

Fig. 6. Comparison of saliva concentrations of 8-OHdG, HEL, LDH, and m-GOT in all the groups. A significant positive correlation was observed. ○ = SS group; ◆ = G1, G2, control groups.

Discussion

Many autoimmune diseases are associated with multiple factors for their development. It has been said that for their onset, environmental and genetic factors are intertwined in a complex manner and that viral or bacterial infections and exposure to ultraviolet rays are known exacerbating factors. It is also known that these infections and activation of infiltrating monocytes or neutrophils in inflammation are responsible for generating a

large quantity of ROS. In fact, it has been reported that the 8-OHdG level increases in infections with *Helicobacter pylori* [38] or papilloma virus [39]. It is possible that environmental factors were responsible for the oxidative stress detected in the current study.

Evidence for an association between EBV infection and SS has been accumulating. EBV antigens and increased levels of EBV DNA have been found in infiltrating B lymphocytes and a few salivary gland epithelial cells of SS patients [21, 40]. Infectious EBV is present in

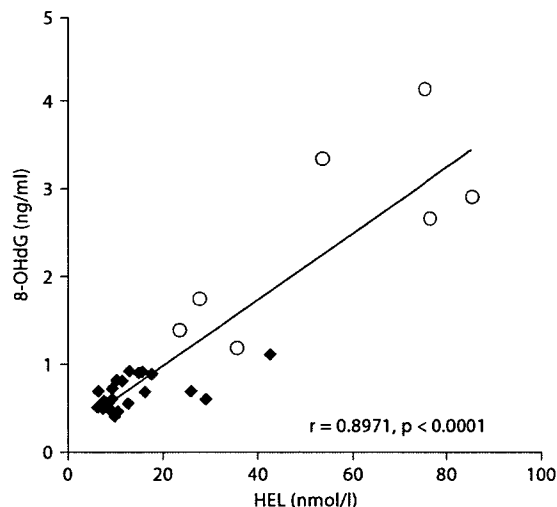


Fig. 7. Comparison of saliva concentrations of 8-OHdG and HEL in all the groups. A significant positive correlation was observed. ○ = SS group; ◆ = G1, G2, control groups.

both the saliva of SS patients [41–43] and culture supernatants of B cell lines established from SS patients [44]. Other defined manifestations of an active EBV infection are the presence of infected B cells that can transform into B cell lymphomas in the circulation [45]. Mariette et al. [40] previously used *in situ* hybridization to detect EBV DNA in a substantial proportion of lymphoid cells and epithelial cells in salivary glands of patients with SS. It has also been shown that antibodies against EBV antigens are elevated in the sera of SS patients [46, 47]. Since EBV is known to induce strong immune responses [48, 49] and increase levels of ROS [50], these reports suggest that a reactivated EBV infection may play a role in SS, contributing to the initiation or perpetuation of this disease in the target organs. However, factors responsible for triggering oxidative stress in this condition or the details of the etiological mechanism are still unexplained. Based on the results obtained thus far, studies are continuing on the relationship with EBV.

SS is an autoimmune disease where autoantibodies, such as SS-A/Ro and SS-B/La antibodies, are detected very frequently [1]. The anti-SS-A antibody has been attracting attention because it is detected not only in cases of SS but also in subacute dermal lupus, in which a specific skin eruption is caused by ultraviolet rays, annular

erythema and neonatal lupus associated with a complete atrioventricular block [51]. The antigen corresponding to the anti-SS-A antibody is expressed when keratinocytes are exposed to ultraviolet rays and its induction is blocked by N-acetylcysteine, a reductant in oxidative stress [52]. Thus the involvement of oxidative stress through a certain mechanism is suggested in the development of the physiopathology of SS.

In the present study, we found a significantly increased salivary concentration of 8-OHdG and HEL in the patients with SS compared with the corresponding controls. These results are consistent with those for the patients with type 1 and type 2 diabetes [28, 53]. Of note, LDH and m-GOT were correlated with these oxidative stress markers. This result suggests a connection between salivary gland destruction and oxidative damage in the SS salivary gland. In contrast, we did not find a significant correlation between the histological grade of SS salivary glands and the levels of 8-OHdG and HEL in the saliva of SS patients. This may be explained by limited evaluation of tissue destruction in the glands since the histological grade is scored only by focal lymphocytic infiltration. Studies of a larger scale are needed to confirm the results of the present study.

These biomarkers for oxidative stress are conventionally detected in blood or urine [12, 54–56]. Saliva, in comparison with these fluids, can be collected more easily and noninvasively. The analysis of 8-OHdG and HEL in saliva samples directly reflects the damage to the salivary gland; thus, it is considered to be contributory to the diagnosis of SS.

In conclusion, the present results support the contention that increased oxidative stress and glandular destruction may start in the course of SS and that determination of salivary 8-OHdG and HEL may be helpful for the assessment of oxidative stress, and also for the decision of the optimal intervention time for dry mouth in patients with SS.

Acknowledgments

This work was partially supported by grants-in-aid for scientific research from the Ministry of Education, Culture, Sports, Science, and Technology of Japan.

The authors gratefully thank Judith Nishino for helpful discussions during the preparation of the manuscript.

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