



SECONDARY SJOGREN'S SYNDROME-A CASE REPORT

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Abstract:

Sjogren syndrome is an autoimmune disease characterized by lymphocytic infiltration of the exocrine glands which can be primary or secondary. Secondary Sjogren is diagnosed when it coexists with systemic connective tissue disease. Though symptoms of secondary Sjogren are mild, it is necessary to follow such cases for ocular symptoms/signs for dry eye disease and cautious use of drugs which precipitate dry eye disease in such cases is important. This case is to emphasize the importance of screening and follow-up of patients with connective tissue disorders for secondary Sjogren and avoidance of drugs causing dry eyes in such patients.

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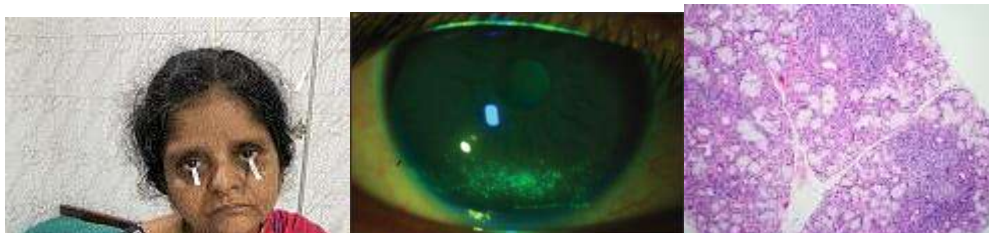
1. Introduction:

Sjogren syndrome is a chronic, slowly progressive autoimmune disease characterized by lymphocytic infiltration of the exocrine glands. It is an involvement of the lacrimal and salivary glands, which leads to keratoconjunctivitis sicca and xerostomia. Swedish ophthalmologist Henrik Sjogren first described it in 1933. Dryness of mucosa and eyes is the main symptoms of sjogren's syndrome. Sjogren's syndrome can be primary and secondary, with prevalence of 0.5-1 percent. Ratio of female : male = 9:1. Secondary sjogren's is diagnosed when it coexists with other systemic connective tissue disease. Dry eye disease is a disorder of the tear film due to tear deficiency or excessive tear evaporation which causes damage to the interpalpebral ocular surface and is associated with symptoms of ocular discomfort. It is a multifactorial disease of the tears and ocular surface and its prevalence increases with age. Middle aged and elderly are most commonly affected because of the high prevalence of autoimmune diseases, connective tissue

disorders, systemic drug usage, hormonal changes, ocular surgeries etc. Ocular discomfort caused by dry eye severely affect the quality of life and hence early diagnosis and management of dry eye is critical in this modern era.

Case Report:

A 57 year old female, a known case of hypertensive and on treatment was admitted with complaints of dryness of mouth, blurring of vision, foreign body sensation of eyes and knee joint pain. On evaluation she was diagnosed to have rheumatoid arthritis and xerostomia. On ophthalmological evaluation she was found to have severe dry eye of grade 4 with schirmer's test RE-1mm, LE-2mm after 5 minutes, Tear film break test-3 seconds. Further investigations like complete hemogram revealed elevated ESR (ESR -170mm in 1 hour), peripheral smear had features suggestive of Microcytic hypo chromic anemia. RA factor was found to be positive. HPE of minor salivary glands showed lymphoplasmacytic infiltrates surrounding the ducts. Hence a diagnosis of secondary Sjogren's was made.



2. Discussion:

Sjogren with a prevalence of 0.5 to 1 percent, can present as either primary or secondary. Though symptoms of secondary sjogren is usually mild, this patient presented with severe dry eyes. Pathogenesis includes lymphocytic infiltration of the exocrine glands and B-lymphocyte hyperactivity. Many studies explain the impact of anti hypertensive drugs, anti depressants, hormonal drugs and antihistamines on dry eye disease. The role of medications in causing dry eye is explained in studies like Frederick T. Fraunfelder et al. This patient was a known case of systemic hypertension for past 8 years and she was on regular treatment with tablet Enalapril 10mg. Antihypertensive drugs particularly ACE inhibitors can cause severe dry eyes and has been proven in several studies by Emine Kalkan Akcay et al. Hence a possibility of antihypertensive medication precipitating severe dry eye in this patient was considered.

The patient was started on alternative medication for systemic hypertension under physician guidance. The patient is started on ocular lubricants and lubricant eye gel twice a day and she is under

follow up. The patient is being treated for xerostomia with sips of water and the patient is also currently under treatment for anaemia and rheumatoid arthritis. Screening of patients with connective tissue disorders for dry eyes and also judicious use of antihypertensive drugs/ other drugs causing dry eyes in such patient becomes important to prevent complications associated with severe dry eyes

3. Conclusion:

This case is reported to highlight to screen patients with connective tissue disorder for dry eye disease and to emphasize the importance to avoid drugs causing dry eyes in such patients. Physicians must be sensitized regarding the same and ophthalmological evaluation must be mandatory before prescribing drugs particularly drugs causing dry eyes in such patients.

4. Reference:

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