

Sélection Bibliographie Saint-Malo 2024



- Nouvelle vision des pathologies grâce à l'IA
- L'échographie des enthèses, le retour !?
- En finir avec l'alcool ... dans la goutte ...

Comment revoir notre vision des
maladies grâce à l'IA?

CLINICAL SCIENCE

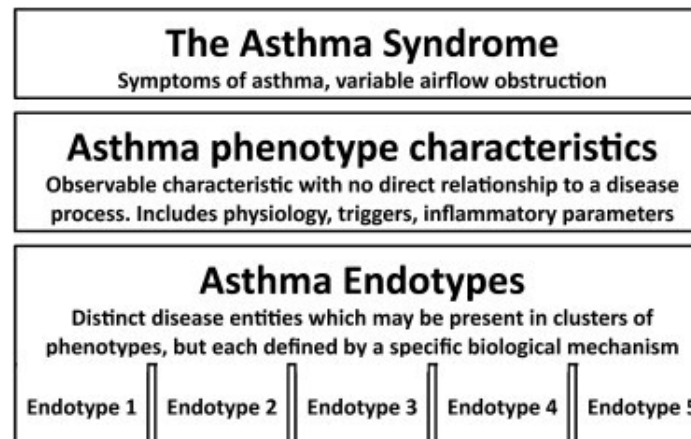
Novel endotypes of antisynthetase syndrome identified independent of anti-aminoacyl transfer RNA synthetase antibody specificity that improve prognostic stratification

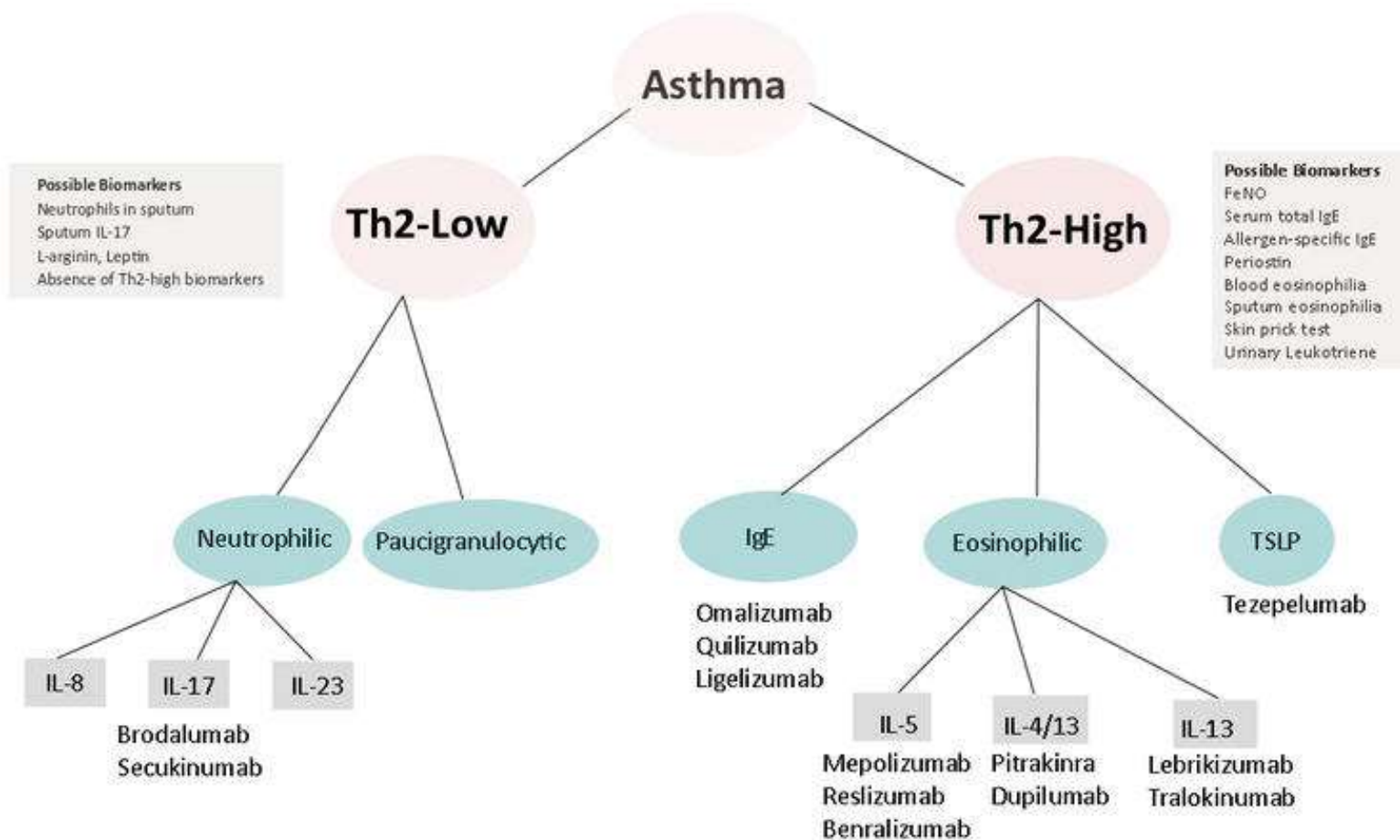
Shiyu Wu ^{1,2}, Xinyue Xiao,² Yingfang Zhang,^{1,2} Xinxin Zhang,^{1,2} Guochun Wang,^{1,2} Qinglin Peng ^{1,2}

Wu S, et al. *Ann Rheum Dis* 2024;**0**:1–12. doi:10.1136/ard-2023-225284

Quelques définitions

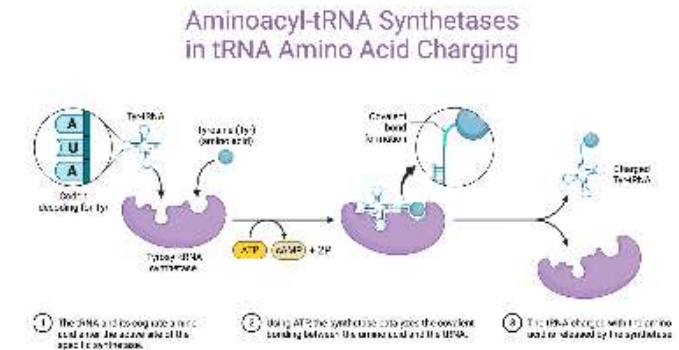
- Génotype
- Phénotype
- **Endotype**
 - Processus physiopathologique sous-jacents à une pathologie
 - Une même maladie (expression clinique) peut avoir différents mécanismes explicatifs





Syndrome des anti-synthétases

- Maladie auto-immune rare
- Anticorps **anti-aminoacyl transfer ARN synthétase** (ARS) [anti-Jo1 (histidyl), anti-PL7 (threonyl), anti-PL12 (alanyl), anti-EJ (glycyl) and anti-OJ (isoleucyl)]
- Cliniquement
 - myopathie inflammatoire
 - pneumopathie interstitielle
 - arthrite
 - phénomène de Raynaud et des mains de mécanicien



➡ Association entre les anticorps et manifestations cliniques/pronostic?

