148. IMMUNOLOGIC PROFILE OF SECONDARY SJÖGREN'S SYNDROME IN RHEUMATOID ARTHRITIS

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Introduction. Secondary Sjögren's syndrome (sSS) in RA is an overlap syndrome marked by focal lymphocytic infiltration of exocrine glands and systemic autoimmunity. sSS occurs in an estimated 3.6–31% of RA patients. It is diagnosed by objective glandular dysfunction and anti-SSA/SSB antibodies or biopsy.SS pathogenesis involves B-cell hyperactivity and type I interferon pathways. RA patients with sSS may thus exhibit a distinct immunologic phenotype, affecting serologic markers and clinical risk.

Aim of the study. The aim of this study is to review recent (2021–2026) evidence on immunologic markers of sSS in RA, with a focus on serologic prevalence and diagnostic performance of RF, ANA, anti-SSA/Ro, anti-SSB/La, and related biomarkers.

Methods and materials. Medical platforms such as PubMed/Medline and Embase (2021-2026) were used to research cohort studies, systematic reviews, and classification criteria for RA with sSS. Studies reporting serologic marker frequencies, sensitivities/specificities, or predictive values were included. Data on antibody prevalence, odds ratios, and diagnostic metrics were extracted and summarized.

Results. SS is more common in seropositive RA: RF-positive RA had 10.5% SS, and ANA-positive RA 17.0%. Notably, 67.6% of anti-SSA/Ro+ RA patients had sSS. RA+sSS patients show far higher autoantibody rates. In one study, RF was positive in 84.7% of RA+sSS vs 69.5% of RA, ANA in 83.3% vs 47.7% in RA, anti-SSA/Ro in 63.9% vs 5.2%, and anti-SSB/La in 33.3% vs 1.6%, and anti-CCP 47–92% positivity in RA+sS.In Sjögren's disease cohorts, RF showed sensitivity of 72–83.1% and specificity of 78.4–100%, depending on cohort/design. ANA sensitivity is 58–85%, and specificity is 50–97%. In a primary Sjögren's cohort,anti-SSA/Ro showed 100% sensitivity and 81% specificity, yet there is no robust data for sSS. Specificity and sensitivity criteria for anti-SSB/La and anti-CCP have not been sufficiently elucidated in recent studies of SS.

Conclusions. RA with secondary SS exhibits a distinct immunologic profile: markedly elevated frequencies of RF, ANA, anti-SSA/Ro, anti-SSB/La and anti-CCP antibodies. Anti-SSA/Ro positivity is especially indicative of overlap. Quantitatively, seropositivity in RA+sSS is roughly RF 85%, ANA 83%, anti-SSA/Ro 64%, and anti-SSB/La 33%. Reported sensitivities/specificities for serologic markers: RF showed sensitivity of 72–83.1% and specificity of 78.4–100%, depending on cohort/design; ANA sensitivity is 58–85% and specificity is 50–97%; and anti-SSA/Ro showed 100% sensitivity and 81% in a primary Sjögren's cohort. Sensitivities/specificities for anti-SSB/La and anti-CCP were not found in recent studies. Overall, the presence of RF and especially anti-SSA/Ro in an RA patient with sicca symptoms should prompt evaluation for SS.

Keywords. Rheumatoid arthritis; Secondary Sjögren's syndrome; Autoantibodies; Rheumatoid factor; Anti-SSA/Ro; Anti-SSB/La; ANA, anti-CCP.

https://doi.org/10.66603/medespera2026.679