REVIEWS

S. Ivanova-Zheleva. STATINS – A NEW HOPE FOR THE PATIENTS WITH INFLAMMATORY JOINT DISEASES

Summary. The inhibitors of 3-hydroxy-3-methylglutaryl coenzyme A reductase (statins) are basic medicaments in the treatment of ischemic heart disease. In the last years, there are several proofs of favorable effects independent of their lipid decreasing action. These are the so called “pleiotropic effects”. Experimental data and recent clinical studies point at their potential use in various diseases – immune, metabolic, neurodegenerative as Alzheimer’s disease, multiple sclerosis, some malignant diseases, as well as in the prophylaxis of bone fractures.

Key words: statins, atherosclerosis, pleiotropic effects, rheumatoid arthritis

M. Panchovska, T. Isidorova-Mihailova, E. Opincheva and V. Argirova. PULMONARY ARTERIAL HYPERTENSION IN COLAGENOSIS

Summary. Pulmonary arterial hypertension is defined as a group of diseases presented with progressive increase of the pulmonary vascular resistance and subsequent development of right-heart failure with premature death. In pulmonary hypertension, mean pulmonary pressure of 25 mm Hg at rest and over 30 mmHg in physical loading is registered. Pulmonary arterial hypertension may be presented as idiopathic form or associated with other conditions – systemic diseases of the connective tissue, congenital left-right shunts, portal hypertension and HIV infection. Obstructive processes in the pulmonary microcirculation develop in patients with progressive systemic sclerosis, limited form of scleroderma, systemic lupus erythematosus, mixed connective tissue disease. In the article, main mechanisms in the pathogenesis of pulmonary arterial hypertension, clinical manifestations, diagnostic methods, tests for severity assessment and new therapeutic options are presented.

Key words: pulmonary arterial hypertension, systemic diseases of the connective tissue, treatment

Ts. Petranova, I. Sheytanov and Y. Sheytanov. PARATHORMONE – A NEW POSSIBILITY FOR TREATMENT OF OSTEOPOROSIS

Summary. The treatment of osteoporosis (OP) till now includes mainly antiresorptive medicaments. Of special importance is the influence on bone formation; for a long time, there has not been found sufficiently efficacious and harmless medicine to that end. In the last years, the anabolic effect of parathyroid hormone (PTH) was proved. Daily injecting of recombinant human PTH (PTH 1-34 or PTH 1-84) leads to a fast increase of bone mineral density (BMD) and reduces significantly the risk of vertebral and non-vertebral fractures at a good safety profile. PTH is recommended for treatment of women and men with OP, in patients with corticosteroid-induced osteoporosis, especially in those with very low BMD and enhanced risk of fractures.

Key words: parathormone, osteoporosis, anabolic therapy

ORIGINAL ARTICLES

K. Yablanski, Z. Kolarov and V. Yordanova. PROGNOSTIC FACTORS IN PATIENTS WITH SYSTEMIC SCLEROSIS

Summary. The investigations made by C. P. Simeon (1997), C. Bryan (1996) and M. Mayers (2003) indicated that the evolution of the progressive systemic sclerosis is determined by many various factors. The survival rate is directly connected to the visceral engagement whereas the affection of one system or another determines the course and the outcome of the disease. Based on the research work of the abovementioned authors, we tried to evaluate the influence of the separate organs’ affection on the survival rate of the patients. The investigated organ manifestations are: presence of left-sided or right-sided congestive cardiovascular failure, rhythm-conductive pathology, EKG and EchoKG changes, arterial hypertension, deviations in the functional indices of the breathing, presence of the ventilation insufficiency type, pulmonary fibrosis and its X-ray characteristics, primary and secondary pulmonary arterial hypertension, nephropathy, widespread skin lesions, vascular skin engagement. The investigation of the present data shows that certain factors correlate statistically significant to the life expectancy of the diseased patients. These are the presence of manifested right-sided failure, primary and secondary pulmonary hypertension, levels of FVC under 50% of the expected, arterial hypertension, renal engagement, levels of EF of EchoKG under 50%. The pulmonary fibrosis, the ventilation insufficiency, the type of skin affection, the vascular skin lesions, the
rhythm-conductive damages and the present EKG changes have no significant influence on the life expectancy. There exists a statistically reliable dependency between the evolution of the disease and the life expectancy of the patients.

