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Clinical spectrum time course of interstitial pneumonia with autoimmune features in patients positive for antisynthetase antibodies

Keywords:
Antisynthetase antibodies
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Abbreviations

IPAF	Interstitial pneumonia with autoimmune features
CTD	Connective tissue disease
anti-ARS	Antisynthetase antibody
ASSD	Antisynthetase syndrome
RA	Rheumatoid arthritis
IIM	Idiopathic inflammatory myopathy
UPA	undifferentiated polyarthritis

Dear Editor

We read with interest the paper by Chartrand et al. [1], describing a large series of patients affected by interstitial pneumonia with autoimmune features (IPAF). The proportion of IPAF patients developing an established connective tissue disease (CTD) was between the points of discussion suggested by authors. To this purpose, we want to report our clinical experience on antisynthetase antibodies (anti-ARS). These antibodies are markers of the so-called antisynthetase syndrome (ASSD), a CTD characterized by the occurrence of myositis, interstitial lung disease (ILD) and arthritis, but without established classification criteria. Recently, we collected and described the characteristics of a very large cohort of anti-ARS positive patients [2–5]. In our shared casuistry, 146 (21%) out of the 684 included patients would have been classified as IPAF [5]. Anti Jo-1 was the most commonly detected anti-ARS antibody (n = 81, 55%), followed by anti PL-12 (n = 33, 23%), PL-7 (n = 23, 16%), EJ (n = 7, 5%), and OJ (n = 2, 1%). ANA test was positive in 79 (54%) patients and anti Ro52 KD in 75 (51%). IPAF would have been the first possible diagnosis in 132 (90%) cases. At the end of the follow-up, 85 (58%) patients would have still been classified as IPAF, whereas the remaining 61 (42%) patients had other diagnosis (Table 1). The median progression time from IPAF to another CTD was 12 months (Interquartile range: 5–19). In these patients, the median follow-up was 58 months (IQR 21–87) whereas in IPAF without subsequent diagnosis, the median follow-up was 41 months (IQR 27.5–89) (p = 0.464, Whelch-test for unequal variances). In case of anti ARS positivity, IPAF is generally a transient condition that may progress into another well-defined rheumatic disease. Our result highlight the need of newly established and shared classification criteria for ASSD.

Table 1
Diagnosis' evolution in patients that could be classified as IPAF. In bold, the final diagnosis.

First diagnosis	Second diagnosis	Third diagnosis	Number (%)
IPAF			75 (51.5)
IPAF	**IIM**		37 (25.5)
IPAF	IIM	**IIM and RA (overlap)**	1 (1)
IPAF	**RA**		7 (4.5)
IPAF	**RA and IIM (overlap)**		8 (5.5)
IPAF	RA	**RA and IIM (overlap)**	4 (2.5)
UPA	**IPAF**		10 (7)
UPA	IPAF	**IIM**	4 (2.5)
			146 (100) Total patients

IPAF = interstitial pneumonia with autoimmune features, RA = Rheumatoid arthritis, IIM = idiopathic inflammatory myopathy, UPA = undifferentiated polyarthritis.

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