➡ Classification non supervisée par l'IA

Méthode

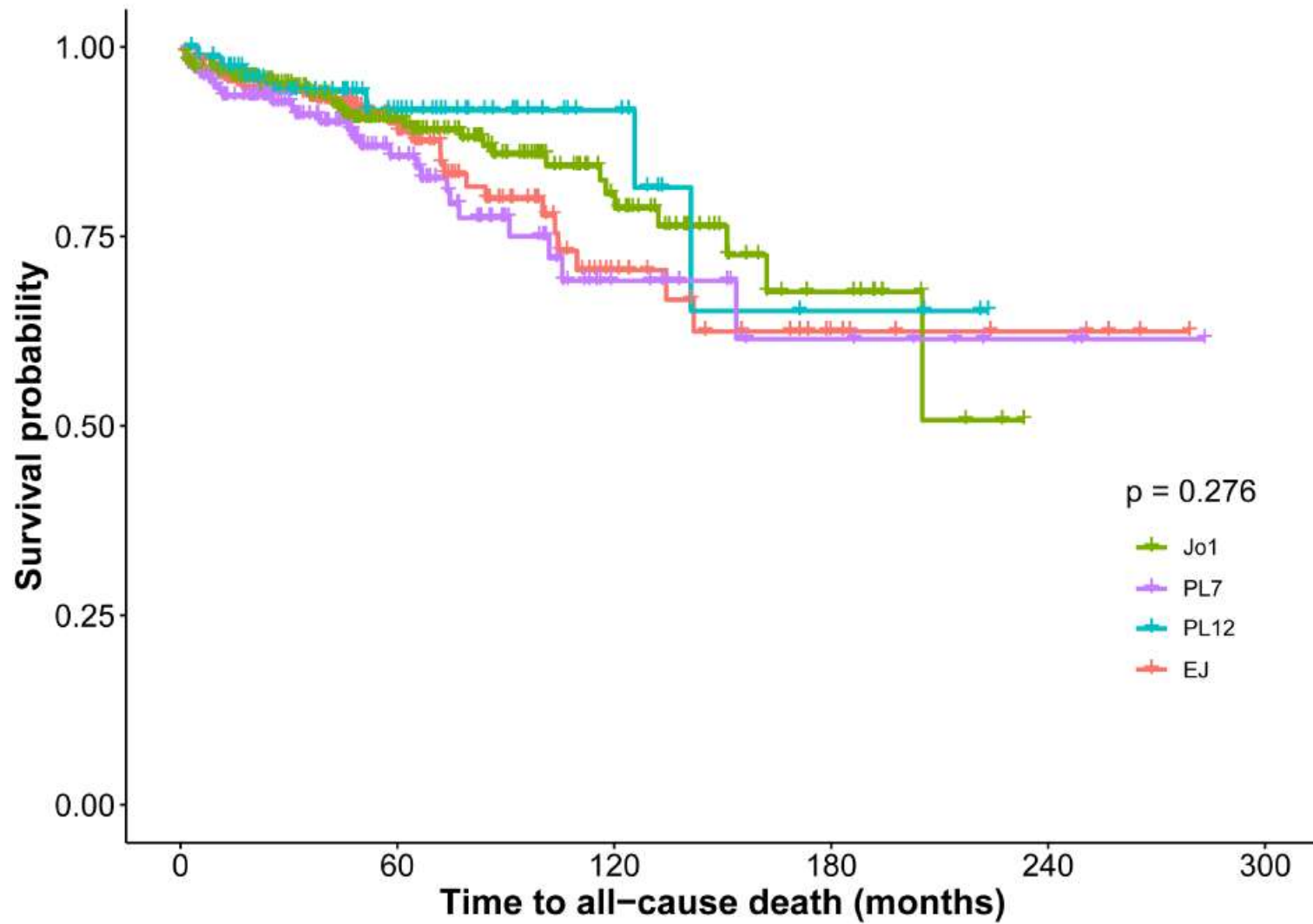
- Etude rétrospective
- Monocentrique (Pekin)
- 701 patients avec un syndrome des anti-synthétase
- Diagnostic validé sur les critères de Connors et al

Required	Presence of an anti-aminoacyl tRNA synthetase antibody
One or more of the following clinical features	1. Raynaud's phenomenon 2. Arthritis 3. Interstitial Lung Disease 4. Fever (not attributable to other causes) 5. Mechanic's hands

Table 1 Characteristics of four ASS subgroups with different antisynthetase antibodies

Variables	Total (N=701)	Jo1 (n=276)	PL7 (n=155)	PL12 (n=78)	EJ (n=192)	p value
Demographic data						
Female*, n/N (%)	507/701 (72.3%)	205/276 (74.3%)	112/155 (72.3%)	53/78 (67.9%)	137/192 (71.4%)	0.721
Onset age, year*	52.7 (12.5)	51.4 (12.0)	52.7 (12.8)	54.2 (12.4)	54.1 (12.9)	0.081
Clinical manifestations						
General						
Fever*, n/N (%)	287/701 (40.9%)	99/276 (35.9%)	68/155 (43.9%)	41/78 (52.6%)	79/192 (41.1%)	0.049
Mucocutaneous						
Heliotrope rash*, n/N (%)	108/701 (15.4%)	37/276 (13.4%)	37/155 (23.9%) *	13/78 (16.7%)	21/192 (10.9%)	0.006
Gotttron's sign*, n/N (%)	216/701 (30.8%)	69/276 (25.0%)	68/155 (43.9%) *	38/78 (48.7%)	41/192 (21.4)	<0.001
V sign*, n/N (%)	90/701 (12.8%)	24/276 (8.7%)	33/155 (21.3%)	13/78 (16.7%)	20/192 (10.4%)	0.001
Shawl sign*, n/N (%)	75/701 (10.7%)	18/276 (6.5%)	26/155 (16.8%)	12/78 (15.4%)	19/192 (9.9%)	0.005
Mechanic's hands*, n/N (%)	342/701 (48.8%)	141/276 (51.4%)	82/155 (52.9%)	35/78 (44.9%)	84/192 (43.8%)	0.254
Raynaud phenomenon*, n/N (%)	61/701 (8.7%)	23/276 (8.3%)	19/155 (12.3%)	6/78 (7.7%)	13/192 (6.8%)	0.319
Skin ulcer, n/N (%)	12/701 (1.7%)	3/276 (1.1%)	3/155 (1.9%)	3/78 (3.8%)	3/192 (1.6%)	0.374
Periungual erythema, n/N (%)	25/701 (3.6%)	10/276 (3.6%)	10/155 (6.5%)	3/78 (3.8%)	2/192 (1.0%)	0.046
Alopecia, n/N (%)	26/701 (3.7%)	11/276 (4.0%)	8/155 (5.2%)	5/78 (6.4%)	2/192 (1.0%)	0.052
Musculoskeletal						
Muscle weakness*, n/N (%)	252/701 (35.9%)	122/276 (44.2%) *	53/155 (34.2%)	27/78 (34.6%)	50/192 (26.0%)	0.001
Arthritis/arthralgia*, n/N (%)	270/701 (38.5%)	143/276 (51.8%) *	55/155 (35.5%)	23/78 (29.5%)	49/192 (25.5%)	<0.001
Pulmonary						
Dyspnoea, * n/N (%)	488/701 (69.6%)	179/276 (64.9%)	104/155 (67.1%)	51/78 (65.4%)	154/192 (80.2%)	0.003
ILD, n/N (%)	679/701 (96.9%)	270/276 (97.8%)	145/155 (93.5%)	74/78 (94.9%)	190/192 (99.0%) *	0.015
RPILD*, n/N (%)	258/701 (36.8%)	92/276 (33.3%)	59/155 (38.1%)	25/78 (32.1%)	82/192 (42.7%)	0.160
Respiratory failure*, n/N (%)	123/701 (17.5%)	50/276 (18.1%)	27/155 (17.4%)	11/78 (14.1%)	35/192 (18.2%)	0.859
Pulmonary hypertension, n/N (%)	51/701 (7.3%)	18/276 (6.5%)	7/155 (4.5%)	5/78 (6.4%)	21/192 (10.9%)	0.116
Cardiovascular						
Pericardial effusion, n/N (%)	97/701 (13.8%)	28/276 (10.1%)	35/155 (22.6%)	10/78 (12.8%)	24/192 (12.5%)	0.004
Gastrointestinal						
Dysphagia, n/N (%)	42/701 (6.0%)	22/276 (8.0%)	9/155 (5.8%)	2/78 (2.6%)	9/192 (4.7%)	0.285

Mortalité



Analyse hiérarchique non supervisée utilisant des caractéristiques cliniques et des marqueurs de laboratoire de routine

