristic of Raynaud's syndrome (table 1). Our results also confirm that the simultaneous presence of ACA and Raynaud's phenomenon strongly suggests the CREST variant of systemic sclerosis, while in the absence of Raynaud's symptoms, the outcome is not necessarily systemic sclerosis. cases.

References

- Takehara K, Soma Y, Igarashi A, Kikuchi K, Tamaki T, Ishibashi Y: Longitudinal study of patients with anticentromere antibody. *Dermatologica* 1990;181:202-206.
- Czirják L, Bokk Á, Lőrincz G, Csontos G, Szegedi G: A clinical study of 61 patients with systemic sclerosis. *Acta Derm Venereol* (Stockh) 1989;69:533-536.