Autoimmune polyglandular syndrome type 1 in Saudi children

To the Editor

I read the interesting study by Bin-Abbas et al[1] on autoimmune polyglandular syndrome type 1(APST1) in Saudi children. The APST1, though uncommon in children, deserves ample attention as it is often associated with significant major autoimmune diseases and variable phenotypes. Despite the limited number of patients with APST1 reported in Saudi Arabia, active surveillance for occult cases still needs adequate consideration. The APST1 has imposed marked diagnostic difficulties, however, serological tests are nowadays available to facilitate diagnosis. In contrast to other common APSTI-associated autoantibodies which appeared de novo during long-term follow-up of younger patients, anti-type 1 interferon autoantibodies are easily detectable; their APSTI specificity, and persistently high titers render them reliable markers of APSTI, even in prodromal or atypical cases.[2,3] This serological tool together with mutational analysis are anticipated to precisely detect occult cases of APSTI, and unveil the actual profiles of APSTI in Saudi children towards implementation of suitable treatment and genetic counseling.

Mahmood D. Al-Mendalawi
Department of Pediatrics
Al-Kindy College of Medicine
Baghdad University
Baghdad, Iraq

Reply from the Author

No reply was received from the Author.

References

1. Bin-Abbas BS, Faiyaz-Ul-Haque M, Al-Fares AH, Al-Gazlan SS, Bhuiyan JA, Al-Muhsen SZ. Autoimmune polyglandular syndrome type 1 in Saudi children. ***Saudi Med J*** 2010; 31: 788-792.
2. Wolff AS, Erichsen MM, Meager A, Magitta NF, Myhre AG, Bollerslev J, et al. Autoimmune polyendocrine syndrome type 1 in Norway: phenotypic variation, autoantibodies, and novel mutations in the autoimmune regulator gene. ***J Clin Endocrinol Metab*** 2007; 92: 595-603.
3. Meloni A, Furcas M, Cetani F, Marcocci C, Falorni A, Perniola R, et al. Autoantibodies against type I interferons as an additional diagnostic criterion for autoimmune polyendocrine syndrome type I. ***J Clin Endocrinol Metab*** 2008; 93: 4389-4397.