

Is Fibromyalgia a Variant of Sj

DUi`@Y ; czzFz'DJYffY'Mc i]bc i Gz>YUb'DU i`@YfcmH

F0 { ^/sc ~•kU;[-^••[H[-AÜ@^~ {æc[[[*ÉÁÖ~:[]æ)Á~}áç^!•sc~Á[-ÁÓíaccæ}ÉÁÓ!^•cÉÁÓ!æ}&^

G0 { ^/sc ~•kU;[-^••[H[-AÜ { { }[[[*ÉÁŠæà[!æc[!~Á[-^φ&^|/|^}&^ÁçŠæà^φDÁÜÖUÉÁÜ}•^! {ÁÜÜFGÉÁÜ!æ}&^

HÜ;[-^••[H[-AÜ@^~ {æc[[[*ÉÁÖ~:[]æ)ÁW}áç^!•sc~Á[-ÁÓíaccæ}ÉÁÓ!^•cÉÁÓ!æ}&^

E7cffYgdcBx]b[Uih\cf.Á Úæ~|Á Š^Á Ö[-ÉÁ Úæ•cÁ]:[-^••[!Á [-Á Ü@^~ {æc[[[*ÉÁ Ö~:[]æ)Á~}áç^!•sc~Á [-Á Óíaccæ}ÉÁ Ó!^•cÉÁ ÍÁ ÓáÁ Šæ=}^&LÁ Hí€€Á Ü^}^•Á Ø!æ}&^LÁ ÖÉ {æá|K|^*[-É]æ~|O[!æ}*^É-!

FYW'XUHy.ÁT æ^kEJÉGEFÌÉÁ5WW'XUHy.ÁR~}ÁGHÉIÉGEFÌÉÁD i'V'XUHy.ÁR~}ÁHÉIÉGEFÌ

7cdfm[\h.Á í ÁGEF]Á Š^Á Ö[-ÉÁ^cÁæ|ÉÁV@i•Ái•Áæ)Á[]^}Éæ&&^•Áæ:ci&|^Áái•ciá~c^áá~}á^!Ác@^Ác^! { •Á [-Ác@^ÁÁÖ!^æcç^ÁÁÖ[{ { }•ÁÉccí:á~cá[]Á Ši&^}•^ÉÁ , @i&@Á]^! { ác•Á~}!^•ciá&c^á~•^ÉÁi•ciá~cá[]Éæ)áÁ!^! [á~&cá[]Á)æ)~Á { ^ái~ { ÉÁ]:[çá^ÁÁc@^Á [íá~i)æ|æ~c@ [íæ)áÁ• [!&^kæ!^&!^ááç^áÉ

5VghfUWh

CE|c@ [~*@Á-áà:[{ ~æ|~áæÁ•^}á: [{ ^Á@æ•Á]!^çá[~|~Á à^Á)Á•@ [, }Á } [ç]c[Ác~:]Áá}c[Áæ}Áæ~c[á { { }^Á áá•^æ•^Ác@^Áá••~^ í^ { æá }•Ác@æcÁ•~&@Á]æcá^}c•Á { æ~Á à^Ááá-á&~|ç[Ááá-^!^}cáæc^Á-! [{ Ác@ [•^Á , áç@Á { á]áÁæ)áÁ^æ!|~Á&[]}^&cç^Ácá•~^Ááá•^æ•^ÁÉ

Interestingly, features of CTD are noticeable in patients FMS, possibly developing later on. For example, monitoring of 192 FMS patients and 80 pain-free healthy controls [7], supervised attributes of FMS, e.g. endless pain, and CTD, e.g. Raynaud's phenomenon (RP). ANA-positive patients were followed-up, on average, for 33 years. RP appeared in 9% of the female patients, compared with 3% of the controls, whereas idiopathic subjective dryness of the mouth occurred in 12% of the FMS patients and never in the controls. The frequency of features of other CTD than SS was similar in ANA-positive and ANA-negative patients. No CTD could be diagnosed in the patients seen once referred, or followed-up. ANA and evidence of CTD were equally frequent in FMS patients and healthy controls, with the exception of subjective dry mouth more frequent in the patients. Unfortunately, the SG biopsy was not done in these patients, so that the cause of dryness in a proportion of patients is unknown. That's the reason why we don't take the conclusion of Yunus that none of them suffered from SS. The rationale of another study, on a three-year period of time, was to ask the question as to whether low-titer ANA-positive FMS patients (12/137) develop CTD, more often than 12 age- and sex-matched ANA-negative FMS patients and 225 patients with osteoarthritis (OA), of whom 20 displayed ANA [8]. Patients who developed at least three criteria of CTD were further investigated. Fourteen of 20 FMS and 17 of 30 OA patients presented with at least three symptoms of CTD afterwards. On full assessment, one of the ANA-positive FMS patients met the criteria for SLE, one of the ANA-negative FMS patients met those for pSS, and one of the ANA-positive OA patients was next diagnosed as suffering from RA. This study suggests that, even at low titer, ANA may be a good predictor for the development of various CTD, including pSS.

Psychiatric disorders are frequently recorded in patients giving a history of juvenile FMS, and, conversely, physical complications are more severe in FMS patients who complain of mood problems than in those who do not. In other words, these disorders warrant to be identified and treated as soon as possible in patients with juvenile FMS [9]. A blind control study has also established that neurologic signs and symptoms are more frequent than normally in FMS, although the correlation between symptoms and signs was marginal [10]. Notable differences concerned photophobia (70 versus 6%), poor balance (63 versus 4%), weakness (58 versus 2%) and tingling in the arms and legs (54 versus 4%). Poor balance or coordination, tingling or weakness in the arms or legs and numbness in any part of the body correlated with appropriate neurologic examination findings in the FM group. Noteworthy is the work about evidence of Small-Fiber Polyneuropathy (SFPN) in unexplained juvenile-onset, widespread pain syndromes (5): 73% of these polyethnic patients were female and 68% of them chronically disabled. Some cases seemed to be immune-mediated to such an extent that immunotherapy proved to be efficient [3].

A nationwide retrospective cohort of pSS patients enabled [11] to watch for psychiatric disorders developing. There appeared that depression, anxiety and insomnia, all disorders affecting the quality of life, were more common in the patients than in the controls. In fact, such a variety of sleep disturbances have been described in pSS patients that there is a crucial need for polysomnography studies to confirm their night awakening and obstructive sleep apnea. These pSS

10. Watson NF, Buchwald D, Goldberg J, Noonan C, Ellenbogen RG (2009) Neurologic signs and symptoms in fibromyalgia. *Arthritis Rheum* 60: 2839-2844.
11. Shen CC, Yang AC, Ing-Tiau K, Shih-Jent (2015) Risk of psychiatric disorders following primary Sjögren syndrome: a nationwide population-based retrospective cohort study. *J Rheumatol* 42: 1203-1208.
12. Katie LH, Zoe MG, Jason E, Vincent D, Tim R, et al. (2017) An investigation into the prevalence of sleep disturbances in primary Sjögren's syndrome: a systematic review of the literature. *Rheumatology (Oxford)* 56: 570-580.
13. Šarac H, Markeljević J, Erdelji V, Josipović J, Jelić Z, Hajnšek S, et al. (2013) Signal hyperintensities on brain magnetic resonance imaging in