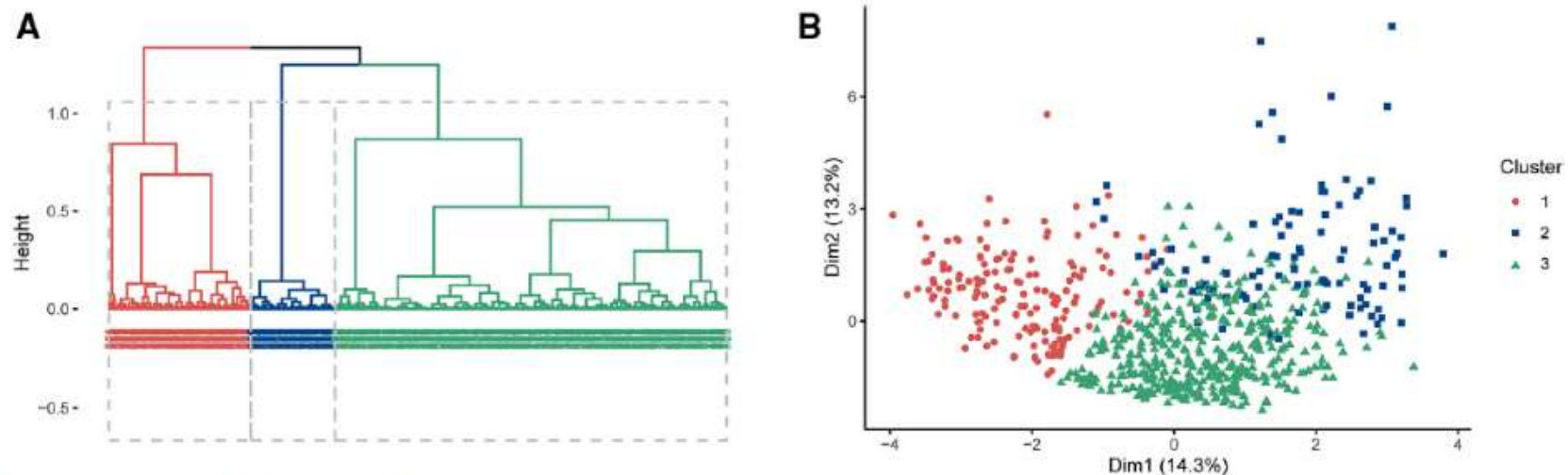
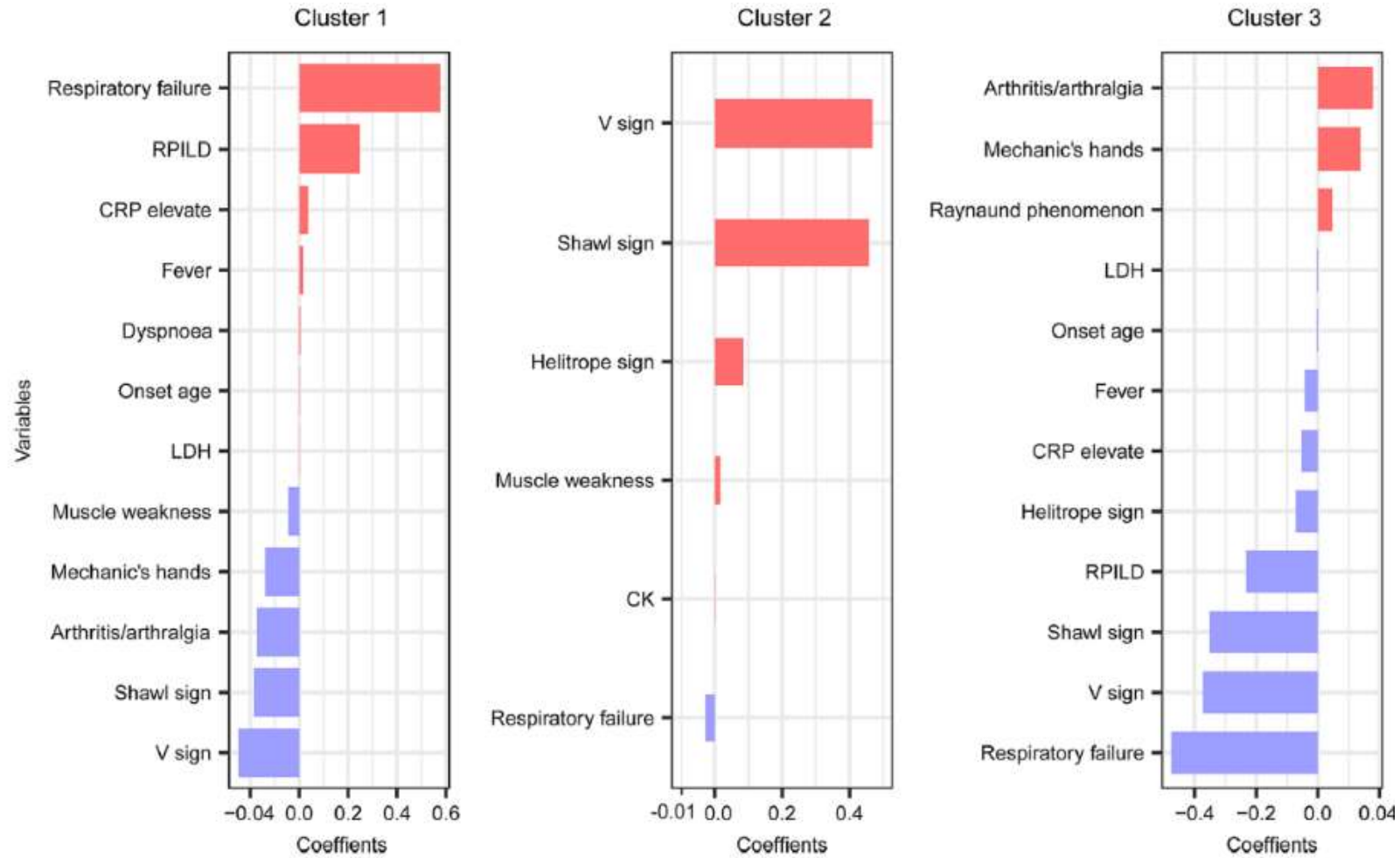


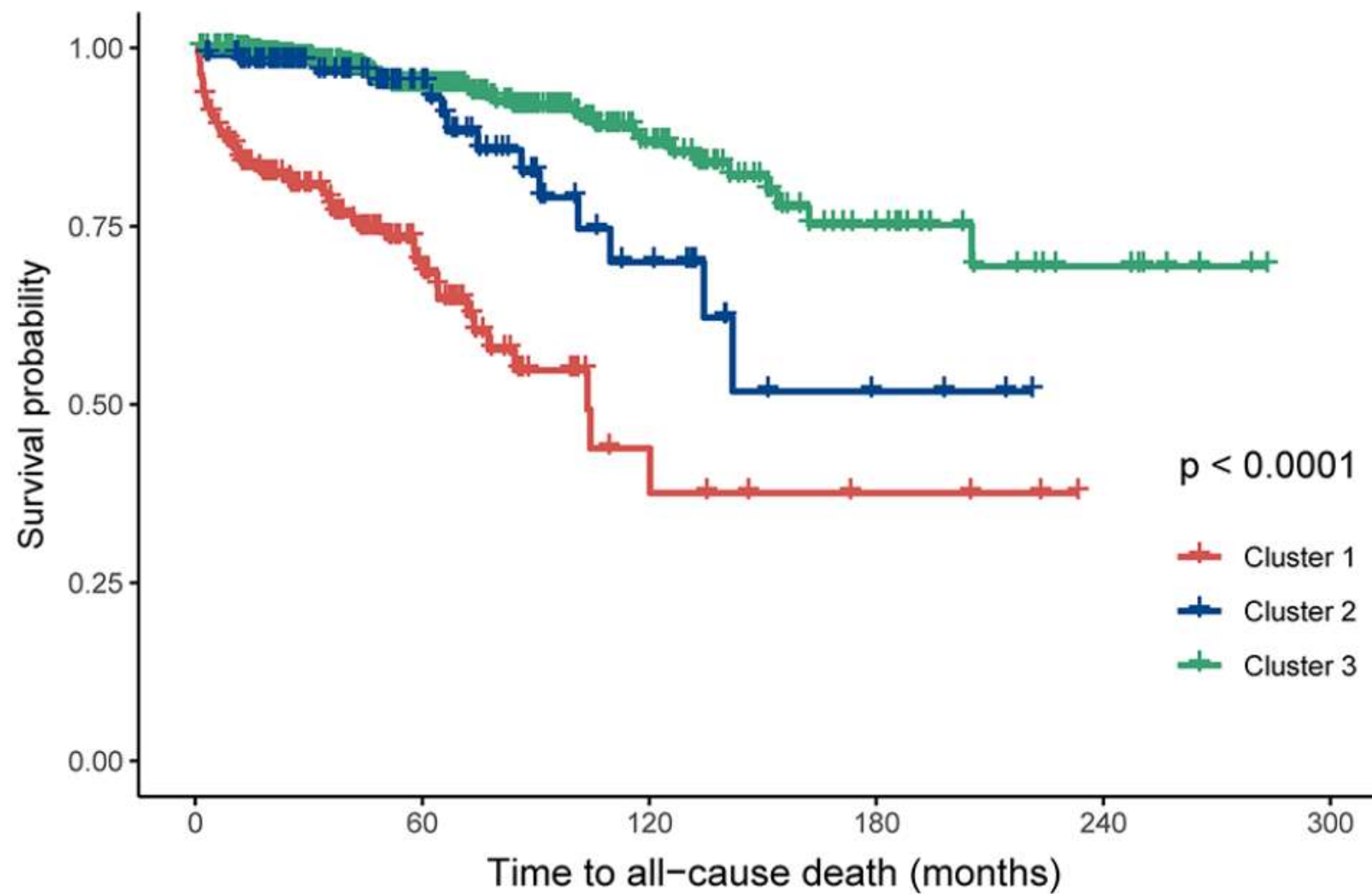
Figure 2 Dendrogram and hierarchical cluster analysis of antisynthetase syndrome patients. (A) Three clusters of patients with antisynthetase syndrome identified by hierarchical cluster analysis independent of anti-ARS antibodies. (B) Factor map visualising individuals and colouring them according to the cluster they belong to. ARS, aminoacyl transfer RNA synthetase.

