

Sjogren's Syndrome

Aintree University Hospital **NHS**

NHS Foundation Trust

Where quality matters

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You have been diagnosed as having 'Sjogren's Syndrome'.

What is 'Sjogren's Syndrome'?

- In 1933, a Swedish physician, Henrik Sjogren, drew attention to the large number of his female patients whose chronic arthritis was accompanied by dry eyes and dry mouth.
- Since then patients with this combination of symptoms have been described as having Sjogren's Syndrome.
- Today, it is recognised to be the second most common auto-immune rheumatic disease.
- Recent estimates suggest that there may be as many as half a million sufferers in the UK alone.

What are the symptoms of Sjogren's Syndrome?

There are two categories of Sjogren's Syndrome:

- It can be localised, affecting mainly the eyes and / or the mouth.
- Or it can be systemic, and occurring in conjunction with connective tissue diseases such as rheumatoid arthritis, lupus or scleroderma.

The dry eyes result in feelings of irritation, grittiness and, sometimes, burning. The eyelids may stick together and the patient may not be able to tolerate strong sunlight.

The dry mouth results in a burning sensation in the mouth or throat; the voice

may be hoarse or weak; food can be difficult to swallow because it sticks to the tissues; the salivary glands may become enlarged and painful.

Patients frequently experience a "hurt all over" sensation, as if they have been battered, and feel constantly exhausted.

What is the cause?

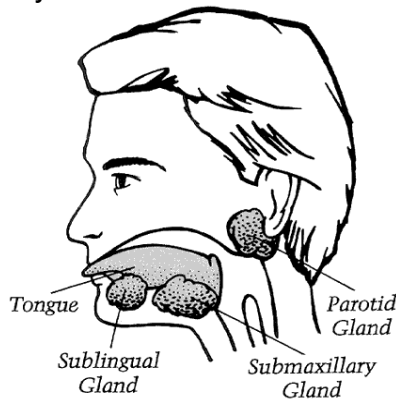
Sjogren's Syndrome is a chronic auto-immune disease in which the body's immune system reacts against itself, destroying the exocrine (mucous-secreting) glands as though they were foreign bodies.

Auto-immunity means making antibodies to your own tissues. Antibodies are normally made to counter infectious agents, called antigens, and are designed to destroy them. When antibody and antigen meet, inflammation results. When this happens, as for example, in influenza, the worst symptoms occur when the antibodies are actually fighting the antigen, in this case their 'flu-virus' but when the virus is removed the symptoms vanish. In auto-immune diseases it is impossible to get rid of the antigen because it is part of the body.

In Sjogren's Syndrome and so long as the antibody is produced, inflammation continues. Patients frequently describe their own symptoms as being those of permanent influenza.

The inflammation in Sjogren's Syndrome is mainly in the salivary and tear glands, though it can spread to joints and blood vessels in the skin where it may cause

rashes. In rare cases it can affect the liver and kidneys.



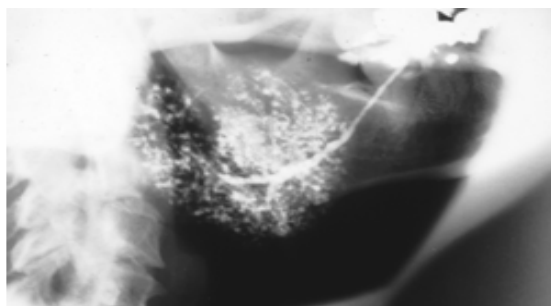
How is Sjogren's Syndrome diagnosed ?

A number of tests are available for diagnosing Sjogren's Syndrome. They include:

- **Schimer test** - examination of the eyes and measurement of tear production (); measurement of salive productions;
- **Sialography** - X-ray examination of certain salivary glands;
- Blood tests to determine the presence of antibodies to two identifiable antigens (Ro and La); and a lip gland biopsy.



(Schirmer Test)



(Sialography of the parotid with dye)

Can Sjogren's Syndrome be treated?

The symptoms of Sjogren's Syndrome can be treated depending on the degree of their severity. However, no treatment has yet been found to restore glandular secretions.

- Artificial tears help to lubricate dry eyes.
- Artificial salivas may provide temporary relief for the dry mouth, and fluoride gels and re-mineralising solutions are prescribed to restore the proper chemical balance in the mouth.
- Anti-inflammatory drugs may reduce the swelling of enlarged and inflamed glands.
- In certain cases, systemic medications, such as steroids are employed and in complicated Sjogren's Syndrome, immuno-suppressive drugs are sometimes found to be necessary.

What hope for a cure?

Far more is known about the genetics and antibodies in Sjogren's syndrome than in many other rheumatic diseases and there is hope that the external agent (possibly a virus), which induces auto-immunity in an individual already predisposed by genetic or hormonal factors of the disease, may eventually be identified.

Research into Sjogren's Syndrome is being conducted in the USA and in several centres in Europe, including England.

Further information

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Ward 28, Tel: 0151 529 5238 / 5239

NHS Choices www.nhs.uk

British Association of Oral and Maxillofacial Surgeons www.baoms.org.uk

British Dental Association

Tel: 0207 935 0875

www.bda-dentistry.org.uk

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