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Association of ESSDAI With Orofacial Sicca-Symptoms and Histopathology in Sjögren's-Syndrome

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Objectives Aim was to find association of the EULAR Sjögren's Syndrome Disease Activity Index (ESSDAI) with orofacial sicca symptoms and minor salivary gland histopathology results in patients with primary Sjögren's syndrome.

Methods 25 patients (24 females, 1 male; mean age: 58±15 years) were included, and were divided into 3 groups (G1-3) according to their ESSDAI scores. G1: ESSDAI Score 0 (n=15), G2: ESSDAI Score 1-8 (n=8), G3: ESSDAI Score >8 (n=2). Grade of xerostomia (1-4 with no, mild, medium, severe), unstimulated whole saliva flow rate (UWS) and furthermore, alterations of the salivary ductal (normal/dilated) and acinar (normal/atrophic) tissue of minor the salivary glands were examined. Data were compared amongst the G1-3 patient groups and statistically analysed at a significance level of $p < 0.05$.

Results UWS flow rates ± the standard deviation was as follows: G1: 0,17 ± 0,22ml/min, G2: 0,19 ± 0,16ml/min, and, G3: 0,25 ± 0,13 ml/min. In G1 26,66%, G2 12,5%, and G3:0 % of the patients had no xerostomia, while in G1:73,33%, G2:87,5%, G3:100% of the examined ones had severe burning mouth symptoms. Ductal morphology showed in G1: normal duct in 46,66%, dilated duct in 53,33%; in G2: normal duct in 62,5%, dilated duct in 37,5%; while, in G3 dilated duct were found in 100% of the examined minor salivary gland samples. Acinar morphology revealed in G1: normal in 53,33 %, atrophy in 46,66%; in G2 and G3 both: 50%-50% had normal and atrophic tissue. There were neither significant difference between the groups in the severity of xerostomia, nor in the flow rate of UWS nor in the histopathology of the minor salivary gland tissue.

Conclusions Data revealed that ESSDAI level was neither in correlation with the subjective nor with the objective orofacial sicca symptoms, nor with the histopathological morphological alterations of the minor salivary glands.