*“**Seventeen variables**, which are easily available and considered of value to the diagnosis and disease evaluation for ASS, were chosen for the analysis”*

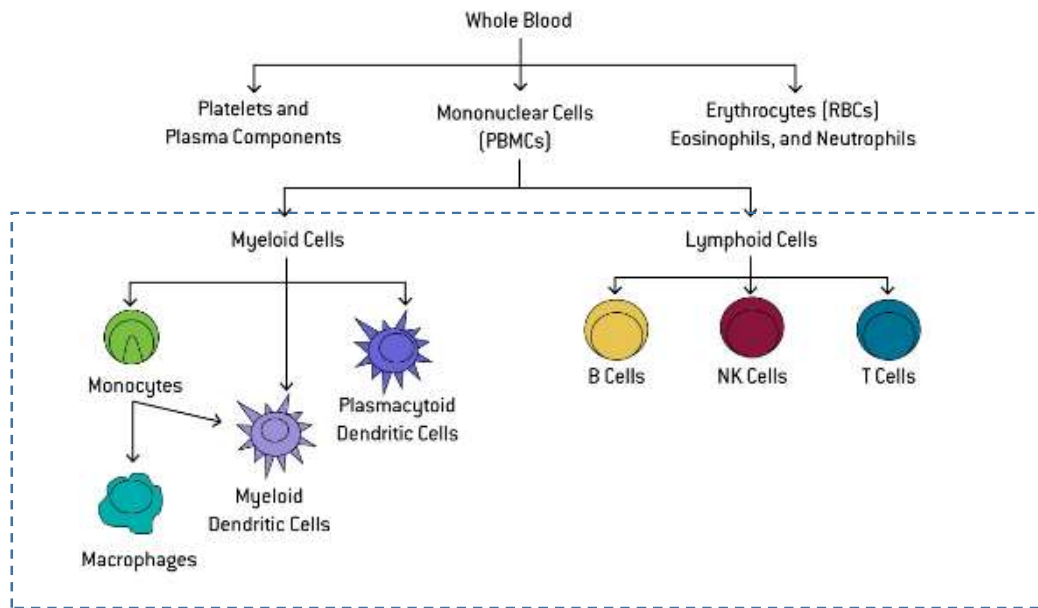


Jo1 (N=701)	39.4% (276/701)	34.3% (57/166)	30.4% (31/102)	43.4% (188/433)
PL7 (N=701)	22.1% (155/701)	22.1% (35/166)	33.3% (34/102) ^c	19.9% (86/433)
PL12 (N=701)	11.1% (78/701)	10.2% (17/166)	14.7%(15/102)	10.6% (46/433)
EJ (N=701)	27.4% (192/701)	34.3% (57/166)	21.6% (22/102)	26.1% (113/433)

A



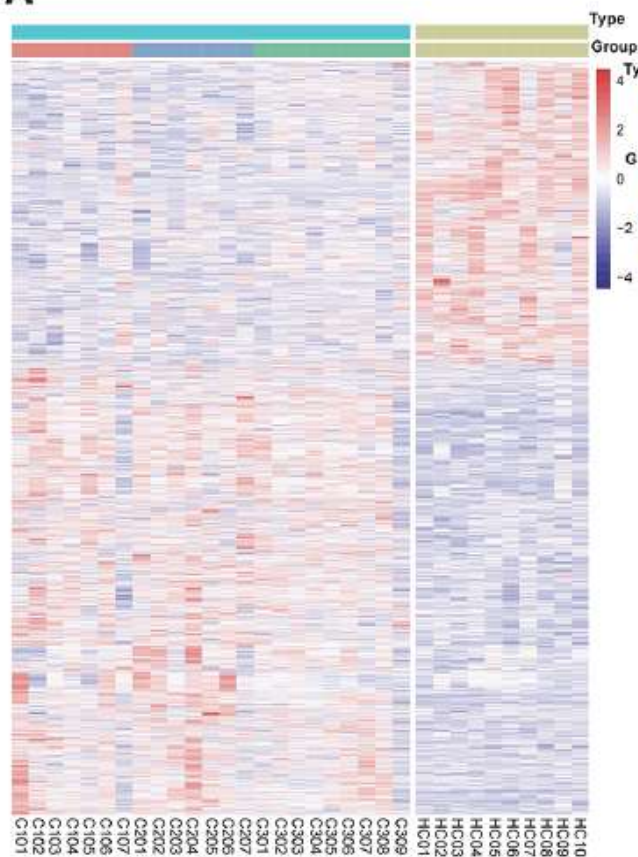
« Endotyping »



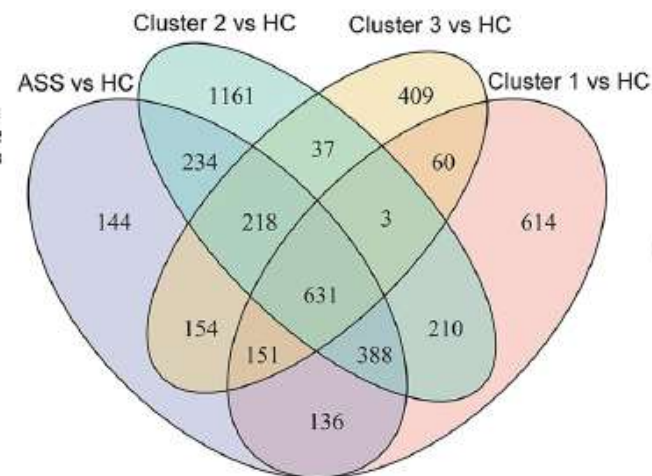
RNA-Seq

- **23 patients**
 - 7 du groupe 1
 - 7 du groupe 2
 - 9 du groupe
 - 10 contrôles sains
- Sélection des patients non aléatoire (différentes spécificités anti-ARS étaient représentées)

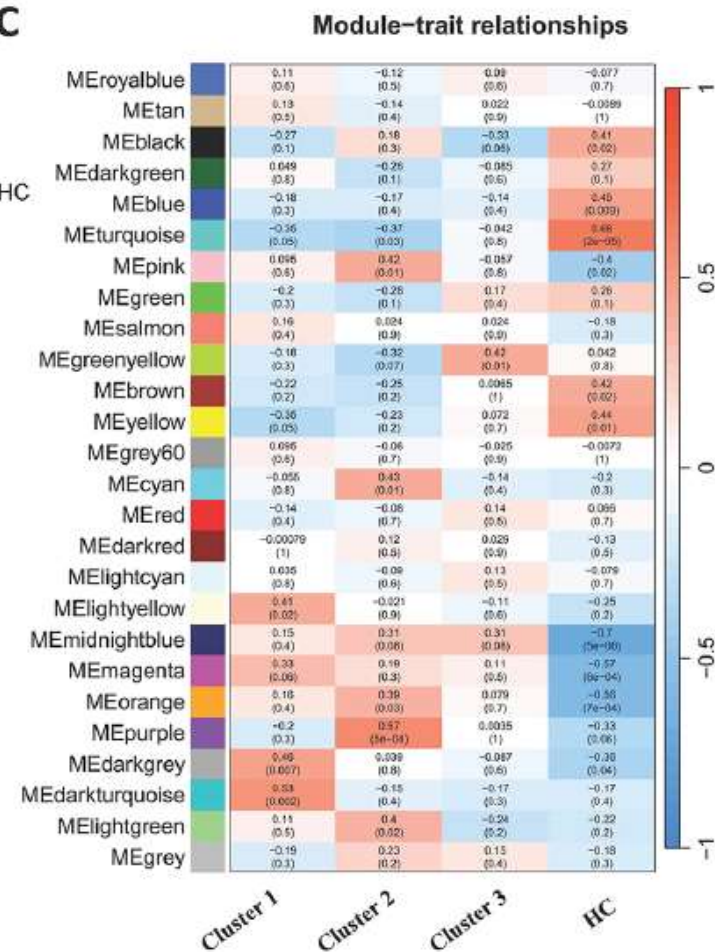
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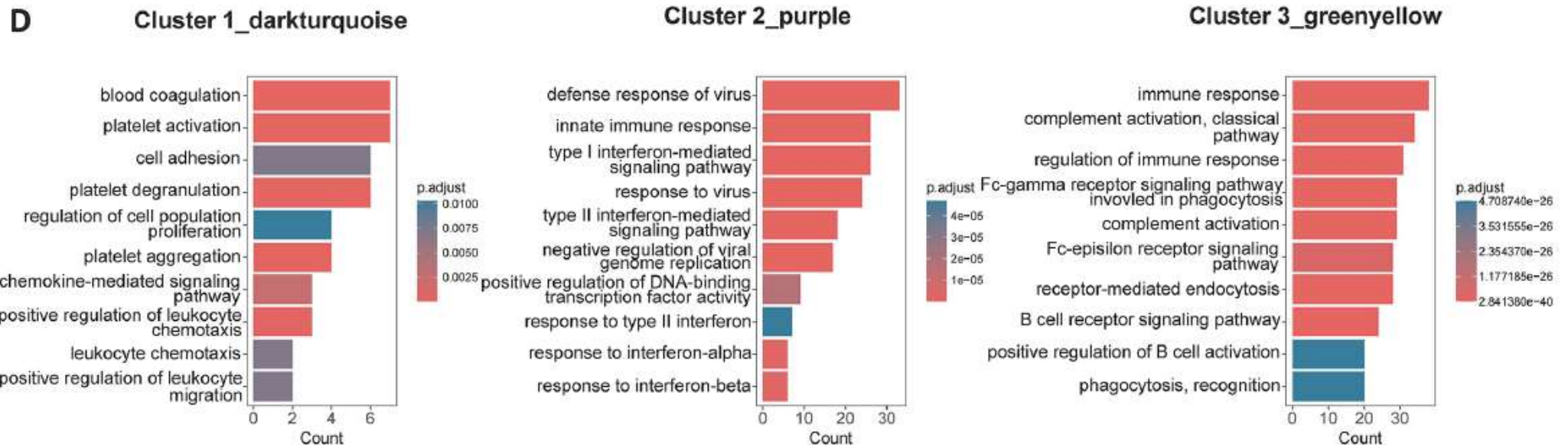
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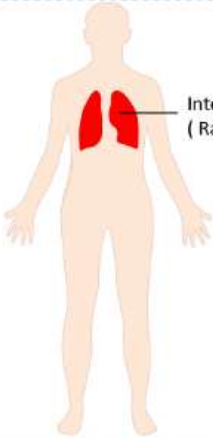
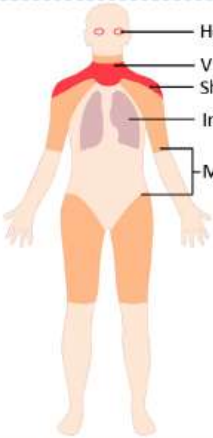
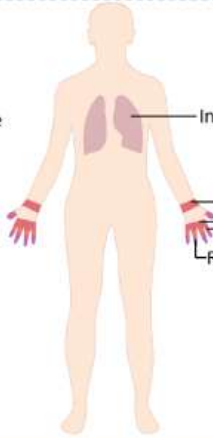


