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To the Editor:

We read with interest Pimentel-Santos and colleagues’ article on the ANKH gene and susceptibility to and severity of ankylosing spondylitis (AS)\(^1\). They showed that ANKH is not a major determinant of susceptibility to AS and ANKH polymorphism does not influence severity of AS. We describe our experience of ANKH gene polymorphism and renal stone formation in patients with AS.

AS is a chronic inflammatory disease with main involvement of the spine and sacroiliac joints. Spine ankylosis is progressively induced by specific ossifications. It has been reported that 25% of patients with AS had renal stone formation\(^2\). Most of these patients had hematuria. Other studies also showed increased prevalence of renal stone in patients with AS\(^3\). Pyrophosphate is present in normal urine and is an inhibitor of apatite formation. Hypopyrophosphaturia is suggested to be a metabolic risk factor for renal stone formation. It would be reasonable to investigate whether ANKH gene polymorphism and susceptibility to AS and renal stone formation in AS patients with a history of renal stones. We noted that an increased disease duration and hypercalciuria may play a role in the formation of renal stones in AS\(^2\). It can be speculated that ANKH gene polymorphism and renal stone formation may be related. However, we did not find an association between ANKH and renal stone formation in AS. Although this finding may have resulted from the small size of our sample group, it is possible that there is no relationship between ANKH and renal stone formation in AS. We suggested that ANKH polymorphism in renal stone formers with evidence of hypopyrophosphaturia requires investigation\(^9\).

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