REVIEWS

Zl. Kolarov and R. Rashkov. TREATMENT OF PAIN IN OSTEOARTHRITIS WITH CONVENTIONAL AGENTS
Summary. Viewed are the main points in the therapy of osteoarthritis. Presented are the commonly used, for the time being considered conventional agents: non-steroidal anti-inflammatory drugs, COX-2 inhibitors and opioids for control of the pain as the most frequent and most depressing symptom of the disease.
Key words: pain, osteoarthritis, management

D. Kalinova and R. Rashkov. MYOSITIS-SPECIFIC AND MYOSITIS-ASSOCIATED ANTIBODIES. OVERLAP MYOSITIS
Summary. Various autoantibodies, directed to defined nuclear and cytoplasmic antigens, are found in over 55% of patients with idiopathic inflammatory myopathies. Autoantibodies have an important part in the pathogenesis of these diseases. They are classified in two groups: myositis-specific antibodies (MSAs) and myositis-associated antibodies (MAAs). MSAs are specific for idiopathic inflammatory myopathies. They include: anti-synthetase autoantibodies, anti-SRP, anti-Mi-2, anti-CADM, anti-SAE, anti-p155/140, anti-p140. Anti-synthetase antibodies are the commonest antibodies, respectively anti-Jo-1. MAAs are not specific for idiopathic inflammatory myopathies. They are encountered in other rheumatic disorders with or without clinical signs for myositis. MAAs include: anti-PM/Scl, anti-MAS, anti-RoRNP, anti-Ku, anti-U1snRNP (Ro60/SSa, La/SSb, Ro52). MSAs and MAAs have diagnostic and prognostic value concerning clinical interpretation, course and outcome of the disease, and differentiation of the clinical subgroups.
Key words: pathogenesis, autoantibodies, myositis-specific, myositis-associated

D. Kalinova, R. Rashkov and Zl. Kolarov. TUMOR-ASSOCIATED MYOSITIDES
Summary. Cancer-associated myositides are related to idiopathic inflammatory myopathies. This is a group of myositides, which satisfy the shown criterias: 1. The symptoms of myositis and malignancy presented simultaneously. 2. The diagnosis of cancer was achieved during the first three years after myositis appeared. 3. Myositis developed within the framework of two years after diagnosed the malignant disease. It is considered, cancer-associated myositides develop in the context of the paraneoplastic syndrome. The most common cancers occurring among patients with myositis are: breast and gynecological cancers among women; lung and prostate cancers among men; gastrointestinal malignancies – stomach, pancreas, colon – among both sexes. Malignant disease is diagnosed in about 25% of patients with dermatomyositis with disease onset above the age of 50. The incidence of the paraneoplastic dermatomyositis in Bulgaria is 23.9%. In the article, there are discussed basic clinical features, characteristic tumor markers and diagnostic methods for relevant malignant diseases. The current studies demonstrate a novel myositis-specific autoantibody – anti-155/140. This antibody is found in patients with paraneoplastic dermatomyositis. It is suggested, it may be a potential serological marker for diagnosis of cancer-associated myositis.
Key words: tumor-associated myositis, paraneoplastic syndrome, antibodies, anti-155/140