C



Processus physiopathologiques sous-jacents



	Endotype 1 (RP-ILD cluster)	Endotype 2 (DM-like cluster)	Endotype 3 (arthritis cluster)
Proportion	23.7%	14.5%	61.8%
Clinical features	 Interstitial lung disease (Rapidly progressive)	 Heliotrope sign V sign Shawl sign Interstitial lung disease Muscle weakness	 Interstitial lung disease Arthritis Mechanic's hands Raynaud phenomenon
Laboratory features	CRP ↑↑ ESR ↑↑ CK — LDH ↑	CRP ↑ ESR ↑ CK ↑ LDH ↑	CRP — ESR — CK — LDH —
Targeted pathways	Blood coagulation, Platelet activation	Response to virus, Interferon-mediated signaling pathway	B cell receptor signaling pathway, Positive regulation of B cell activation
Gene signature	ITGB3, MYL9, SEPTIN5	ISG15, IFI6, LGALS3BP, LY6E, OASL, USP18, IFITM3, IFI27	FAM129C, PAX5, LARGE2, IGHD, VPREB3, IGHD1-1
Prognosis	Poor	Intermediate	Good

L'échographie des enthèses, le retour !?

Assessment of Peripheral Enthesitis in the Spondylarthropathies by Ultrasonography Combined With Power Doppler

A Cross-Sectional Study

Maria-Antonietta D'Agostino,¹ Roula Said-Nahal,¹ Cécile Hacquard-Bouder,¹
Jean-Louis Brasseur,² Maxime Dougados,¹ and Maxime Breban¹

“98% of the SpA patients had at least one vascularized enthesitic site, compared with none of the controls.”

➡ 98% sensibilité/100% de spécificité ...



CLINICAL SCIENCE

Power Doppler signal at the enthesis and bone erosions are the most discriminative OMERACT ultrasound lesions for SpA: results from the DEUS (Defining Enthesitis on Ultrasound in Spondyloarthritis) multicentre study



Andrea Di Matteo ^{1,2} Gianluca Smerilli ¹ Stefano Di Donato ² An Ran Liu,³

Di Matteo A, et al. *Ann Rheum Dis* 2024;**0**:1–11. doi:10.1136/ard-2023-225443

Méthode

- Etude transversale, multicentrique
- Inclusion de patients
 - Cas : AxSPA, Rhumatisme pso
 - Contrôles : arthrose, fibromyalgie

The following lower limb entheses were assessed by both clinical examination and ultrasound:

- ▶ The patellar insertion of the quadriceps tendon.
- ▶ The patellar insertion of the patellar tendon.
- ▶ The tibial insertion of the patellar tendon.
- ▶ The calcaneal insertion of the Achilles tendon.
- ▶ The calcaneal insertion of the plantar fascia.

➡ Gradation OMERACT

Table 1 Ultrasound machines and probe frequency values used in the current study

Ultrasound machine	Greyscale frequency (MHz)	Power Doppler frequency (MHz)
Siemens Acuson Antares	5–13	7.1
General Electric, LOGIQ S8 R3	15	7.5
Esaote MyLab 70	6–18	7
Samsung HS50	3–14	10
Esaote MyLab XPro80	4–15	7.5
General Electric, LOGIQ P9	15–18	9.1
Esaote MyLab Twice	3–13 and 6–18	7.5 and 9.1
US Machine Siemens S200	15	9
Siemens Acuson S2000	9–12	7.5
Xario 200 Canon	18	6.1
Esaote MyLab Class C	4–13 and 6–18	7.1 and 10–12
General Electric, LOGIQ e	8–18	7
Esaote MyLab X5	6–18	6.3–12.5

MHz, megahertz.

Définition des lésions

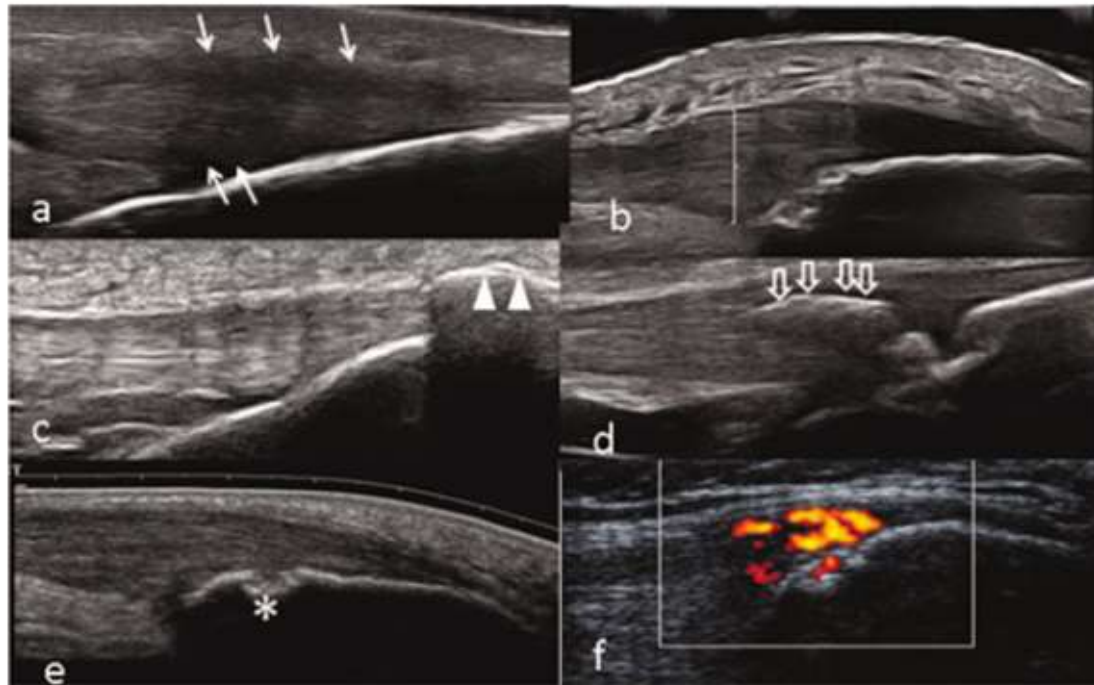


Figure 1. The elementary components are as follows: **a**, hypoechogenicity (**white arrows** indicate increased thickness with blurring of the tendon margins); **b**, increased thickness of tendon insertion (**white line**); **c**, enthesophyte (the step up of the bony prominence at the end of the normal bone contour is marked with **white arrowheads**); **d**, calcifications (the hyperechoic focus consistent with calcific deposit is marked by **open arrows**); **e**, bone erosion at the enthesis marked with an **asterisk**; and **f**, Doppler at enthesis <2 mm from the bone insertion.

