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Dry Eye in Rheumatoid Arthritis: tear film osmolarity and inflammation.

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To the Editor:

We read with great interest the article entitled "Correlation Between Tear Film Osmolarity, Dry Eye Disease, and Rheumatoid Arthritis" by Schargus M et al.¹

The authors of this cross-sectional cohort study concluded that tear film osmolarity correlates positively with RA activity and that patients with RA with high disease activity are at an increased risk of developing DED with high tear osmolarity values. Contrary to Fujita et al.,² the authors found similar correlations between DED and RA activity in both patients with and without secondary Sjogren Syndrome (SSII) and they attributed these findings to the use of osmolarity as a diagnostic tool.

In the last years, our group published 2 researches on DED in RA,^{3,4} focusing on inflammation. We reported data on in vivo confocal microscopy inflammatory and neuro-inflammatory parameters, correlating with RA activity in both patients with and without secondary SSII.³ Moreover, in RA with SSII subjects, corneal sub-basal dendritic cell density and tear fluid concentrations of IL-1a and IL-6 significantly decreased after remission of the RA activity (defined as DAS 28 <2.6), obtained by systemic therapy without topical interventions.⁴

We think our findings to be complementary to the interesting data by Schargus M et al.¹, providing not yet fully understood insights into the pathogenesis of DED in RA and into the relationship between ocular surface osmolarity and inflammation.

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