

tested. The corresponding synovial fluids reacted against the same lysate components, but the

Figure 1. Immunofluorescence reveals the presence of autoantibodies in

signals obtained were of reduced intensity.



OA sera. Cryosections of synovial membranes were incubated with control (A) or OA (B) sera. The binding of autoantibodies was detected via FITClabeled anti human IgG antibodies (green). Fibroblasts were stained with the specific antibody (5B5) and developed via SA-rhodamine (red). Nuclei

are counterstained using DAPI (blue).

## Conclusion

Our results demonstrate the presence of autoantibodies in sera and synovial fluid in about half the OA patients. The specificities of these autoantibodies are not restricted to the joints, as reactivity was detected towards any cell line tested. Hoping to design new diagnostic tools and to shed light on the role of autoantibodies in the development and progression of OA, we are in the process of identifying the corresponding autoantigens.

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