- **Enthésites actives**

- Doppler ≥ 1 + anomalies mode B
- Doppler >1

Caractéristiques des patients

Table 2 Demographic and clinical characteristics of included populations

	SpA			Controls*	P value†
	All (n=413)	axSpA (n=224)	PsA (n=189)	Total (n=282)	
Age, years (SD)	47.9 (14.0)	44.1 (13.4)	52.4 (13.3)	54.2 (13.9)	<0.001
Female gender (%)	147 (35.6)	72 (32.1)	75 (39.7)	192 (68.1)	<0.001
BMI (IQR)	26.5 (23.6–29.7)	26.3 (23.2–29.8)	26.6 (24.1–29.6)	25.7 (23.5–29.0)	0.11
Physical activity (times/week), median (IQR)	1 (0–3)	2 (0–3)	1 (0–2)	1 (0–3)	0.085
Disease duration, months (IQR)	76 (28–168)	84 (36–197)	72 (24–150)	–	N/A
CRP, mg/L (SD)	1.8 (5.1)	1.8 (4.3)	1.8 (4.3)	0.5 (0.5)	<0.001
ESR, mm/hour (SD)	21 (20)	21 (19)	21 (19)	15 (13)	<0.001
Metabolic syndrome (%)	81 (19.6)	38 (17.0)	43 (22.7)	48 (17.0)	0.4
Diabetes (%)	34 (8.2)	10 (4.5)	24 (12.7)	30 (10.6)	0.3
Dyslipidaemia (%)	105 (25.4)	56 (25.0)	49 (25.9)	87 (30.8)	0.092
Hypertension (%)	112 (27.1)	49 (21.9)	63 (22.3)	83 (29.4)	0.5
Psoriasis (previous/current)	174 (42.1)	17 (7.6)	157 (83.1)	–	N/A
IBD (%)	7 (1.7)	5 (2.2)	2 (0.7)	–	N/A
Previous enthesitis (%)	139 (33.6)	79 (35.3)	60 (21.3)	–	N/A
HLA-B27, (%)‡	167 (70.4)	152 (82.2)	15 (28.8)	–	N/A
Clinical enthesitis (≥1 entheses) (%)	127 (30.7)	68 (30.6)	59 (31.2)	96 (34.0)	0.5

*Further information about demographic and clinical features of patients with fibromyalgia and osteoarthritis are reported in online supplemental table 1.

†Between SpA and control groups, false discovery rate correction.

‡Available for 237 SpA patients (185 axSpA/52 PsA).

axSpA, axial spondyloarthritis; BMI, body mass index; CRP, C reactive protein; ESR, erythrocyte sedimentation rate; HLA, Human leukocyte antigen; IBD, inflammatory bowel disease; N/A, not available; PsA, psoriatic arthritis; SpA, spondyloarthritis.

Association positive et significative entre les anomalies et le diagnostic

Table 5 Association between the ultrasound findings and diagnosis of SpA

	Multivariate analysis			Multivariate analysis with 'active enthesitis'		
	OR	95% CI	P value	OR	95% CI	P value
Ultrasound findings						
Enteseal thickening	1.28	0.81 to 2.01	0.3			
Hypoechoic areas	1.26	0.81 to 1.97	0.3			
PD at the enthesis	8.77	4.40 to 19.20	<0.001			
Bone erosions	4.75	2.43 to 10.10	<0.001	5.22	2.70 to 11.0	<0.001
'Active enthesitis'				9.20	4.21 to 23.20	<0.001
Demographics						
Age	0.96	0.95 to 0.97	<0.001	0.96	0.95 to 0.98	<0.001
Male sex	3.95	2.75 to 5.71	<0.001	3.74	2.64 to 5.33	<0.001

Only the ultrasound elementary lesions which were associated with the diagnosis of SpA in the univariate analysis (see [table 3](#)) were included in this analysis. 'Active enthesitis' was considered as either PD at the enthesis grade ≥ 1 plus enteseal thickening and/or hypoechoic areas or PD at the enthesis grade >1 (independent of the presence of enteseal thickening or hypoechoic areas).^{17 22}

PD, power Doppler; SpA, spondyloarthritis.

Association en fonction du site exploré

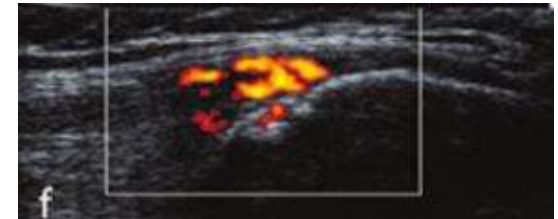


Table 6 Association between enthesal sites and diagnosis of SpA

Univariate analysis				Multivariate analysis		
	SpA (n=413) n (%)	Controls (n=282) n (%)	P value*	OR	95% CI	P value
Entheses						
Quadriceps tendon	264 (63.9)	149 (52.8)	0.017	1.26	0.86 to 1.95	0.32
Proximal patellar tendon	168 (40.7)	85 (30.1)	0.023	1.23	0.84 to 1.80	0.30
Distal patellar tendon	186 (45.0)	94 (33.3)	0.010	1.34	0.91 to 1.97	0.14
Achilles tendon	307 (74.3)	177 (62.8)	0.006	1.93	1.30 to 2.88	0.001
Plantar fascia	201 (48.7)	112 (39.7)	0.10	–	–	–
Demographics						
Age				0.95	0.94 to 0.96	<0.001
Male sex				3.83	2.72 to 5.42	<0.001

*Pearson's χ^2 test adjusted with Bonferroni correction for multiple testing. Percentage refers to the number of patients with ≥ 1 ultrasound elementary lesion of enthesitis as defined by OMERACT (ie, enthesal thickening, hypoechoic areas, PD at the enthesis, enthesophytes/calcifications and bone erosions) for each enthesis.
OMERACT, Outcome Measures in Rheumatology; SpA, spondyloarthritis.

Conclusion

- Our study provided new insights into the discriminative value and clinical associations of the OMERACT ultrasound lesions of enthesitis in SpA.
- **PD signal** at the enthesis (as inflammatory lesion) and **bone erosions** (as lesion indicating structural damage) were the OMERACT ultrasound lesions **showing the strongest association with SpA**.
- The **Achilles tendon** insertion emerged as the enthesis with the highest discriminative value between SpA and controls.

“Ultrasound could differentiate between SpA-related enthesitis and other forms of enthesal pathology (ie, mechanical enthesitis), thus improving assessment of enthesal involvement in SpA”

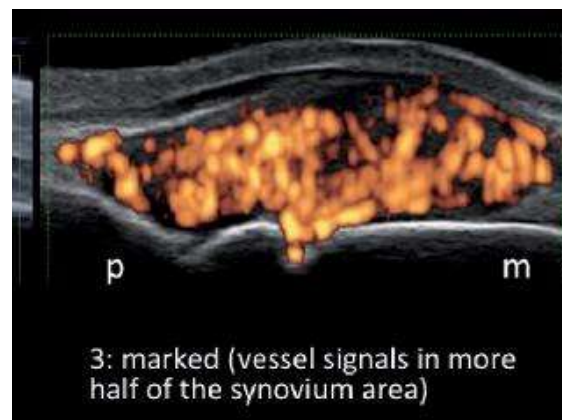




Tableau des résultats par site et pathologies

Table 3 Prevalence and distribution of the ultrasound findings in patients with SpA (axSpA and PsA) and controls (FBM and OA)

Ultrasound findings	Quadriceps			Patellar proximal			Patellar distal			Achilles tendon			Plantar fascia			Overall		
	SpA (n=413) n (%)	C (n=282) n (%)	P value*	SpA (n=413) n (%)	C (n=282) n (%)	P value*	SpA (n=413) n (%)	C (n=282) n (%)	P value*	SpA (n=413) n (%)	C (n=282) n (%)	P value*	SpA (n=413) n (%)	C (n=282) n (%)	P value*	SpA (n=413) n (%)	C (n=282) n (%)	P value*
Enteseal thickening	75 (18.2)	42 (15.9)	>0.9	85 (20.6)	40 (14.2)	0.2	92 (22.3)	47 (16.7)	0.5	121 (29.3)	39 (13.8)	<0.001	123 (29.8)	69 (24.5)	0.7	236 (57.1)	127 (45.0)	0.012
Hypoechoic areas	113 (27.3)	56 (19.9)	0.2	80 (19.4)	31 (11.0)	0.022	94 (22.7)	41 (14.5)	0.050	140 (33.9)	56 (19.9)	<0.001	102 (24.7)	44 (15.6)	0.023	234 (56.7)	122 (43)	0.004
PD at the enthesis	34 (8.2)	9 (3.2)	0.047	26 (6.3)	0 (0)	<0.001	36 (8.7)	4 (1.4)	<0.001	56 (13.6)	2 (0.7)	<0.001	12 (2.9)	0 (0)	0.013	112 (27.1)	10 (3.5)	<0.001
PD outside the enthesis	3 (0.7)	2 (0.7)	>0.9	6 (1.5)	1 (0.4)	>0.9	9 (2.2)	3 (1.1)	>0.9	9 (2.2)	6 (2.1)	>0.9	0 (0)	0 (0)	N/A	26 (6.3)	11 (3.9)	>0.9
Enthesophytes/ calcifications	235 (56.9)	133 (47.1)	0.081	123 (29.7)	50 (17.7)	0.002	118 (28.5)	61 (21.6)	0.3	273 (66.1)	160 (56.7)	0.087	137 (33.1)	63 (22.3)	0.012	341 (82.6)	211 (74.8)	0.092
Bone erosions	23 (5.6)	4 (1.4)	0.038	15 (3.6)	3 (1.1)	0.3	14 (3.4)	2 (0.7)	0.14	64 (15.5)	2 (0.7)	<0.001	23 (5.6)	3 (1.1)	0.013	103 (24.9)	11 (3.9)	<0.001
'Active enthesitis'	27 (6.5)	4 (1.4)	0.009	22 (5.3)	0 (0)	<0.001	26 (6.3)	3 (1.1)	0.005	48 (11.6)	1 (0.4)	<0.001	10 (2.4)	0 (0)	0.042	89 (21.6)	7 (2.5)	<0.001

