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IN BRIEF

CONNECTIVE TISSUE DISEASES

Belimumab might retard SLE damage accrual

Long-term (5–6 years) belimumab treatment is safe and might retard the accrual of organ damage in patients with systemic lupus erythematosus (SLE), according to a newly published report. The analysis, which pooled data from 998 patients who completed BLISS-52 and BLISS-76 and were enrolled in open-label continuation studies, reveals no new safety concerns and finds consistently low rates of damage accrual — SLICC (SLE International Collaborating Clinics)/ACR Damage Index (SDI) accrual +0.2 — in all patients receiving belimumab plus standard care, including those with organ damage at baseline (this high-risk group comprised 411 patients, 235 with SDI = 1 and 176 with SDI ≥2). All patients initially received the same belimumab dose as in the parent studies (either 1 mg/kg or 10 mg/kg every 4 weeks), but those receiving the low dose were switched to 10 mg/kg following a protocol amendment.

ORIGINAL ARTICLE Bruce, I. N. *et al.* Long-term organ damage accrual and safety in patients with SLE treated with belimumab plus standard of care. ***Lupus*** http://dx.doi.org/10.1177/0961203315625119 (2016)

SPONDYLOARTHROPATHIES

Nearly half of those with psoriasis at risk of PsA?

In a new study, hand MRI showed that nearly half — 26 of 55 patients (47%) — with cutaneous psoriasis have subclinical inflammatory lesions, despite the cohort having been carefully screened to exclude any patients with clinical evidence of inflammatory joint disease. The risk of developing psoriatic arthritis (PsA) within 1 year was 55% in patients with both evidence of synovitis on hand MRI and symptoms of arthralgia, versus only 15% in patients lacking these two features. The researchers' report warns, however, that no causal relationship can be inferred from their observations.

ORIGINAL ARTICLE Faustini, F. *et al.* Subclinical joint inflammation in patients with psoriasis without concomitant psoriatic arthritis: a cross-sectional and longitudinal analysis. *Ann. Rheum. Dis.* http://dx.doi.org/10.1136/annrheumdis-2015-208821 (2016)

VASCULITIS SYNDROMES

In adults, EULAR/PRINTO/PRES IgA vasculitis paediatric criteria outperform current ACR criteria

The 2010 EULAR/PRINTO/PRES classification criteria for paediatric IgA vasculitis have a better diagnostic sensitivity than the 1990 ACR criteria in the adult population, new findings indicate. Although IgA vascultitis is considered rare in adults, in this study, 129 of 350 patients with new-onset systemic vasculitis seen at a single rheumatology referral centre met the requirements for the 2012 revised International Chapel Hill Consensus Conference Nomenclature of Vasculitides definition of IgA vasculitis. The EULAR/PRINTO/PRES classification criteria had a sensitivity of 99.2% (95% CI 95.4–99.9%) and specificity of 86.0% (95% CI 80.7–90.3%) for diagnosing IgA vasculitis in this adult population — only slightly lower than the values previously reported in children (sensitivity 100% and specificity 87%). By contrast, the ACR criteria had a sensitivity of 86.8% (95% CI 79.7–92.1%) and specificity of 81.0% (95% CI 75.2–85.9%) in this adult population. The report cites the inclusion of joint and kidney involvement, and the addition of vessel wall IgA deposition to the histopathological criterion, as the main reasons for the improved sensitivity of the EULAR/PRINTO/PRES criteria.

ORIGINAL ARTICLE Hočevar, A. *et al.* IgA vasculitis in adults: the performance of the EULAR/PRINTO/PRES classification criteria in adults. *Arthritis Res. Ther.* http://dx.doi.org/10.1186/s13075-016-0959-4 (2016)