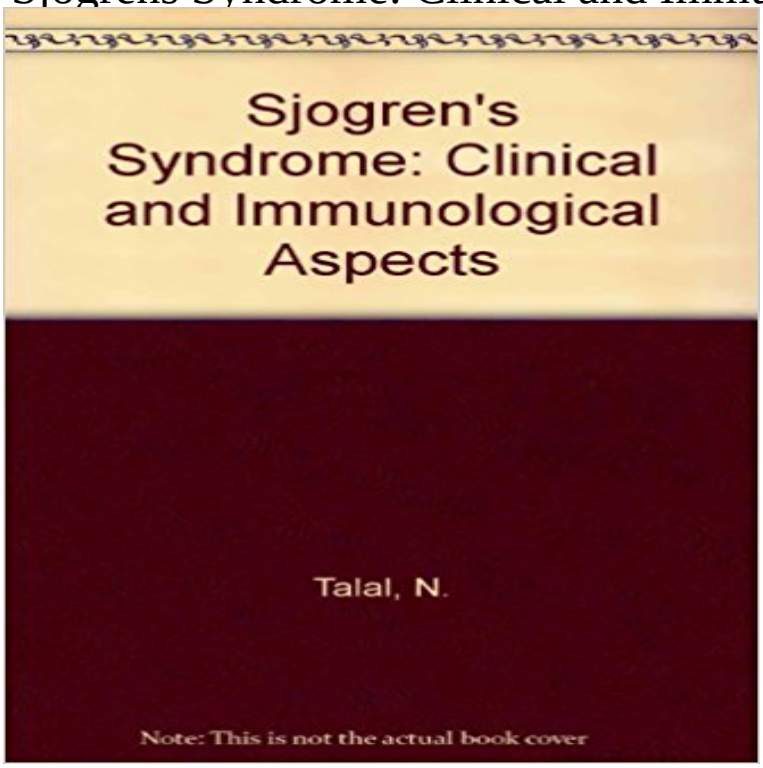
Sjogrens Syndrome: Clinical and Immunological Aspects



I have been a student of Sjogrens syndrome for virtually all of my professional life. My education in this disease began in 1962 when I arrived at the National Institutes of Health to begin a Clinical Asso ciateship with Dr. Joseph J. Bunim. Bunim introduced me to a pat ient with Sjogrens syndrome of 8 years duration who had devel oped malignant lymphoma 6 months previously. He told me that there were other such patients. I obtained serum samples from these patients and studied them by the then new technique of immuno electrophoresis. We observed that an initial hypergammaglobulin emia could progressively decline to hypogammaglobulinemia with loss of autoantibodies. One patient in this initial series had macrog lobulinemia. We published this report and suggested that the auto immunity predisposed to the malignant transformation. Thus began my love affair with this disease. In those days many rheumatologists considered Sjogrens syn drome simply a variant of rheumatoid arthritis. Its curious that two decades ago there was little confusion between Sjogrens syndrome and systemic lupus erythematosus, whereas today there is great con fusion. There is still a great need for internationally agreed upon di agnostic criteria, which merely illustrates once again the difficulty of accurate diagnosis in our profession. The multidisciplinary aspects of Sjogrens syndrome require au thorities in several areas of medicine. The various chapter contribu tors are experts in their field and have often put aside other respon sibilities to complete their contributions and not delay publication.

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