'Active enthesitis' was considered as either PD at the enthesis grade ≥ 1 plus enthesal thickening and/or hypoechoic areas or PD at the enthesis grade > 1 (independent of the presence of enthesal thickening or hypoechoic areas).^{17 22}

*Pearson's χ^2 test; Fisher's exact test with Bonferroni correction for multiple testing.

axSpA, axial spondyloarthritis; C, controls; FBM, fibromyalgia; N/A, not available; OA, osteoarthritis; PD, power Doppler; PsA, psoriatic arthritis; SpA, spondyloarthritis.

Overall			
Ultrasound findings	SpA (n=413) n (%)	C (n=282) n (%)	P value*
Enthesal thickening	236 (57.1)	127 (45.0)	0.012
Hypoechoic areas	234 (56.7)	122 (43)	0.004
PD at the enthesis	112 (27.1)	10 (3.5)	<0.001
PD outside the enthesis	26 (6.3)	11 (3.9)	>0.9
Enthesophytes/ calcifications	341 (82.6)	211 (74.8)	0.092
Bone erosions	103 (24.9)	11 (3.9)	<0.001
'Active enthesitis'	89 (21.6)	7 (2.5)	<0.001
'Active enthesitis' vs areas). ^{17 22}			
*Pearson's χ^2 test; I axSpA, axial spondy			



Doppler à l'enthèse :

- Sensibilité = 27%
- Spécificité = 96,5%

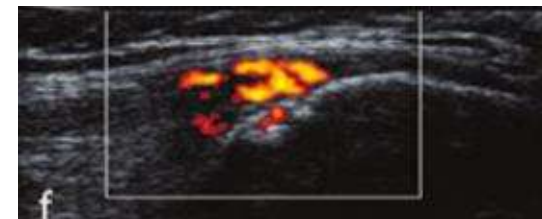
Erosion à l'enthèse

- Sensibilité = 24,9%
- Spécificité = 96,1%

Enthésite active

- Sensibilité = 21,6%
- Spécificité = 97,5%

Achilles tendon			
Ultrasound findings	SpA (n=413) n (%)	C (n=282) n (%)	P value*
Enthesal thickening	121 (29.3)	39 (13.8)	0.012
Hypoechoic areas	140 (33.9)	56 (19.9)	0.004
PD at the enthesis	56 (13.6)	2 (0.7)	<0.001
PD outside the enthesis	9 (2.2)	6 (2.1)	>0.9
Enthesophytes/ calcifications	273 (66.1)	160 (56.7)	0.092
Bone erosions	64 (15.5)	2 (0.7)	<0.001
'Active enthesitis'	48 (11.6)	1 (0.4)	<0.001
'Active enthesitis' was defined as enthesis grade >1 (independent of enthesal thickening)			
*Pearson's χ^2 test; C, controls; SpA, spondyloarthritis; axSpA, axial spondyloarthritis			



Doppler à l'enthèse :

- Sensibilité = 13,6%
- Spécificité = 99,3%

Erosion à l'enthèse

- Sensibilité = 15,5%
- Spécificité = 99,3%

Enthésite active

- Sensibilité = 11,6%
- Spécificité = 99,6%

Conclusion

- L'atteinte inflammatoire échographique des enthèses (Doppler, érosion, enthésite active) **est rare** dans les spondyloarthrite (ax-SPA/PsA) mais très spécifique
- Bonne **valeur prédictive positive**
- Meilleure zone pour la déterminer = tendons achilléen
- **Attention** : population incluse remplissait les critères donc surestimation probable de la valeur diagnostique en cas de doute
- Pas de renseignement sur la corrélation à la clinique



En finir avec l'alcool à la SRO ?

EPIDEMIOLOGICAL SCIENCE

Changes in alcohol intake and serum urate changes: longitudinal analyses of annual medical examination database

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Takehiro Nakai,² Hiromichi Tamaki,² Mitsumasa Kishimoto ^{2,5} Hiroshi Hasegawa,³
Takeaki Matsuda,³ Javier Marrugo ¹ Sara K Tedeschi ¹ Hyon Choi,^{6,7}
Daniel H Solomon ¹

Fukui S, et al. *Ann Rheum Dis* 2024;**0**:1–10. doi:10.1136/ard-2023-225389

Méthodologie

- Etude longitudinale Japonaise sur base de données
- Au Japon, examen annuel dans le cadre du travail
- Au cours de l'examen médical, les participants ont une mesure de leur taille et de leur poids, un examen physique, des analyses de sang, un ECG et une radiographie du thorax.
- Les participants ont dû répondre à un questionnaire sur leurs antécédents médicaux et leur mode de vie.
- **Critère principal** : variation du taux d'urate de sodium (mg/dL) entre deux visites consécutives

Table 1 Baseline characteristics of medical check-up participants	
	Total participants n=63 486
Age	47 (39–56)
Sex	
Male	28 578 (45.0%)
Female	34 908 (55.0%)
BMI, kg/m ²	21.8 (19.8–24.1)
BMI ≥25 kg/m ²	11 335 (17.9%)
BMI ≥30 kg/m ²	1601 (2.5%)
Number of visits during follow-up	5.0 (3.0–9.0)
Total follow-up, years	5.5 (2.7–8.7)
Interval between visits, years	1.0 (1.0–1.2)
Baseline serum urate, mg/dL	5.3 (4.4–6.3)
Hyperuricemia (serum urate ≥7 mg/dL)	8385 (13.2%)
eGFR, mL/min/1.73 m ²	77.0 (67.0–88.1)
Medical history of hyperuricemia or gout*	506 (0.8%)
Medication use for the conditions below	9151 (14.4%)
Hypertension	5618 (8.8%)
Diabetes	1426 (2.2%)
Dyslipidaemia	4058 (6.4%)
Ischaemic heart disease	499 (0.8%)
Cerebrovascular diseases	294 (0.5%)



➡ 58,6% de buveurs réguliers (au moins une unité par semaine)