ORIGINAL ARTICLES

M. Ivanova, I. Manolova, R. Stoiilov and K. Peeva. INFLUENCE OF DISEASE ACTIVITY AND RADIOGRAPHIC DAMAGE OF THE SPINE ON THE PHYSICAL FUNCTION IN ANKYLOSING SPONDYLITIS
Summary. Aim was to study the relationship between disease activity, radiographic damage and physical function in patients with ankylosing spondylitis (AS). Ninety-six patients with AS were included in this cross-sectional study. Physical function was expressed by Bath Ankylosing Spondylitis Functional Index (BASFI) and Dougados Functional Index (DFI); disease activity by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and acute phase reactants (erythrocyte sedimentation rate and C-reactive protein); structural damage by the modified Stoke Ankylosing Spondylitis Spine Score (mSASSS); quality of life by the disease specific measure Ankylosing Spondylitis Quality of Life (ASQoL). Univariate correlations were calculated using the Spearman rank correlation. Logistic regression models were constructed to further identify association between radiographic score (mSASSS) and physical function (BASFI/DFI), while adjusting for disease activity (BASDAI) and other potential confounders as age and sex. mSASSS correlated moderately well with BASFI (Spearmen’s r = 0.42) and DFI (r = 0.43). BASDAI correlated well with BASFI (r = 0.74) and DFI (r = 0.79). Correlation coefficient for mSASSS versus BASFI and DFI was significant at the lowest levels.
of BASDAI (0-4, lack of disease activity) with tendency of being completely absent at the highest stratum of BASDAI. The regression models suggested that both BASDAI and mSASSS independently and significantly helped to explain either BASFI or DFI. Physical function impairment in AS is independently influenced by patient-reported disease activity and the level of structural damage of the lumbar and cervical spine.

Key words: ankylosing spondylitis, disease activity, physical function, structural damage

I. Manolova, M. Ivanova, L. Miteva, R. Rashkov, R. Stoilov, M. Galabova and S. Stanilova.
ASSOCIATION OF IL12B PROMOTER POLYMORPHISM WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Summary. The aim of this study was to evaluate the association of IL12Bpro polymorphism with systemic lupus erythematosus (SLE) and its clinical features in Bulgarian population. A total of 108 female patients with SLE and 107 healthy women were genotyped for the IL12Bpro polymorphism using allele specific amplification. There was a significant difference in genotype and allele frequencies of IL12Bpro polymorphism between the patients with SLE and controls. Significant prevalence of genotype 22 was observed in SLE patients (28%) than in healthy donors (16%) with OR = 2.038; 95% CI: 1.051-3.943; p = 0.035. Allele 2 was overrepresented among SLE patients compared to controls (51% vs. 40%; OR = 1.575; 95% CI: 1.075-2.307; p = 0.02). In addition, genotype 11 was more frequent in SLE patients with hematological disorders (33%) compared to patients without these clinical features (12%) with OR = 3.500; 95%CI: 1.132-10.687; p = 0.028. Also, allele 1 was found to be slightly associated with neuropsychiatric SLE (OR = 2.108; 95%CI: 1.033-4.295; p = 0.04). In conclusion, our results indicated association of genotype 22 of IL-12Bpro polymorphism with susceptibility to SLE in Bulgarian women. Also, IL-12Bpro polymorphism was related to specific clinical manifestations of the disease pointing IL12Bpro polymorphism as an important player in the immunopathogenesis of SLE.

Key words: gene polymorphism, interleukin 12, SLE

TRANSLATED ARTICLES

BIOMIN H® IN THE PREVENTION AND TREATMENT OF OSTEOPOROSIS

Summary. Biomin H® is a biopreparation made of chicken eggshells. One gram of powder contains ca 370 mg of calcium, 0.6 mg of phosphorus and 5 mg of magnesium. In trace amounts it contains: strontium, copper, zinc, fluoride, which can either supplement or potentiate the effect of calcium. The presence of somatomedin activity and trace amounts of growth factors was proven in Biomin H®. The preparation has also a positive influence on differentiation of chondrocytes and on cartilage growth. It was repeatedly shown to have a positive effect on bone density in animal model of postmenopausal osteoporosis in ovariectomized female rats. Clinical studies in postmenopausal women and women with senile osteoporosis showed that Biomin H® reduces pain, increases mobility, reduces osteoresorption, increases bone density or arrests its loss. It improves mobility and has an analgesic effect also in women with osteoarthritis. The experimental study in healthy women showed that bio-availability of calcium from Biomin H® preparation is similar or better than that of calcium carbonate. Clinical studies as well as experimental works showed that Biomin H® has positive effects on bone and cartilage and is suitable in prevention and treatment of osteoporosis.

Key words: bio-preparation, osteoporosis, calcium, prevention, treatment

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