



INTRODUCTION



2010-2011

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Rheumatoid arthritis (RA) is a systemic autoimmune disorder of unknown etiology (**Harris, 1990**).

Circulating autoantibodies are found in most patients with this disease. Currently the rheumatoid factor (RF) is the only antibody used for diagnostic purposes. However, RF is not specific for RA and may be found in patients with other autoimmune diseases, chronic infections, malignancy, and even in apparently healthy elderly persons. (**Williams, 1994**).

In addition, about 15-25 % of patients with RA remain negative for RF. Therefore other diagnostic markers would be useful. In 1979 Young et al., described another serological marker of RA, the antikeratin antibodies (AKA), which are labeled by indirect immunofluorescence of the stratum corneum of the rat esophagus. AKA were shown to be present prior to development of joint symptoms, suggesting they may play a role in pathogenesis of RA. (**Slack et al., 1998**).

Sharma et al., 2000 reported that AKA is present in 56 % of patients with RA.