OSTEOPOROSIS IN SCLERODERMA

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There is conflicting evidence in the literature as to whether or not an association between scleroderma and osteoporosis. Some studies suggested that in scleroderma there is decreased BMD and increased prevalence of fracture which is comparable to those with RA. Other studies didn't find any significant differences in BMD connecting with scleroderma. It is unknown that lower BMD is caused by scleroderma or other confounding risk factors.

According to observations patients with scleroderma have significantly lower serum vitamin D concentration. Several factors play role in decreased vitamin D level for example malabsorption, inactivity, early menopausa and thickened skin.

Our aim is to investigate the prevalence of osteoporosis and vitamin D level in our patients with scleroderma using Quantitative Computer Tomography (qCT) and Dual Energy X-Ray Absorptiometry (DEXA).

Up to this pont we included 40 SSc patient. Bone Mineral Density (BMD) was assessed at lumbar spine and femoral neck. The mean age of the patient was 63,9 years. As control we used a healthy hungarian group's data where the mean age was 59 years. The mean vitamin D serum concentration was 14,78 ng/ml compared to normal 20-50 ng/ml serum level. The mean L1-L4 T-Score was -2,57 compared to -1,86 T-Score in a control hungarian group, and the mean femur T-score was -2,05 compared to -1,68 T-Score in a control hungarian group.

Up to now we found lower serum vitamin D concentrations and lower BMD values in our patients with scleroderma compared to healthy controls.