risk factors (especially diabetes and dyslipidemia) were superior. Other possible factors involved could be the adequate control of the disease, since only 3.3% of patients had no specific treatment and the value of the acute phase reactants was normal.

A major limitation to the study was accessibility, as the ABI was performed after the patient visit, so many of the patients excluded were those who refused to participate, claiming physical difficulty to go and get tested, which may have been a selection bias, having lost the sickest patients.

In conclusion, based on our results we do not consider routine ABI testing justified in asymptomatic patients with RA from a cardiovascular point of view.

References


Cristina Marcos de Frutos, Daniel Abad Pérez,* Carmen Suárez Fernández

Servicio de Medicina Interna, Hospital Universitario de La Princesa, Madrid, Spain

Corresponding author.
E-mail address: danielabadperez@hotmail.com (D. Abad Pérez).

Etiology of sicca syndrome in a consecutive series of 199 patients with chronic fatigue syndrome

Etiología del síndrome seco en una serie consecutiva de 199 pacientes con síndrome de fatiga crónica

Dear Sir,

Chronic fatigue syndrome (CFS) is a heterogeneous and multisystemic disorder of unknown pathogenesis and etiology. It is characterized by prolonged generalized and abnormal fatigue post-exercise (98%), recurrent headache (90%) and problems of concentration and memory (85%) that have lasted for at least 6 months. It is accompanied by such other symptoms as tender lymph nodes (80%), musculoskeletal pain (75%) and psychiatric problems (65%).1,2 The prevalence of CFS is estimated to be between 0.5 and 2.5%, predominantly in women (4:1).1,2 Many patients with CFS also complain of sicca symptoms in up to 30–87%, and are more likely to have thyroid disorder and sleep disruption;2,3 that may suggest an underlying role of the immune system in these patients. Primary Sjögren’s syndrome (PSS) is a systemic autoimmune disease, that presents chronic exocrine glands hypofunction leading to xerostomia and/or xerophthalmia, and extraglandular involvement, of which autoimmune hypothyroidism (AIHT) is the most common autoimmune disease developed.4 Patients with PSS, also experience CFS-like musculoskeletal and neurocognitive symptoms more than 50%, and the two disorders share some similar immunologic defects.3 The purpose of this study was to determine the causality of sicca symptoms in 199 consecutive patients diagnosed as having CFS, and the possible association with PSS, although few studies that have examined this association (between 2010 and 2012 in our chronic fatigue unit of Joan XXIII University Hospital) according to the Fukuda’s criteria of 1994. One hundred sixty-seven patients (84%) were women. The age of onset of symptoms was 41 ± 10 years. Mucosal sicca symptoms were complained by 160 patients (80.4%): 11/160 (6.8%) patients were diagnosed with PSS (9 patients were incomplete PSS and 2 patients were...
pigmented villonodular synovitis diagnostic delay due to coexistence with ankylosing spondylitis

Retraso en el diagnóstico de sinovitis villonodular pigmentada por coexistencia con espondilitis anquilosante

Dear Editor,

A 57-year-old man with longstanding ankylosing spondylitis (AS) was treated successfully with etanercept since January 2006, except for persistent left elbow swelling. Three local corticosteroid injections and radioisynovectomy with 3 mCi 186-Rhenium proved to be useless. Elbow involvement is sporadically seen in AS, 1 and the persistence despite the intra-articular treatment made us consider the possibility of a coexistent arthropathy, such as an opportunistic infections (mycobacteria, fungi), synovial sarcoma, joint metastasis or lipoma arborescens. A first magnetic resonance imaging (MRI) was ordered, showing an unspecific synovial hypertrophy. Joint aspiration revealed an inflammatory non-hemorrhagic fluid with repeatedly negative cultures, and an open biopsy resulted in non-specific synovitis, ruling out infections and malignancies.

Table 1

<table>
<thead>
<tr>
<th>Causes of sicca symptoms in chronic fatigue syndrome’ patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes of sicca symptoms in chronic fatigue syndrome’ patients</td>
</tr>
<tr>
<td>Xerogenic medications</td>
</tr>
<tr>
<td>Autoimmune hypothyroidism</td>
</tr>
<tr>
<td>Primary Sjögren syndrome (incomplete/complete)</td>
</tr>
<tr>
<td>Obstructive sleep apnea syndrome</td>
</tr>
</tbody>
</table>

are related to be drug-induced. Therefore, xerogenic medications, as possible cause, must be excluded. However, we recommend that patients who have been diagnosed with CFS and manifest mucosal sicca symptoms should also be screened for SS, AIHT and/or OSAS; and should be regarded as a comorbidity of CFS, not a diagnostic exclusion criterion.

Conflict of interest

The authors declare no conflict of interest.

References


Rami Qanneta∗, Ramon Fontova†, Anna Pàmies‡

a Chronic Fatigue Unit, Department of Rheumatology, Hospital Universitari Joan XXIII, Tarragona, Spain
b Department of Rheumatology, Hospital Universitari Joan XXIII, Tarragona, Spain

Corresponding author.
E-mail address: rami_kanita229@hotmail.com (R. Qanneta).