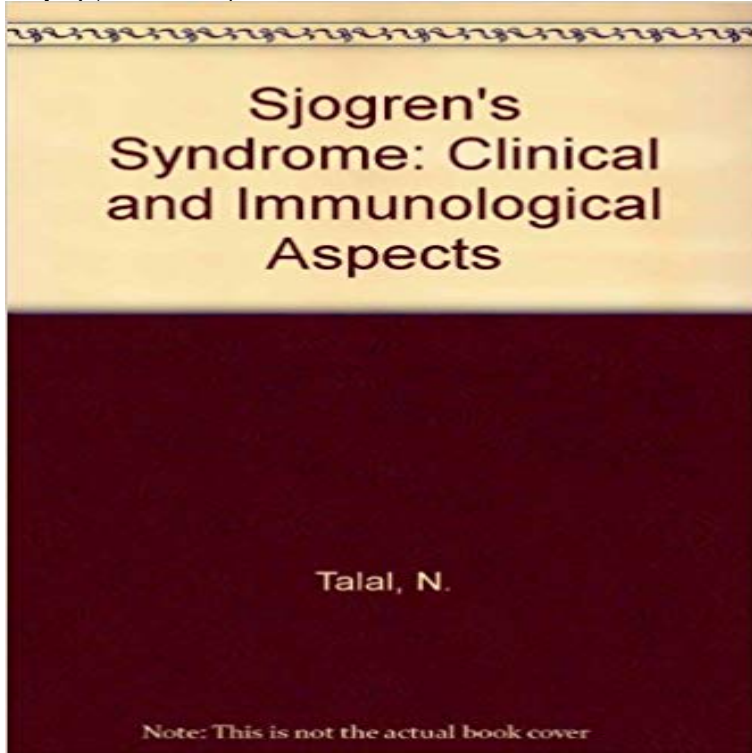


Sjogrens Syndrome: Clinical and Immunological Aspects



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 Associateship with Dr. Joseph J. Bunim. Bunim introduced me to a patient with Sjogrens syndrome of 8 years duration who had developed 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 immunoelectrophoresis. We observed that an initial hypergammaglobulinemia could progressively decline to hypogammaglobulinemia with loss of autoantibodies. One patient in this initial series had macroglobulinemia. We published this report and suggested that the autoimmunity predisposed to the malignant transformation. Thus began my love affair with this disease. In those days many rheumatologists considered Sjogrens syndrome simply a variant of rheumatoid arthritis. It is curious that two decades ago there was little confusion between Sjogrens syndrome and systemic lupus erythematosus, whereas today there is great confusion. There is still a great need for internationally agreed upon diagnostic criteria, which merely illustrates once again the difficulty of accurate diagnosis in our profession. The multidisciplinary aspects of Sjogrens syndrome require authorities in several areas of medicine. The various chapter contributors are experts in their field and have often put aside other responsibilities to complete their contributions and not delay publication.

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