

## Author reply

*Hudson et al. argue that the conclusions of our study on hypocomplementemia in systemic sclerosis cannot be extended to other series. First of all, we would like to underline that our study is the 3rd one at least pointing out a definite prevalence of hypocomplementemia in Systemic Sclerosis (Della Rossa et al. (1); Hudson et al. (2); Cuomo et al. (3). Therefore, hypocomplementemia can be considered a defined feature occurring in about 15-20% of SSc patients. Secondly, differences in the autoantibody profile between Italian and North American patients have long been known (Picillo et al. (4); Bardoni et al. (5) and essentially consist in a higher prevalence of anti-Scl-70 antibody and a lower prevalence of anti-RNA polymerase antibody in the former. This aspect along with differences in the series may explain some discrepancies. In that regard, we would like to remind that, Hudson et al. (2) did find a significant correlation with anti-Scl-70 antibody, that we are unable to confirm. Thirdly, as far as the relationships with other disease features, we must confirm that in our series the prevalence of patients with HAQ-DI >0.5 (this aspect was not addressed by other investigators), of those with a vascular, cutaneous, lung and heart severity score from 2-4 and of those with an European Scleroderma Study Group Activity Index (EScSGAI)  $\geq 3$  resulted to be greater in hypocomplementemic versus normocomplementemic patients. In addition, we refer that EScSGAI in the 50 hypocomplementemic patients from our series was found to be higher than that in normocomplementemic ones.*

*In conclusion, hypocomplementemia is a well defined feature of Systemic Sclerosis. Similarly to other clinical and laboratory features, it behaves differently in different centres from different parts of the world (Picillo et al. (4); Bardoni et al. (5); Ferri et al. (6) as well as within Europe (Della Rossa et al. (1).*

**G. Cuomo, G. Abignano, L. Ruocco,  
S. Vettori, G. Valentini**

*U.O. di Reumatologia, Seconda Università di Napoli*

## REFERENCES

1. Della Rossa A, Valentini G, Bombardieri S, Bencivelli W, Silman AJ, D'Angelo S, et al European multicentre study to define disease activity criteria for systemic sclerosis. I. Clinical and epidemiological features of 290 patients from 19 centres. *Ann Rheum Dis* 2001; 60: 585-91.
2. Hudson M, Walker JG, Fritzler M, Taillefer S, Baron M. Hypocomplementemia in systemic sclerosis-clinical and serological correlations. *J Rheumatol* 2007; 34: 2218-23.
3. Cuomo G, Abignano G, Ruocco L, Vettori S, Valentini G. Hypocomplementemia in systemic sclerosis. *Reumatismo* 2008; 60: 268-73.
4. Picillo U, Migliaresi S, Marcialis MR, Ferruzzi AM, Tirri G. Clinical setting of patients with systemic sclerosis by serum autoantibodies. *Clin Rheumatol* 1997; 16: 378-83.
5. Bardoni A, Rossi P, Salvini R, Bobbio-Pallavicini F, Caporali R, Montecucco C. Autoantibodies to RNA-polymerases in Italian patients with systemic sclerosis. *Clin Exp Rheumatol*. 2003; 21: 301-6.
6. Ferri C, Bernini L, Cecchetti R, Latorraca A, Marotta G, Pasero G, Neri R, Bombardieri S. Cutaneous and serologic subsets of systemic sclerosis. *J Rheumatol* 1991; 18: 1826-32.