
Antinucleosome and anti-C1q antibodies in juvenile systemic lupus erythematosus

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In adults with systemic lupus erythematosus (SLE), antinucleosome antibodies have already been described as markers of disease activity and lupus nephritis.¹⁻⁴ In addition, anti-C1q and antinucleosome antibodies have an amplifying effect on the etiopathogenesis of lupus nephritis in adults.⁵ In this issue of the Brazilian Journal of Rheumatology, Jesus et al.⁶ have clearly shown the association of those antibodies with lupus nephritis, indicating that they could be a potential biomarker of renal lesion in juvenile SLE. In a previous study, that same group of researchers had already demonstrated the association of antinucleosome antibodies with disease activity, but not with lupus nephritis.⁷ One of the major concerns of rheumatologists is to identify a test that can be used in the follow-up of patients with SLE, both

adult and juvenile, especially for establishing disease activity and its correct diagnosis. Thus, the study by Jesus et al.⁶ has shown that anti-C1q and antinucleosome antibodies have high specificity and elevated positive predictive value (over 97%) to diagnose lupus, being considered reliable instruments for clinical practice. Finally, those authors have also suggested that anti-C1q and antinucleosome antibodies should be measured in the investigation of lupus, especially in patients with juvenile SLE, who test negative for anti-dsDNA antibodies.

*Paulo Louzada-Junior
Max Victor Carioca Freitas*

Editors-in-chief, Brazilian Journal of Rheumatology

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