



MEETING ABSTRACT

Open Access

PW01-022 – Dissociation between CRP and SAA in FMF

K Stankovic Stojanovic^{1*}, V Hentgen², S Georjin-Lavialle¹, S Fellahi³, I Jeru⁴, S Amselem⁴, J-P Bastard³, G Grateau¹

From 7th Congress of International Society of Systemic Auto-Inflammatory Diseases (ISSAID) Lausanne, Switzerland. 22-26 May 2013

Introduction

An Israeli study previously showed that dissociation between normal C-reactive protein (CRP) and elevated serum amyloid A (SAA) could be observed in Familial Mediterranean fever (FMF). Considering that elevated SAA is predictive for AA amyloidosis, this study suggested that SAA could be a better tool in the diagnosis and therapeutic management of FMF.

Objectives

To analyze the dissociation between CRP and SAA in a large cohort of FMF adults and children in France.

Methods

CRP and SAA were systematically measured during the follow-up of consecutive attack-free FMF outpatients seen in a pediatric and an adult French reference center. Dissociations between CRP and SAA were defined by normal CRP (<5mg/L) and elevated SAA (group A), or elevated CRP and normal SAA (<10mg/L) (group B). Demographic data, genotype, clinical characteristics of FMF, and treatment were analyzed.

Results

274 samples from 219 patients were analysed. The cohort had a median age of 24 years old [interquartile 15-35], 54% were female. Ethnic origins were: 60% non-ashkenasi Jews, 1% ashkenasi Jews, 4% mixed, 9.5% Arabs, 5% Armenians, 5% Turks, 3% Lebanese or Syrians, 1% Italians, 1% Portuguese or Spanish, 1% Caucasian. *MEFV* genotype was known in 181 patients (83%): 63.5% had 2 non-ambiguous mutations, 24% were simple heterozygous, 7% were compound heterozygous with one non-ambiguous mutation and one polymorphism, 5.5% had no mutation. Six patients had amyloidosis. 181 patients

(83%) were treated with colchicine, 3 patients with interleukin-1 inhibitor. Elevated SAA (median=16.5mg/L [13;31] while normal CRP was found in 21 samples (13% samples of with normal CRP). Elevated CRP (median=9mg/L [7;11]) while normal SAA was found in 38 samples (22% samples of normal SAA). Age was significantly higher in group B comparing to group A or the group with no dissociation (33 years old versus 21 and 23 respectively, $p=0.004$). Colchicine dosage was significantly higher in group B comparing to the group with no dissociation (1.05mg/day versus 1.34, $p=0.04$). No statistical difference was found concerning genotype or Ethnic origin. Dissociation with high SAA and normal CRP was found in some patients with amyloidosis but the difference was not statistically different ($p=0.08$). Finally, for values of CRP above 30mg/L (30-63mg/L), corresponding SAA values were 1.5 to 6 times higher (53-683).

Conclusion

Dissociation between SAA and CRP was not frequent in our study. Genotype and ethnic origin were not predictive for this dissociation.

Disclosure of interest

None declared

Authors' details

¹Internal Medicine, APHP, Hôpital Tenon, Paris, France. ²Pediatrics, Hopital de Versailles, Le Chesnay, France. ³Biochemistry Laboratory, APHP, Hôpital Tenon, Paris, France. ⁴Genetic Laboratory, APHP, Hopital Trousseau, Paris, France.

Published: 8 November 2013

doi:10.1186/1546-0096-11-S1-A75

Cite this article as: Stojanovic et al.: PW01-022 – Dissociation between CRP and SAA in FMF. *Pediatric Rheumatology* 2013 **11**(Suppl 1):A75.

¹Internal Medicine, APHP, Hôpital Tenon, Paris, France
Full list of author information is available at the end of the article