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Sprincean M.

CLINICAL AND EVOLUTIVE PECULIARITIES OF SERONEGATIVE RHEUMATOID ARTHRITIS

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Rheumatoid arthritis (RA) is the most common inflammatory arthropathy globally, with its incidence steadily increasing over recent decades, carrying substantial medical and social implications. Within the spectrum of RA, the subset characterized by the absence of conventional serological markers - seronegative RA - stands as a distinctive challenge, deserving thorough investigation to enable early diagnosis.

The purpose of this review is to provide a comprehensive understanding of the clinical peculiarities and evolutionary aspects of seronegative RA, while establishing a scientific comparative analysis with its seropositive counterpart. To achieve this goal, a synthesis of the literature published over the last decade was conducted using 119 bibliographic sources, including clinical studies, trials, manuals and articles retrieved from electronic databases like JRheum, PubMed, Medline, MedScape.

Approximately 20-25% of RA cases are seronegative, indicating the absence of rheumatoid factor (RF) and anti-citrullinated protein autoantibodies (ACPA). The efficacity of the ACR/EULAR 2010 classification is controversial regarding autoantibody-negative patients that require more of the other components to fulfil the criteria. Failure to recognize the distinctive characteristics of seronegative RA may result in its underdiagnosing, consequently delaying the initiation of treatment and achieving remission. Seronegative RA typically presents with mono- or oligoarthritis affecting the larger and medium-sized joints of the lower limbs. It is characterized by a reduced level of inflammatory activity, the absence of active synovitis on joint ultrasound and destructive changes on X-ray images, lesser extra-articular and sicca manifestations, lower comorbidities including osteoporosis and fibromyalgia. Early seronegative RA is considered to be a generally more aggressive form of the disease than established SNRA. Factors predicting the onset of joint destruction in early seronegative RA include presentation with polyarthritis accompanied by high disease activity, tenosynovitis and hypervascularization of the synovial membrane.

Despite resemblance to its seropositive counterpart, seronegative RA has a more variable outcome, generally associated with a milder course of progression and a better prognosis. However, this complex entity requires refinement of classification criteria and further consolidation of its clinical peculiarities and heterogeneity.

Svitlyi M. O.

THE INFLUENCE OF SERUM NGAL ON THE EARLY AND LONG-TERM PROGNOSIS IN PATIENTS WITH CHRONIC HEART FAILURE WITH PRESERVED LEFT VENTRICLE EJECTION FRACTION

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The studies have shown that higher level of neutrophil gelatinase-associated lipocalin (NGAL) demonstrated the role as a biomarker of cardiovascular disease and leads to an unfavorable prognosis in CHF patients. However, the prognostic impact of tubulointerstitial injury on the early (1-year) and long-term (5-year) prognosis of CHF patients with preserved left ventricular ejection fraction (LVEF) remains undetermined. The purpose is to investigate the dependence of the early (1 year) and long-term (5 years) prognosis in patients with CHF with a preserved left ventricular ejection fraction depending on the renal tubulo-interstitial functional disorders.

The study involved 88 patients (men – 46.6% (n=41); women – 53.4% (n=47)) CHF of ischemic origin, NYHA FC II-IV, 67% (n=59) with sinus rhythm, and 33% (n=29) with atrial fibrillation. Patients with sinus rhythm and atrial fibrillation were matched in age (p = 0.483), height (p = 0.345), weight (p = 0.317), and body surface area (p = 0.153). The level of serum NGAL was analyzed using an ELISA kit (E-EL-H0096, Elabscience, USA). Kaplan-Meier curves and Cox proportional hazards regression analysis were performed.

The median follow-up of CHF patients with preserved LVEF at the first stage was 180 days, at the second stage - 1200 days. Kaplan-Meier analysis revealed a probable (Log-Rank Test; p = 0.00141) increase in the frequency of the cumulative endpoints during the first year of follow-up of CHF patients with preserved LVEF due to increased serum NGAL more than 168 ng/ml. According to the univariate model, an elevated serum NGAL level is associated with an increase in the relative risk by 4.2 times (95% CI 1.78 - 16.89; p=0.014). After 5 years of follow-up, serum NGAL, a marker of renal tubulointerstitial injury, doesn’t lose its properties as a marker of an unfavorable long-term prognosis in patients with CHF with preserved LVEF (HR=5.96; 95% CI 1.17-30.50; p =0.032).

A powerful factor in the early (1 year) prognosis of adverse cardiovascular events in patients with CHF with preserved LVEF is a marker of the renal tubulointerstitial injury, serum NGAL more than 168 ng/ml. It doesn’t lose its prognostic value (HR=5.96; 95% CI 1.17-30.50; p=0.032) as a powerful marker of an unfavorable long-term 5-year prognosis, but also has been independent from the parameters of age (p= 0.409) and gender (p= 0.397) in such patients.