

**Arij SOLI**  
Faculty of medicine of Tunis

&

**Firas BOUZAKOURA**  
Faculty of medicine of Tunis

Firstly reported in **2010** using immunoprecipitation in patients with myositis features

**Name:** Anti-Hydroxy-3-methyl-glutaryl-Coenzyme A reductase (HMGCR)

**Target antigen :** An oxidoreductase involved in the mevalonate pathway, rate-limiting step in cholesterol synthesis.

- Located at the membrane of the endoplasmic reticulum
- The pharmacological target of statins.
- Overexpressed in cancer tissues and regenerating muscle cells.

**Anti-HMGCR antibodies**



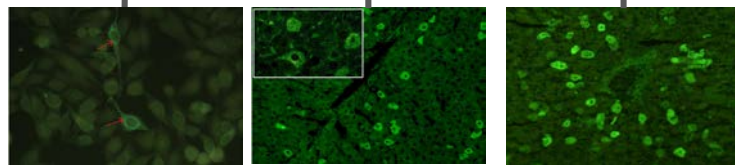
**Screening technique:** Indirect Immunofluorescence

**Hep-2 cells**

Fine granular cytoplasmic fluorescence with a perinuclear reinforcement on 3% or less of Hep-2 cells, observed in only 35% of patients  
⇒ **Currently used substrate**

**On kidney/stomach/liver substrates:**

Scattered hepatocytes with a centrolobular distribution. Staining is confined to the cytoplasm and spares clearly the nuclei.  
Less than 10% of the hepatocytes are stained in a given liver lobule. The bile duct, the endothelium and the cells in the sinusoids are spared. Stomach and kidney don't show any characteristic pattern



**Confirmation techniques**

- IP assay: **gold standard:** specificity of ~94–100% and sensitivity of ~95–99%.
- ELISA: sensitivity and specificity: 94.4% and 99.3% respectively.
- These antibodies are detected in 0.7% of healthy subjects by ELISA.
- ALBIA, ELISA and CIA: all three tests showed 100% qualitative concordance

**Main disease**

Immune-mediated necrotizing myopathy (IMNM)

**Proximal muscle weakness with high level of serum creatine kinase (CK)**

- Interstitial Lung disease occurs in less than 5%.
- The muscle prognosis in IMNM is typically worse than in other types of myositis
- Abs titers correlate with muscle strength and CK levels but seem to never become negative
- Half of anti-HMGCR myopathy patients continue to have significant weakness after 2 years of treatment.

- Included in the **European Neuromuscular Centre (ENMC) criteria for IMNM (2017)**
- The statin exposure is a risk factor for developing the disease in **40% of patients**
- Cancer risk is higher than in anti-SRP IMNM.
- It's considered intermediate according to ACR

