

■ LETTER TO EDITOR ■

## Sjögren's Syndrome Presenting as Remitting Seronegative Symmetric Synovitis with Pitting Edema (RS<sub>3</sub>PE): comment of the article by Choi et al.

We read with interest the article by Choi et al. (1), in which the authors reported on a 35-yr-old woman presenting as remitting seronegative symmetrical synovitis with pitting edema (RS<sub>3</sub>PE) and, three months later, complaining of dry mouth. The autoantibody profile, Schirmer's test and minor salivary gland biopsy were compatible with Sjögren's syndrome (SS). Therefore, the authors diagnosed SS presenting as RS<sub>3</sub>PE, and affirmed that there has been no previously published report of RS<sub>3</sub>PE in a patient with SS (1). Actually, the case observed by Choi et al. is not the first reported in the literature. In fact, in 2000 we described a 74-yr-old man in whom RS<sub>3</sub>PE antedated the clinical and immunological features of primary SS by several months (2). Moreover, in 1995 Schaefferbeke et al. (3) reported on a case of RS<sub>3</sub>PE preceding SS, in 1997 Tanaka et al. (4) on a case of RS<sub>3</sub>PE complicated with SS, and in 1999 Cobeta Garcia et al. (5) diagnosed SS in one of eight patients with RS<sub>3</sub>PE. Choi et al. (1) suggest that SS should be taken into consideration for the differential diagnosis of patients with RS<sub>3</sub>PE. We agree the assertion that SS has to be included in the list of the different diseases whose RS<sub>3</sub>PE may be a presenting manifestation (3).

### REFERENCES

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