

# Overt renal tubular acidosis in primary Sjögren's syndrome

Stefanovic D, Vasic D, Popovic M

Clinic for Rheumatology and Clinical Immunology, Military Medical Academy, Belgrade, Yugoslavia

Primary Sjögren's Syndrome (1° SS) is a slowly progressive autoimmune disease affecting primarily the exocrine glands, characterised by xerostomia and keratoconjunctivitis sicca. Extraglandular manifestations (EM) are seen in about half of 1° SS patients and may include myalgias, arthralgias, Raynaud phenomenon, lymphadenopathy, vasculitis, peripheral neuropathy, lung, liver and renal involvement (1).

Among the EM of 1° SS, renal involvement (RI) is often latent or asymptomatic and could be detected in up to 40% of 1° SS patients. The most prevalent form of RI is tubulointerstitial nephritis (TIN) with hypostenuria and renal tubular acidosis (RTA) type I (2,3).

Seventy-three patients with 1° SS (according to European group criteria) were studied in our center between 1990-1996. Our investigating protocol included detailed clinical examinations, urine and blood analyses, immunoserology and radiological morphology. Renal biopsy was done in two patients.

Overt RTA type I was found in 10/73 (14%) of our patients. They all were female aged from 27 to 62 years, with mean disease duration of 6 years (3-14 years). Extraglandular manifestations were found in all patients. The main clinical consequences of TIN and acidosis were nephrocalcinosis in 40%, muscle weakness in 30%, osteomalacia in 20% and nephrogenic diabetes insipidus in 20% of patients. All patients had impaired renal function (creatinine clearance below 75 ml/min).

Our patients were treated with low dose corticosteroids (up to 0.2 mg/kg BM per day of prednisone) with gradually reduced doses, Shohl's solution (2 ml/kg BM per day) for correction of acidosis and 1-OH vit. D form.

## References

1. Talal N. Sjögren's syndrome: historical overview and clinical spectrum of disease. *Rheum Dis Clin North Am* 1992; 18: 507-15.
2. Stefanovi D et al. Prevalence of renal manifestations in Primary Sjögren's Syndrome; *Clin Rheumatol* 1995; Suppl. 1,14: 61.
3. Eriksson P et al. Urolithiasis and distal renal tubular acidosis preceding Primary Sjögren's Syndrome: A retrospective study 5 - 53 years after presentation of urolithiasis. *J Intern Med* 1996; 239: 483-8.