

SUMMARY

Lung involvement substantially increases the morbidity and mortality rates in patients with rheumatoid arthritis, so the early detection of the lung involvement is essential for proper management. Several recent reports reveals that anti-CCP is an important parameter in the early diagnosis of rheumatoid arthritis and is closely related with the extraarticular manifestations of the disease.

The aim of this study was to determine the relationship between serum anti-CCP antibodies and disease activity stated in DAS 28, Stanford Health Assessment Questionnaire in patients with rheumatoid arthritis whose pulmonary involvement defined by computed tomography.

The study included 49 patients who have rheumatoid arthritis diagnosis according with ACR classification criteria. According to the high resolution computed tomography, the patients were divided into two groups which are those who have pulmonary involvement (24 patients) and who have not pulmonary disease (25 patients). The pathological findings identified with high resolution computed tomography were recorded in patients with pulmonary involvement. All patients pulmonary function tests, erythrocyte sedimentation rate, rheumatoid factor levels were recorded. In order to evaluate the disease activity, DAS 28 and Stanford Health Assessment Questionnaire were performed. For radiological evaluation by the contexts of erosion and narrow, hand graphics were evaluated by Sharp van der Heijde method. The anti-CCP antibody levels in all patients were identified by the ELISA method.

In this study, no statistical significant differentiation between the pulmonary involvement and anti-CCP antibodies. There was no significant differentiation between the pulmonary involvement and evaluated the disease activity by the Stanford Health Assessment Questionnaire. The evaluated the disease activity by the DAS28 was significantly negatively correlated with pulmonary involvement.

The results demonstrated that there was no associated between the groups who have pulmonary involvement and anti-CCP antibody levels. High DAS 28 disease activity in the group with no pulmonary involvement can be related with the aggressive cure approach performed in the group with pulmonary involvement.

Key words: Rheumatoid arthritis, Pulmonary Involvement, Anti-CCP, Stanford Health Assessment Questionnaire, DAS28

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