**Key words:** systemic sclerosis, scleroderma, prognosis

Kr. Nikolov, M. Baleva and R. Rashkov. ISOTYPE OF RHEUMATOID FACTOR IN PATIENTS WITH SYSTEMIC LUPUS

**Summary.** Sera from 36 healthy persons, 36 patients with rheumatoid arthritis, 33 with systemic lupus, 23 with other arthritis, 27 with IgA nephropathy, 27 with diabetes and 18 with bronchial asthma have been studied with agglutination and immunoenzyme methods for isotype of RF. 27/36 (75%) of RA patients and 10/33 (30%) of SLE patients had positive RF with agglutination test. The use of ELISA test increased the frequency of RF in patients with RA – 97% and in patients with SLE – 78%. IgG RF had 50% of RA patients, IgA RF – 57% and IgM – 66% of them. There was other distribution of RF isotypes in lupus patients: most frequently – IgG RF – 50%, IgA RF – 47.3%, and IgM RF – 42%. We did not find any connection between the positive RF and the appearance of arthritis and renal involvement in lupus patients.

**Key words:** RF isotype, rheumatoid arthritis, systemic lupus

I. Manolova, R. Rashkov, D. Kyurkchiev, S. Monov, M. Ivanova and I. Altunkova. DIAGNOSTIC VALUE OF ANTIBODIES TO BETA2-GLYCOPROTEIN I (β2GPI) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND ANTIPHOSPHOLIPID SYNDROME

**Summary.** The aim of this study was to evaluate the diagnostic value of antibodies to beta2-glycoprotein I (anti-β2GPI) in patients with antiphospholipid syndrome (APS). Ninety-one patients with systemic lupus erythematosus (SLE), of whom 35 were with APS, were examined by ELISA for the presence of anti-β2GPI and antibodies to cardiolipin/β2GPI complex (aCL). Clinical utility of the anti-β2GPI test in the identification of patients with secondary APS was determined by its estimated sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV). Forty-nine SLE patients (54%) had positive aCL test. Anti-β2GPI were found only in 8 patients (8.8%), who were aCL positive as well. ACL were presented in 24% of the patients without APS and in 74% APS patients (p = 0.002). The presence of aCL was associated with arterial thrombosis (χ² = 11.15, p < 0.001). Anti-β2GPI were detected in 20% of APS patients and in only 1.7% of the patients without APS (p=0.004). Anti-β2GPI were significantly related to arterial thrombosis (p = 0.0147), venous thrombosis (p=0.006), and recurrent abortion (p=0.005). The sensitivity of anti-β2GPI was 20%, the specificity – 98.2%, PPV – 87.5%, and NPV – 66.3%. In conclusion, anti-β2GPI are useful in assessment of SLE patients with manifestations of APS, but they do not replace the classical β2GPI-dependent aCL.

**Key words:** anti-β2GPI, antcardiolipin antibodies, antiphospholipid syndrome, diagnostic value, systemic lupus erythematosus

HELPING PRACTICE

K. Kanev. HYPERURICAEMIA IS A DISEASE, DIFFERENT FROM GOUT

**Summary.** According to epidemiological studies, hyperuricaemia is found in 10% of the adult population and clinical gout – only in 1%. Normal value of uric acid in the serum is 416 μmol/l, when the solution is saturated and the crystallization begins. A considerable part of these 10% with hyperuricaemia have no clinical gout, e.g. they have no crystals, a characteristic sign for gouty inflammation. This is the reason to assume that there is a factor of crystallization on gout. In many cases with hyperuricaemia this factor is not present. Hyperuricaemia is a metabolic disorder with many consequences – hyperglycaemia, hypercholesterolaemia, osteoarthrosis, neurological disturbances and others. Gout is only one of them. Following arguments confirm that hyperuricaemia is a disease different from gout: There are many cases with hyperuricaemia without gouty inflammation; Only 6% of the patients with renal failure and high hyperuricaemia have clinical gout; In cases with normouricaemia, there is sometimes a gouty inflammation; Gouty crises are possible during the treatment of hyperuricaemia due to a factor of crystallization; In Lesch-Nyhan syndrome, there are severe neurological disturbances, never seen even in severe gout. These are related to hyperuricaemia; Renal stones in gout are more often mixed – urates and oxalates, e. g. the crystallization affects both elements. In conclusion, hyperuricaemia is an independent metabolic disorder with many consequences. One of them is gout. Hyperuricaemia should be followed up and treated.

**Key words:** hyperuricaemia, crystals, gout
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