

Clinical and Medical Case Reports

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Biomarkers and investigations in rheumatoid arthritis: Do they change medical management?

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Identification of new biomarkers with a real clinical utility remains a major topic of interest in rheumatoid arthritis. Biomarkers have the diagnostic, prognostic and predictive role in early diagnosis and management of rheumatoid arthritis. In diagnostic Biomarker Spectrum, the pre-existing commonly used biomarkers are the rheumatoid factor and Anti-Cyclic Citrullinated (anti-CCP) antibodies. Anti-MCV antibody against mutated and citrullinated vimentin has evolved as a second line investigation used in patients of suspected rheumatoid arthritis with negative anti-CCP and rheumatoid factor. 14-3-3 eta protein is normally localized intracellularly and gets externalized in the inflammatory process. Its detection and other newer biomarkers like anti-CarP, cartilage oligomeric matrix protein (COMP), serum Calprotectin and survivin have their relevance and are the future diagnostic and prognostic biomarkers in rheumatoid arthritis. The non-specific ESR and C-reactive protein still remain the age-old bio-markers. A new score based algorithm criteria were adopted by ACR and EULAR 2010 for diagnosis. RF and Anti-Cyclic Citrullinated (anti-CCP) antibodies have been allotted valuable scores signifying their importance in diagnosis. A definite rheumatoid arthritis classification needs a score of 6 or more out of 10. Even an abnormal CRP / ESR is allotted '1' score. Likelihood of rheumatoid arthritis increases with the presence of Anti-Cyclic Citrullinated (anti-CCP) antibodies and RF positivity. Rheumatoid factor also a prognostic biomarker, itself needs further elaboration in its various formats-IgG, IgA, and IgM. Anti-nuclear antibodies are the best screening test. The repeated negative test can prognosticate to rule out SLE. These biomarkers have their relevance in commonly used scores monitoring therapy Disease activity score (DAS), Simplified Disease Activity Index (SDAI), and Clinical Disease Activity Index (CDAI). For better monitorisation of disease activity, Multi-Biomarkers Disease Activity test (MBDA) classifies the disease as mild, moderate and severe. Prediction of response to different biologic therapy has nearly got established with the presence of a particular biomarker.

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