RE hearing to baseline (determined through a new audiometry) and normalization of acute phase reactants. The patient was discharged with prednisone 30 mg/day and tapered the dosage of MTX to 12.5 mg/week, remaining asymptomatic after 6 months. Since the first description of CS, more than 220 cases have been described, 92 of them appearing atypically. Unlike typical CS, the atypical variety is most commonly associated with systemic manifestations and other autoimmune diseases, such as sarcoidosis, rheumatoid arthritis, relapsing polychondritis, juvenile idiopathic arthritis, Sjögren’s syndrome and inflammatory bowel disease, among others. Our case may raise doubts about the diagnosis, given the coexistence of several autoimmune diseases. Psoriatic arthropathy could justify that the patient presented uveitis. Relapsing polychondritis can also present with hearing loss and vertigo, although generally it is a conductive hearing loss and vestibular dysfunction is not as similar to Meniere’s. In this patient, the vestibular episodes were intense, with prolonged and bilateral sensorineural hearing loss, preceded by ocular involvement in less than a two year interval, and in the absence of specific complementary data, made us opt for the diagnosis of atypical CS, fulfilling the criteria established by Haynes et al., with 2 associated autoimmune disorders (psoriatic arthritis and relapsing polychondritis) and showing a good response to corticosteroid and immunosuppressive therapy, something relevant given the poor prognosis of deafness.

References

The purpose of this study was to determine factors that may contribute to sicca symptoms in 199 consecutive patients diagnosed with PSS. Patients with PSS, also known as primary Sjögren’s syndrome (PSS), is characterized by prolonged generalized and abnormal fatigue (98%), post-exercise (98%), recurrent headache (90%) and problems of concentration and memory (85%) that have lasted for at least 10 years. Mucosal sicca symptoms were complained by 60.4%, and the two disorders share some similar 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%). The prevalence of CFS is estimated to be between 0.5 and 2.5%, predominantly in women (4:1). 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; 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. Patients with PSS, also experience CFS-like musculoskeletal and neurocognitive symptoms more than 50%, and the two disorders share some similar immunologic defects. 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 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 180 patients (80.4%): 11/160 (6.8%) patients were diagnosed with PSS (9 patients were incomplete PSS and 2 patients were complete PSS).