Clinical and serological prognostic markers in primary biliary cholangitis

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Running Head: Prognostic markers in primary biliary cholangitis

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Dear Editor,

We read with great interest the review article by Tanaka, aiming to analyze the currently well-defined epidemiological, etiological, genetic, clinical-diagnostic, and finally therapeutic aspects of primary biliary cholangitis (PBC).¹

Although we find the review very comprehensive, we would like to add a comment that we consider relevant on some prognostic markers of PBC, not mentioned by Tanaka. In particular, when the Author discusses clinical and serological aspects, in our opinion, he neglects to mention the prognostic significance of specific autoantibodies as well as of some symptoms at the clinical presentation of the disease.

From the clinical point of view, we think it is worth mentioning that the presence of fatigue and or pruritus at the onset of the disease is associated with a disease that is particularly active, less responsive to treatment with ursodeoxycholic acid treatment, and more inclined to evolve to cirrhosis and its complications.² ³

Also of great relevance is the recognized prognostic role of some anti-nuclear autoantibodies. In particular, anti-gp210 antibody positivity is correlated with poor outcomes and many disease progression types, especially liver failure. Therefore, this marker allows identifying the subgroup of PBC patients who deserve close follow-up to assess the need for second-line treatment.⁴

Finally, from a diagnostic point of view, it is also widely established the very high diagnostic accuracy of some anti-nuclear antibodies in patients who lack anti-mitochondrial antibodies, as demonstrated by several previous studies.⁵ ¹⁰

In particular, it has been reported that concomitant positivity for both anti-Sp100 and anti-gp210 antibodies showed a 100% positive predictive value for PBC, irrespective of the AMA status.¹¹
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References


