The Reaction of the Lacrimal Gland to Parasympathicomimetics in Patients with Sjögren's Syndrome

E.B.H.

de Haas

This investigation constitutes the application of results obtained in the preceding experiments to a clinical problem. Notwithstanding considerable research, the pathogenesis of Sjögren's syndrome is still by no means cleared up. Most authors maintain that, owing to a primary affection of the lacrimal gland, lacrimal secretion diminishes and that keratoconjunctivitis sicca is a direct result of this decrease of secretion. A minority is of the opinion that decrease of secretion is of neurogenic origin.

In four women who showed the characteristic picture of kera-toconjunctivitis sicca, the reaction of the lacrimal glands to par-

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enterally administered parasympathicomimetics was studied. Values obtained by means of Schirmer's test were not always low, contrary to the opinion of Sjögren, according to whom decrease of lacrimal secretion is an intrinsic characteristic of keratoconjunctivitis sicca. In contrast with the group of three patients discussed earlier, the lacrimal glands of these patients failed to react to a single one of the parasympathicomimetics by increased secretion. The result of this investigation, therefore, suggests that in kera-toconjunctivitis sicca there is no interruption of the parasympathetic innervation of the lacrimal gland.

Discussion

./. de Ruijter: In Sjögren's disease there would be a disturbance in the function of the carboxylase and thus also in Krebs's cycle, the most important connecting point of the metabolism and of the conversion of energy. A disturbance in this cycle is fairly easily demonstrated, partly by raising the level of pyruvic acid in the blood and urine. In Leiden the chemistry-pathologist Dekker does this and it probably happens also in Rotterdam and elsewhere. Once the functional disturbance has been found perhaps it will be possible to deal with the disease logically and causally, especially if the disturbance is seated in the coferment and not in the apoferment (e.g., dysproteinemia). Can you give any further particulars about this?

de Haas: Vanotti includes this disease under the "dysenzymopathies" and recommends the administration of cocarboxylase. Cuendet has also achieved encouraging results with this treatment.

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Demonstrations

By H. J. FLIERINGA et al.

(a) Operative treatment for scleromalacia.

Discussion

Branbergen saw firegeat close the holes from scleromalacia with cartilage

which he doubtless selected because of its strength. He asks Flieringa why he prefers corneal to scleral transplants

which as homogeneous material would theoretically have the best chance of complete assimilation.

Flieringa answers that it would certainly be of no advantage to use scleral tissue through which there are always blood vessels running while experience