42%



4,9 %



9 %



3,3 %



16,2%



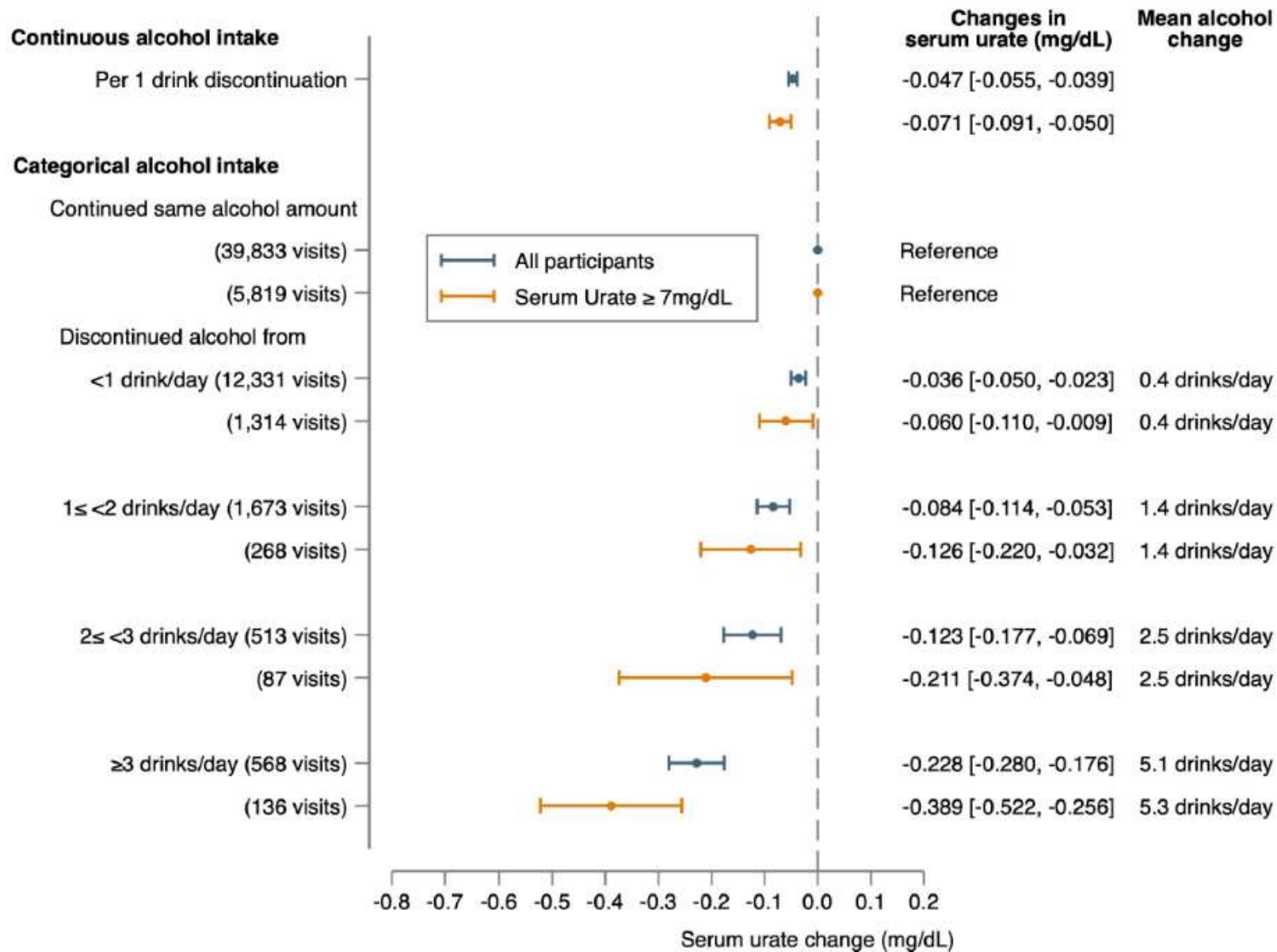
Quelle baisse de l'uricémie à l'arrêt de l'alcool pour des patients qui buvaient en moyenne 5 unités/jour ?



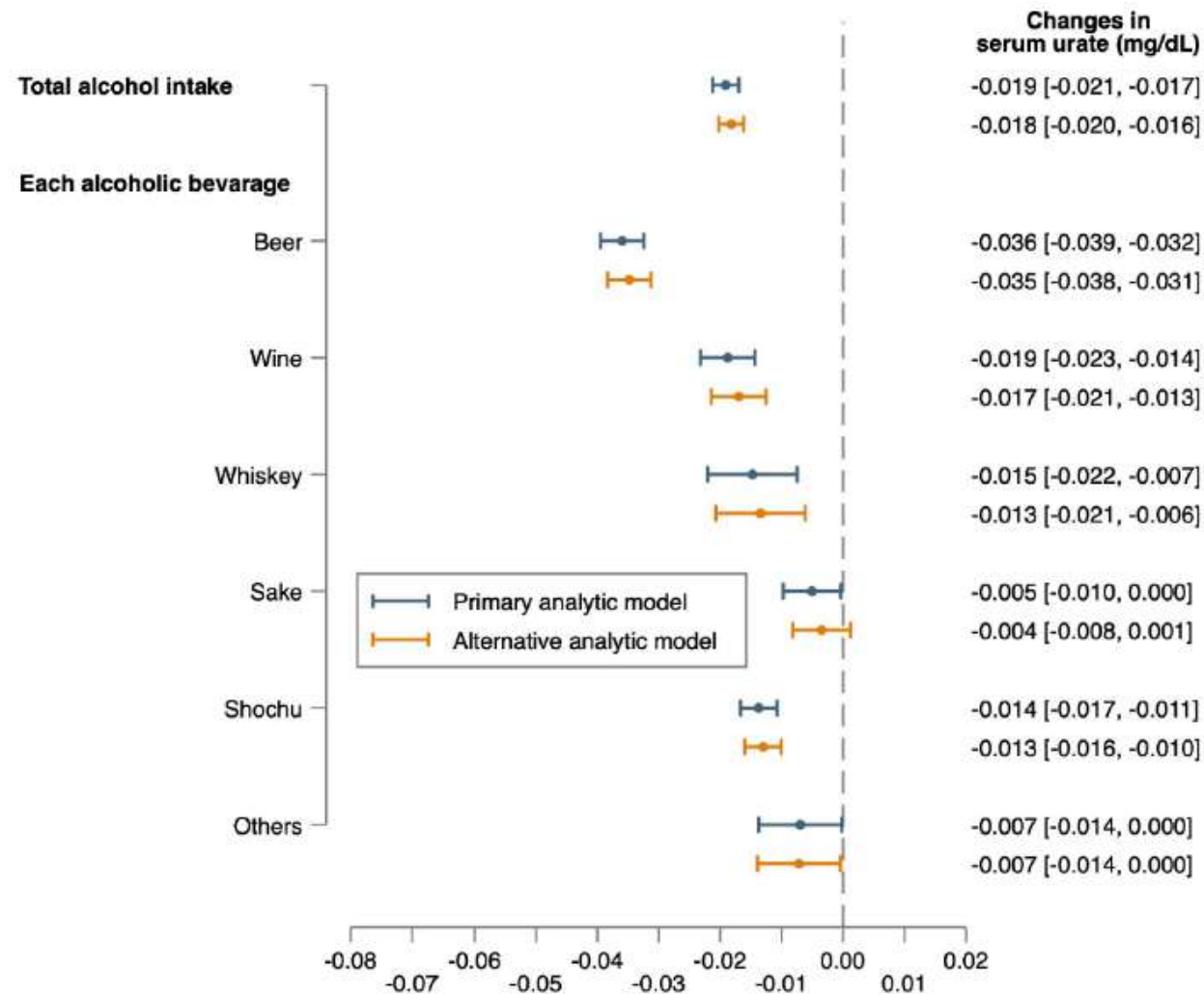
Quelle baisse de l'uricémie à l'arrêt de l'alcool pour des patients qui buvaient en moyenne 5 unités/jour ?

Réponse : 13,5 $\mu\text{mol/L}$ (0,22 mg/dl)

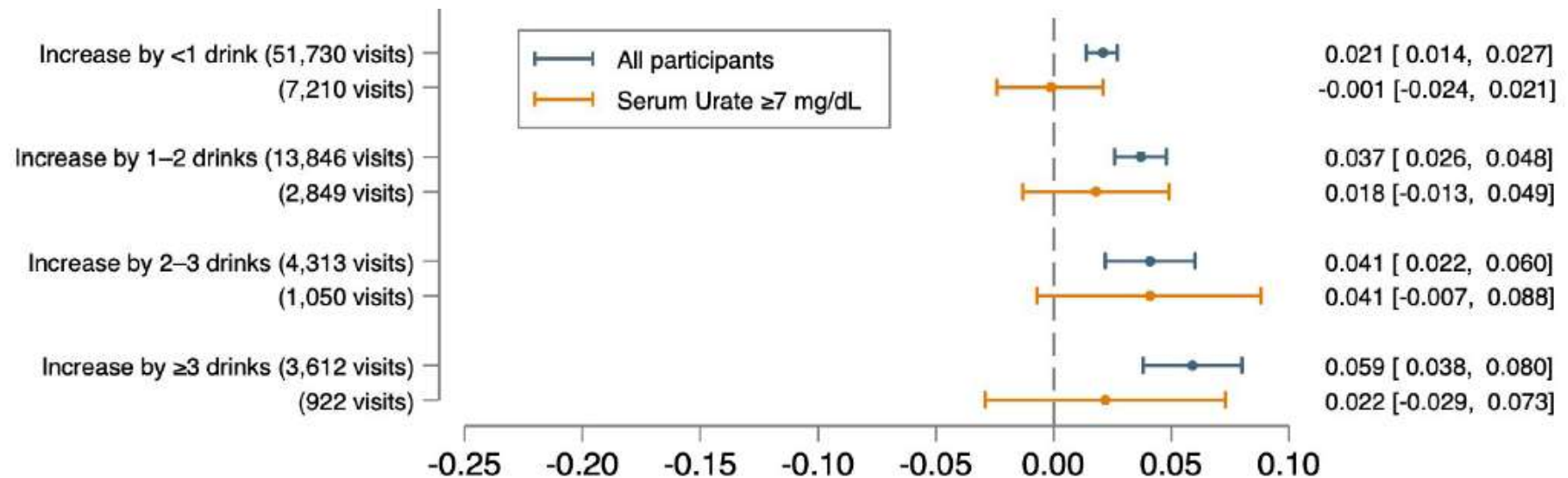




Pour chaque unité arrêtée/j = 1,13 $\mu\text{mol/L}$ en moins



Et en cas d'augmentation de la consommation?



Conclusion : En finir avec l'alcool à la SRO ? Non !



Denis Mulleman