Letters to the Editor

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Revised version accepted 21 July 2015
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Reference


Rheumatology 2015;54:2118
doi:10.1093/rheumatology/kev235
Advance Access publication 5 September 2015

Comment on: Dysregulated mature IL-1β production in familial Mediterranean fever

Sir, In a recent issue of Rheumatology, we read with great interest the article by Migita and colleagues [1] entitled Dysregulated mature IL-1β production in familial Mediterranean fever. The investigators reported that serum amyloid A (SAA) concentrations were elevated in the sera, and that there was no significant difference in these concentrations between FMF patients and RA patients. However, we wish to make some comment on SAA.

SAA is an acute phase protein and is synthesized primarily in the liver in response to stimulation by pro-inflammatory cytokines such as IL-6, IL-1 and TNF-α [2]. Previous studies have shown that a number of diseases (such as SLE, Hashimoto’s thyroiditis, rheumatic disorders (AS, JIA), cardiovascular diseases, chronic infections, several types of vasculitis, acute pancreatitis, diabetes mellitus, epilepsy, psoriasis, and major depressions) can influence SAA levels [2, 3].

Besides the diseases listed above, DMARDs, corticosteroids, statins and NSAIDs can affect SAA levels [4, 5]. Also, dietary supplements such as omega-3 fatty acids, ω-linoleic acid, vitamin E, vitamin A, antioxidants (ascorbic acid, phytic acid, taurine) and polyunsaturated fatty acids can alter SAA levels [6, 7]. In light of this, without defining these contributing factors, interpreting the results seems problematic.

It is also important to state alcohol usage, smoking status and BMI of participants in connection with SAA measurement, because these are additional contributing factors. These contributors should be assessed, and a multivariate regression analysis should be applied to indicate whether these variables have an effect on SAA level [8]. In conclusion, clarifying the above concerns will certainly provide a clearer picture for the readers.

Funding: No specific funding was received from any funding bodies in the public, commercial or not-for-profit sectors to carry out the work described in this manuscript.

Disclosure statement: The authors have declared no conflicts of interest.

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Accepted 21 May 2015
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