

■ ELISA/ACT Biotechnologies LLC ■

# LRA by ELISA/ACT® CLINICAL PEARLS UPDATE#27

---

## *Regional enteritis / Crohn's disease / IBS*

May 28, 2004

Dear Colleague,

**Regional enteritis / Crohn's disease / IBS** is the most common intestinal autoimmune illness in America according to the American Gastroenterology Association. It is a common concomitant of other chronic illnesses. RE / Crohn's / IBS starts with a repair deficit in the blood-intestinal barrier. When persistent, this can lead to anti-intestinal and repair deficit / inflammatory antibodies such as TNF produced locally in the repair deficit and exported systemically into the blood stream. The reports below show that when the cause of the RE / Crohn's / IBS is removed the antibodies slowly disappear. We favor a more conservative approach: Repair the blood-intestinal barrier, and the same disappearance marks the sustained remission that follows. This is what the **LRA by ELISA/ACT® tests and plans are designed to do for the full continuum of IBS syndromes now recognized to be autoimmune in origin.**

We encourage you to share this valuable clinical update newsletter with your colleagues and staff so they can learn more about how our comprehensive approach can be applied to their practice with beneficial results. Please also let us know if any of your colleagues or staff would like to be added to our email distribution list.

We are grateful for the opportunities to be of service to you and your patients.

Sincerely,

***Russ Jaffe, MD, Ph.D., CCN, NACB  
Lab Director***

**Rhew EY, Ramsey-Goldman R, Buchman AL. Sjogren's syndrome in association with Crohn's disease. *J Clin Gastroenterol* 2003;37(4):312-314.**

**Division of Rheumatology, Northwestern University, Chicago, Illinois 60611, USA.**

**SUMMARY:** Crohn's disease has many autoimmune extraintestinal manifestations, such as arthritis, polymyositis, and erythema nodosum. However, an association between Crohn's disease and Sjogren's syndrome, an autoimmune disease, has rarely been reported. We describe the fourth case of Sjogren's syndrome in association with Crohn's disease. The patient is a 43-year-old African American female diagnosed with Crohn's disease in 1981. Twenty years later, she developed abdominal pain, arthralgias, and sicca symptoms. Further evaluation led to a diagnosis of Sjogren's syndrome. Sjogren's syndrome should be considered in patients with underlying Crohn's disease who develop a constellation of constitutional, joint, and sicca symptoms.

**Vermeire S, Noman M, Van Assche G, Baert F, Van Steen K, Esters N, Joossens S, Bossuyt X, Rutgeerts P. Autoimmunity associated with anti-tumor necrosis factor alpha treatment in Crohn's disease: a prospective cohort study. *Gastroenterology* 2003;125(1):32-39.**

**Gastroenterology Department, University Hospital Gasthuisberg, Leuven, Belgium.**

**BACKGROUND & AIMS:** Infliximab therapy is an effective approach to treating Crohn's disease. Development of antinuclear antibodies has been described in patients treated, but the size of the problem and the relationship with autoimmunity have not been investigated. We investigated the occurrence of antinuclear antibodies in 125 consecutive Crohn's disease patients and studied the relationship with symptoms of autoimmunity.

**METHODS:** Autoantibodies and clinical data were investigated before and 1, 2, and 3 months after infliximab infusion. If antinuclear antibodies were  $>$  or  $=1:80$ , further study of double-stranded DNA, single-stranded DNA, histones, and ENA was performed.

**RESULTS:** Cumulative antinuclear antibody incidence at 24 months was 71 of 125 (56.8%). Almost half of these patients developed antinuclear antibodies after the first infusion, and  $>75\%$  became antinuclear antibody positive after fewer than 3 infusions. So far, only 15 of 71 patients have become seronegative, after a median of 12 months. Of 43 antinuclear antibody-positive patients who were further subtyped, 14 of 43 (32.6%) had double-stranded DNA, 17 (39.5%) had single-stranded DNA, 9 (20.9%) had antihistone, and 0% were ENA positive. Two patients (both antihistone and double-stranded DNA positive) developed drug-induced lupus without major organ damage, and 1 developed autoimmune hemolytic anemia. Antinuclear antibodies were associated with the female sex (odds ratio, 3.166; 95% confidence interval, 1.167-8.585;  $P = 0.024$ ) and with papulosquamous or butterfly rash (odds ratio, 10.016; 95% confidence interval, 1.708-58.725;  $P = 0.011$ ). **CONCLUSIONS:** The cumulative incidence of antinuclear antibodies was 56.8% after 24 months in this cohort of infliximab-treated Crohn's disease patients. Antinuclear antibodies persisted up to 1 year after the last infusion, and only a few patients became seronegative. Two patients developed drug-induced lupus erythematosus. Antinuclear antibodies were associated with the female sex and skin manifestations.