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# HLA-B27 in Moroccan Seronegative Spondylarthritis Patients



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# INTRODUCTION & AIM

- Seronegative spondyloarthritis (SpA) is a group of immune-mediated inflammatory rheumatic disorders strongly associated with human leukocyte antigen B-27 (HLA-B27), especially ankylosing spondylitis (AS).
- There are currently no published studies on the prevalence of HLA-B27 in SpA subtypes among the North African population, especially in Moroccan patients. Only data on HLA-B27 prevalence in the Moroccan AS population are available so far.
- To address this gap, this study is the first to investigate the distribution of HLA-B27 in Moroccan patients with SpA and its association with clinical and biological markers.

#### **METHODS HLA-B27** genotyping Subject recruitment **Demographic & Clinical Analysis Laboratory** features 205 SpA patients (February 2009 – March 2023) Sex, age, ethnicity, Diagnosis subtype "geneMAP™ HLA-B27 & Tissue Kit Detection Kit'

### **RESULTS & DISCUSSION**

- HLA-B27 tested positive in 31 patients (15.1%), with a higher prevalence in men (p<0.05) and a strong association with AS (p<0.001).
- Peripheral arthritis and extra-articular involvement were more frequent in PsA and EnA than in other subtypes. A family history of SpA was observed exclusively in AS. Skin involvement was predominant in PsA, and bowel disease was exclusive to EnA (Table 1).
- A positive correlation was observed between HLA-B27 positivity and increased erythrocyte sedimentation rate (ESR) (p< 0.01) and C-reactive protein (CRP) levels (p< 0.05).

Table 1. Demographic and clinical characteristics of patients according to SpA subtypes

Feature	AS (n=19)	PsA (n=11)	EnA (n=32)	uSpA (n=143)	P value				
Male/Female	12/7 (1.7)	3/8 (0.4)	5/27 (0.2)	22/121 (0.2)	< 0.001				
Current Age (Mean ±SD)	44.37 ±13.79	43.82 ±10.66	45 ±14.5	43.3 ±14.1	-				
Age at disease onset (Mean ±SD)	27.26 ±14.59	35.3 ±13.46	39.31 ±13.90	37.64 ±14.88	-				
HLA-B27 positivity (n, %)	15 (78.95)	1 (9.09)	4 (12.5)	11 (7.7)	< 0.001				
Juvenile onset (<16) (n, %)	6 (31.6)	0	2 (6.25)	12 (8.4)	<0.05				
Late onset (>40) (n, %)	4 (21)	5 (45.4)	15 (46.9)	56 (39.2)	NS				
Peripheral arthritis (n, %)	10 (52.6)	10 (90.9)	27 (84.4)	100 (69.9)	<0.05				
Extra-articular involvement (n, %)	6 (31.6)	8 (72.7)	23 (71.9)	5 (3.5)	< 0.001				
Family History (n, %)	9 (47.4)	0	0	0	< 0.001				
Inflammatory back pain (n, %)	12 (63.2)	3 (27.3)	16 (50)	56 (39.2)	NS				
Morning stiffness (n, %)	7 (36.8)	4 (36.4)	10 (31.3)	21 (14.7)	<0.05				
Talalgia (n, %)	1 (5.3)	1 (9.09)	7 (21.9)	37 (25.9)	NS				
Buttock pain (n, %)	3 (15.8)	0	1 (3.1)	10 (7)	NS				
Hip pain (n, %)	9 (47.4)	2 (18.2)	1 (3.1)	8 (5.6)	< 0.001				
Acute interior uveitis (n, %)	6 (31.6)	0	0	1 (0.7)	< 0.001				
Fatigue (n, %)	1 (5.3)	2 (18.2)	3 (9.4)	19 (13.3)	NS				
Skin involvement (n, %)	0	9 (81.8)	1 (3.1)	2 (1.4)	< 0.001				
Bowel disease (n, %)	0	0	2 (6.3)	0	< 0.001				
AS: ankylosing spondylitis, EnA: enteropathic arthritis, HLA-B27: human leukocyte antigen B27; NS: not significant, PsA: psoriatic arthritis, SD: standard deviation; uSpA: undifferentiated arthritis.									

CONCLUSION

- > A strong association between HLA-B27 and AS, with a higher prevalence observed in men.
- > The correlation between HLA-B27 positivity and inflammatory markers supports its potential role as a biomarker of disease severity.
- Our data aligns with several reports from the MENA region, although some differences may be explained by ethnic and genetic diversity, variations in diagnostic approaches and detection sensitivity, as well as population sampling strategies.
- > Further studies are warranted to better elucidate the genetic determinants underlying SpA susceptibility and disease progression.

✓ The frequency of HLA-B27 among Moroccan AS patients in our study (78.9%) is significantly higher than in other MENA countries, such as Algeria, Palestine, Iraq, Saudi Arabia, and Lebanon (Table 2).

Table 2. Comparison of HLA-B27 prevalence in SpA patients from our cohort and some MENA countries

SpA subtypes		Country	Sample Size	Age (Mean ±SD)	Sex Ratio M/F	Prevalence (%)			
Ankylosing Spondylitis	Morocco	Our study, 2023	19	44.37±13.79	12/7 (1.7)	78.9			
		Casablanca, 20131	116	37.94±13.44	54/62 (0.8)	46.5*			
		Marrakech, 2015 <sup>2</sup>	53	37.8 ± 11.5	32/21 (1.5)	45*			
	Algeria	Oran, 2018 <sup>3</sup>	81	39.80 ± 1.6	37/44 (0.8)	52*			
	Egypt	Upper Egypt, 2018 <sup>4</sup>	70	35.46 ± 12.1	(2.9)	74.5			
	Lebanon	Nationwide, 2019 <sup>5</sup>	141	35.7	86/55 (1.5)	41*			
	Qatar	Doha, 2019 <sup>6</sup>	205	41.5	146/59 (2.3)	70			
	Iraq	Baghdad, 2014 <sup>7</sup>	318	-	288/30 (9.6)	55*			
	Palestine	Ramallah,20188	112	-	10/8 (1.3)	20.5**			
	Saudi Arabia	Riyadh, 20219	44	39.25 ± 10.99	26/18 (1.4)	28.6**			
Psoriatic Arthritis	Morocco	Our study, 2023	11	43.82±10.66	2/9 (0.2)	9			
	Iran	Kashan, 2015 <sup>10</sup>	54	-	-	31.5			
	Saudi Arabia	Riyadh, 2021 <sup>11</sup>	38	42.63 ± 12.49	14/24 (0.58)	22.7			
Enteropathic Arthritis	Morocco	Our study, 2023	32	45±14.5	5/27 (0.18)	12.5			
	Saudi Arabia	Riyadh, 202112	12	35.42 ± 12.77	7/5 (1.4)	14.3			
	Iran	Kashan, 201513	66	-	-	18.2			
l landifference at extend	Morocco	Our study, 2023	143	43.3±14.1	22/121(0.18)	7			
Undifferentiated Spondyloarthritis	Iran	Kashan,2015 <sup>14</sup>	28	-	6/5 (1.2)	17.9			
F: Female, M: Male, SD: Standard Deviation, SpA: Seronegative Spondyloarthritis									

F: Female, M: Male, 5D: Standard Deviation, 5pA: Seronegative Spondyloarthritis \*p<0.05, \*\*p<0.001

Population (2018).

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