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Myelopathy in Sjögren's Syndrome

A Causative Role for Cobalamin (Vitamin B_{12}) Deficiency

As Rogers et al. report,[1] the pathogenesis of CNS Sjögren's syndrome, including myelopathy, is not well undertsood. Several causative factors have been implicated, but they are often not well documented. However, in clinical practice, it is important to keep in mind that several CNS manifestations associated with Sjögren's syndrome may be related to cobalamin (vitamin B_{12}) deficiency, as we have previously demonstrated.[2,3] Here we report additional data.

We have studied the cobalamin status and the neuropsychiatric manifestations in 80 patients with Sjögren's syndrome.[4] These patients were recruited from an observational cohort study that involved >100 patients with primary Sjögren's syndrome followed at the University Hospital of Strasbourg, France. The median age of the patients was 55.8 years and 81.5% were women. For all patients, the mean serum vitamin B_{12} level (Vitamine B_{12}, EIA, Abbott, Rungis, France) was 419 ± 331 pg/mL. Seven patients (8.8%) had 'established' vitamin deficiency with serum vitamin B_{12} levels <200 pg/mL. Twelve (15%) and 33 (41.2%) of the patients had serum vitamin B_{12} levels between 200 and 250 pg/mL, and between 250 and 300 pg/mL, respectively, and are thus categorised as 'possible' and 'potential' vitamin B_{12} deficiencies. The prevalence of vitamin B_{12} deficiency was 5.3% in our Department of Internal Medicine over the same period.[5] Neuropsychiatric manifestations were noted in 11% of all the patients. Central neurological and psychiatric manifestations (optic neuritis, impairment of mental status, dysesthesias of the hemi-body related to myelopathy) were noted in 3 of 19 patients (15.8%) with 'established' and 'possible' vitamin B_{12} deficiencies (serum vitamin B_{12} levels <250 pg/mL) versus 3 of 61 (4.9%) patients for the remainder of this cohort.

These preliminary results suggest that vitamin B_{12} deficiency may be more frequent in patients with primary Sjögren's syndrome than previously thought. Thus, in our opinion, in practice it is advisable to exclude the possibility of cobalamin deficiency in patients with neuropsychiatric symptoms, including myelopathy, before considering a possible involvement of Sjögren's syndrome. In this situation, oral or parenteral cobalamin therapy may be useful, as we have demonstrated.[2-4]

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