

中文題目：類風濕性關節炎患者的前降鈣素

英文題目：Procalcitonin Level in Rheumatoid arthritis: A cross sectional observational study.

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Introduction

One of the biggest challenge faced by rheumatologist is to differentiate the process of infection and inflammatory process timely when patient with autoimmune diseases including rheumatoid arthritis, presented with toxic signs and high inflammatory markers. CRP, ESR and Procalcitonin are the commonly used inflammatory markers for detection of bacterial infection. PCT was suggested to be a more specific marker for detection of bacterial infection, particularly in initiating or discontinuing antibiotic therapy, and to monitor the response of treatment.

PURPOSE

To investigate the PCT levels in healthy subjects and RA patients with and without biologic agents.

METHODS

This was a cross-sectional study conducted at the rheumatology outpatient clinic from August of 2017 to April of 2018. Patients aged 20 years and above, with clinician-confirmed diagnosis of RA based on the 2010 ACR/EULAR criteria were included.

RESULTS

A total of 623 RA patients and 40 healthy subjects were recruited. At baseline, mean PCT were significantly higher in RA patients ($6.90 \pm 11.81 \times 10^{-3}$ ng/mL) compared with healthy control ($0.1.14 \pm 3.26 \times 10^{-3}$ ng/mL), $p=0.002$.

In the univariate and multivariate analysis, PCT was significantly associated with RA. Figure 1 demonstrated statistically significant higher PCT level in RA patients compared with healthy subjects. None of the variables were found to be significantly correlated with PCT, including biologic agent, age, female, disease duration, disease activity, CRP, csDMARD and comorbidities.

Conclusion

RA patients have significantly higher baseline PCT compare with healthy subjects. The used of biologics did not affect the level of PCT among RA patients.

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