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Sjogren's Syndrome and the Heart: Myth vs Reality

Sai Lakshmi. D[1]*, Nikhath Thabasum. A[2]

[1]Demonstrator
Department Of Cardiac Care Technology, Dr MGR Educational and Research Institute, Chennai.
Email ID: sailakshmidcct2020k@gmail.com

[2]Demonstrator,
Department Of Cardiac Perfusion Technology, Bhaarath Medical College and Hospital, Chennai

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TO THE EDITOR,

Sjögren's syndrome is a chronic autoimmune disorder in which the immune system targets the body's own moisture-producing glands, leading to systemic dehydration affecting multiple organs. The disease is characterized by lymphocytic infiltration of the lacrimal and salivary glands, resulting in keratoconjunctivitis sicca and xerostomia, which represent the primary clinical manifestations. Additional features include vaginal dryness, non-productive cough, salivary gland enlargement, and systemic symptoms such as arthralgia, fatigue, and generalized discomfort [1].

Cardiovascular involvement in Sjögren's syndrome, although less common, is clinically significant. In neonates, maternal autoantibodies—particularly anti-Ro (SSA) antibodies—are strongly associated with congenital heart block, often presenting as part of neonatal lupus syndrome. In adults, complete (third-degree) atrioventricular block has been reported, frequently in association with overlapping autoimmune conditions such as systemic lupus erythematosus (SLE). Rare cardiac manifestations include myocarditis and acute constrictive pericarditis, which may occur due to inflammation and altered pericardial fluid dynamics. Several studies have demonstrated an increased risk of cardiovascular and cerebrovascular events in patients with Sjögren's syndrome compared to the general population. Subclinical vascular disease has been widely reported in autoimmune disorders, where chronic inflammation plays a pivotal role in promoting endothelial dysfunction, arterial stiffness, and accelerated atherosclerosis [2]. Endothelial dysfunction is considered an early marker of subclinical atherosclerosis, and patients with primary Sjögren's syndrome (pSS) often exhibit endothelial injury and impaired vascular repair mechanisms, contributing to myocardial inflammation and dysfunction [3,4].

Clinically, Sjögren's syndrome requires careful and long-term monitoring due to its multisystem involvement. Patients may experience dental caries, oral candidiasis, persistent dryness, fatigue, palpitations, chest discomfort, epigastric pain, and lymphadenopathy. Prolonged disease duration may reduce pericardial fluid volume, leading to inflammation of the pericardial layers and subsequent pericardial involvement. Given its insidious onset and potential cardiovascular complications, Sjögren's syndrome can be regarded as a **"silent contributor"** to cardiac conduction abnormalities and myocardial involvement. Although the exact etiology remains unclear, comprehensive management strategies are essential to reduce systemic inflammation and cardiovascular risk.

General Management and Preventive Strategies:

1. Adoption of a balanced, anti-inflammatory diet, including healthy fats to support overall tissue hydration.

2. Avoidance of caffeine and alcohol, which may exacerbate mucosal dryness.

3. Regular physical activity to improve cardiovascular fitness and functional capacity.

4. Strict adherence to medications prescribed by healthcare professionals, with regular follow-up.

5. Use of hydroxychloroquine, which has been shown to reduce systemic inflammation and may provide cardiovascular protective effects in autoimmune diseases

REFERENCES:

1. Atzeni F, Gozza F, Cafaro G, Perricone C, Bartoloni E. Cardiovascular Involvement in Sjögren's Syndrome. Front Immunol. 2022 May 6;13:879516. doi: 10.3389/fimmu.2022.879516. PMID: 35634284; PMCID: PMC9134348.

2. Sung MJ, Park SH, Kim SK, Lee YS, Park CY, Choe JY. Complete atrioventricular block in adult Sjögren's syndrome with anti-Ro autoantibody. Korean J Intern Med. 2011 Jun;26(2):213-5. doi: 10.3904/kjim.2011.26.2.213. Epub 2011 Jun 1. PMID: 21716914; PMCID: PMC3110856.

3. Casian M, Jurcut C, Dima A, Mihai A, Stanciu S, Jurcut R. Cardiovascular Disease in Primary Sjögren's Syndrome: Raising Clinicians' Awareness. Front Immunol. 2022 Jun 9;13:865373. doi: 10.3389/fimmu.2022.865373. PMID: 35757738; PMCID: PMC9219550.

4. Bartoloni E, Alunno A, Cafaro G, Valentini V, Bistoni O, Bonifacio AF, Gerli R. Subclinical Atherosclerosis in Primary Sjögren's Syndrome: Does Inflammation Matter? Front Immunol. 2019 Apr 17;10:817. doi: 10.3389/fimmu.2019.00817. PMID: 31110500; PMCID: PMC6499202.